

Ascension Personalized Care Prior Authorization List CY2023 Effective Date: 08/01/2023 <i>When determining coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan vary by state.</i>		Note: 1) All Inpatient stays require prior authorizaion regardless of procedure; 2) All Gene and Cell Therapy require prior authorization; 3) DME In addition to this list , PA is required for any DME item w/cost > \$1000 [based on contracted rate, per HCPCs code, per fill] <i>All States.Ver10 - last update - 4/30/2023</i> 4) All Out of Network services require prior authorization.		
Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
Revenue Codes	Revenue Codes for Medical & Behavioral Health Inpatient Level of Care			
INPATIENT	ALL INPATIENT ADMISSIONS REQUIRE AUTHORIZATION			
0100	All inclusive room and board plus ancillary	Interqual	1/1/2023	
0101	All inclusive room and board	Interqual	1/1/2023	
0110	Room and Board Private (one bed)	Interqual	1/1/2023	
0111	Room and Board Private (one bed) - Medical/baSurgical/GYN	Interqual	1/1/2023	
0112	Room and Board Private (one bed) - Obstetrics (OB)	Interqual	1/1/2023	
0113	Room and Board Private (one bed) - Pediatric	Interqual	1/1/2023	
0114	Room and Board - Private (one bed) - Psychiatric	Interqual	1/1/2023	
0115	Room and Board - Private (one bed) - Hospice	Interqual	1/1/2023	
0116	Room and Board - Private (one bed) - Detoxification	Interqual	1/1/2023	
0117	Room and Board Private (one bed) - Oncology	Interqual	1/1/2023	
0118	Room and Board Private (one bed) - Rehabilitation	Interqual	1/1/2023	
0119	Room and Board Private (one bed) - Other	Interqual	1/1/2023	
0120	Room and Board Semiprivate (two beds) - General	Interqual	1/1/2023	
0121	Room and Board Semiprivate (two beds) - Medical/Surgical/GYN	Interqual	1/1/2023	
0122	Room and Board Semiprivate (two beds) - Obstetrics (OB)	Interqual	1/1/2023	
0123	Room and Board Semiprivate (two beds) - Pediatric	Interqual	1/1/2023	
0124	Room and Board Semiprivate (two beds) - psychiatric	Interqual	1/1/2023	
0125	Room and Board Semiprivate (two beds) - Hospice	Interqual	1/1/2023	
0126	Room and Board Semiprivate (two beds) - Detoxification	Interqual	1/1/2023	
0127	Room and Board Semiprivate (two beds) - Oncology	Interqual	1/1/2023	
0128	Room and Board Semiprivate (two beds) Rehabilitation	Interqual	1/1/2023	
0129	Room and Board Semiprivate (two beds)	Interqual	1/1/2023	
0130	Room & Board - Three and Four Beds General Classification	Interqual	1/1/2023	
0131	Room & Board - Three and Four Beds Medical/Surgical/Gyn	Interqual	1/1/2023	
0132	Room & Board - Three and Four Beds Obstetrics (OB)	Interqual	1/1/2023	
0133	Room & Board - Three and Four Beds Pediatric	Interqual	1/1/2023	
0134	Room & Board - Three and Four Beds Psychiatric	Interqual	1/1/2023	
0135	Room & Board - Three and Four Beds Hospice	Interqual	1/1/2023	
0136	Room & Board - Three and Four Beds Detoxification	Interqual	1/1/2023	
0137	Room & Board - Three and Four Beds Oncology	Interqual	1/1/2023	
0138	Room & Board - Three and Four Beds Rehabilitation	Interqual	1/1/2023	
0139	Room & Board - Three and Four Beds Other	Interqual	1/1/2023	
0140	Room & Board - Deluxe Private General Classification	Interqual	1/1/2023	
0141	Room & Board - Deluxe Private Medical/Surgical/Gyn	Interqual	1/1/2023	
0141	Room & Board - Deluxe Private Obstetrics (OB)	Interqual	1/1/2023	
0143	Room & Board - Deluxe Private Pediatric	Interqual	1/1/2023	
0144	Room & Board - Deluxe Private Psychiatric	Interqual	1/1/2023	
0145	Room & Board - Deluxe Private Hospice	Interqual	1/1/2023	
0146	Room & Board - Deluxe Private Detoxification	Interqual	1/1/2023	
0147	Room & Board - Deluxe Private Oncology	Interqual	1/1/2023	
0148	Room & Board - Deluxe Private Rehabilitation	Interqual	1/1/2023	
0149	Room & Board - Deluxe Private Other	Interqual	1/1/2023	
0150	Room & Board - Ward General Classification	Interqual	1/1/2023	
0151	Room & Board - Ward Medical/Surgical/Gyn	Interqual	1/1/2023	
0152	Room & Board - Ward Obstetrics (OB)	Interqual	1/1/2023	
0153	Room & Board - Ward Pediatric	Interqual	1/1/2023	
0154	Room & Board - Ward Psychiatric	Interqual	1/1/2023	
0155	Room & Board - Ward Hospice	Interqual	1/1/2023	
0156	Room & Board - Ward Detoxification	Interqual	1/1/2023	
0157	Room & Board - Ward Oncology	Interqual	1/1/2023	
0158	Room & Board - Ward Rehabilitation	Interqual	1/1/2023	
0159	Room & Board - Ward Other	Interqual	1/1/2023	
0160	Room & Board - Other General Classification	Interqual	1/1/2023	
0164	Other Room & Board - Sterile Environment	Interqual	1/1/2023	
0167	Room & Board - Other Self Care	Interqual	1/1/2023	
0169	Room & Board - Other Other	Interqual	1/1/2023	
0190	General classification - SNF	Interqual	1/1/2023	
0191	Subacute Care - Level I - SNF	Interqual	1/1/2023	
0192	Subacute Care - Level II - SNF	Interqual	1/1/2023	
0193	Subacute Care - Level III - SNF	Interqual	1/1/2023	
0194	Subacute Care - Level IV - SNF	Interqual	1/1/2023	
0199	Other Subacute Care - SNF	Interqual	1/1/2023	
0658	Hospice Room and Board - Nursing Facility	Interqual	1/1/2023	
0870	CELL/GENE THERAPY - GENERAL CLASSIFICATION	Interqual	1/1/2023	
0871	Charges for proecedures performed by staff for the acquisition and infusion/injection of genetically modified cells (cell Collection)	Interqual	1/1/2023	
0872	Charges for proecedures performed by staff for the acquisition and infusion/injection of genetically modified cells (specialized Biological Processing and Storage- Prior to Transport)	Interqual	1/1/2023	
0873	Charges for proecedures performed by staff for the acquisition and infusion/injection of genetically modified cells (Storage and Procesing after Receipt of Cells from Manufacturer)	Interqual	1/1/2023	
0874	Charges for proecedures performed by staff for the acquisition and infusion/injection of genetically modified cells (Injection of Modified Cells)	Interqual	1/1/2023	
0875	CELL/GENE THERAPY - INJECTION OF MODIFIED CELLS	Interqual	1/1/2023	
0891	Specialized Processed Drugs - FDA approved Cell Therapy	Interqual	1/1/2023	
0905	Intensive outpatient services-psychiatric	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
0906	Intensive outpatient services-chemical dependency	Interqual	1/1/2023	
0907	Community behavioral health program (day treatment)	Interqual	1/1/2023	
0912	Partial hospitalization-less intensive	Interqual	1/1/2023	
0913	Partial hospitalization- intensive	Interqual	1/1/2023	
0931	Medical Rehabilitation Half Day Program	Interqual	1/1/2023	
0932	Medical Rehabilitation Full Day Program	Interqual	1/1/2023	
1000	Behavioral Health Accommodations General (R&B)	Interqual	1/1/2023	
1001	Behavioral Health Accommodations Residential Psychiatric (R&B)	Interqual	1/1/2023	
1002	Behavioral Health Accommodations Residential Chemical Dependency (R&B)	Interqual	1/1/2023	
CPT Codes				
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	Interqual	1/1/2023	
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	Interqual	1/1/2023	
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	Interqual	1/1/2023	
11970	Replacement of tissue expander with permanent implant	Interqual	1/1/2023	
11971	Removal of tissue expander without insertion of implant	Interqual	1/1/2023	
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	Interqual	1/1/2023	
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	Interqual	1/1/2023	
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	Interqual	1/1/2023	
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	Interqual	1/1/2023	
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	Interqual	1/1/2023	
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	Interqual	1/1/2023	
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	Interqual	1/1/2023	
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	Interqual	1/1/2023	
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	Interqual	1/1/2023	
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	Interqual	1/1/2023	
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	Interqual	1/1/2023	
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof(List separately in addition to code for primary procedure)	Interqual	1/1/2023	
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	Interqual	1/1/2023	
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof(List separately in addition to code for primary procedure)	Interqual	1/1/2023	
15150	Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less	Interqual	1/1/2023	
15151	Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
15152	Tissue cultured epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
15155	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	Interqual	1/1/2023	
15156	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
15157	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	Interqual	1/1/2023	
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	Interqual	1/1/2023	
15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	Interqual	1/1/2023	
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	Interqual	1/1/2023	

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15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Interqual	1/1/2023	
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Interqual	1/1/2023	
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Interqual	1/1/2023	
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of	Interqual	1/1/2023	
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
15570	Formation of direct or tubed pedicle, with or without transfer; trunk	Interqual	1/1/2023	
15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms or legs	Interqual	1/1/2023	
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	Interqual	1/1/2023	
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	Interqual	1/1/2023	
15730	Midface flap (i.e., zygomaticofacial flap) with preservation of vascular pedicle(s)	Interqual	1/1/2023	
15731	Forehead flap with preservation of vascular pedicle (e.g., axial pattern flap, paramedian forehead flap)	Interqual	1/1/2023	
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (i.e., buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	Interqual	1/1/2023	
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	Interqual	1/1/2023	
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	Interqual	1/1/2023	
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	Interqual	1/1/2023	
15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel	Interqual	1/1/2023	
15750	neurovascular pedicle	Interqual	1/1/2023	
15756	Free muscle or myocutaneous flap with microvascular anastomosis	Interqual	1/1/2023	
15757	Free skin flap with microvascular anastomosis	Interqual	1/1/2023	
15758	Free fascial flap with microvascular anastomosis	Interqual	1/1/2023	
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	Interqual	1/1/2023	
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Interqual	1/1/2023	
15770	dermal-fat-fascia	Interqual	1/1/2023	
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Interqual	1/1/2023	
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Interqual	1/1/2023	
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (eg, breast, trunk) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (i.e., breast, trunk) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma	Interqual	1/1/2023	
15820	Blepharoplasty, lower eyelid	Interqual	1/1/2023	
15821	Blepharoplasty, lower eyelid with extensive herniated fat pad	Interqual	1/1/2023	
15822	Blepharoplasty, upper eyelid	Interqual	1/1/2023	
15823	Blepharoplasty, upper eyelid; with extensive skin weighting down lid	Interqual	1/1/2023	
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Interqual	1/1/2023	
15832	Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh	Interqual	1/1/2023	
15833	Excision, excessive skin and subcutaneous tissue (including lipectomy); leg	Interqual	1/1/2023	
15834	Excision, excessive skin and subcutaneous tissue (including lipectomy); hip	Interqual	1/1/2023	
15835	Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock	Interqual	1/1/2023	
15836	Excision, excessive skin and subcutaneous tissue (including lipectomy); arm	Interqual	1/1/2023	
15837	Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
15838	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad	Interqual	1/1/2023	
15839	Excision, excessive skin and subcutaneous tissue (including lipectomy); other area	Interqual	1/1/2023	
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication)(List separately in addition to code for primary procedure)	Interqual	1/1/2023	
15876	Suction assisted lipectomy, head and neck	Interqual	1/1/2023	
15877	Suction assisted lipectomy; trunk	Interqual	1/1/2023	
15878	Suction assisted lipectomy; upper extremity	Interqual	1/1/2023	
15879	Suction assisted lipectomy; lower extremity	Interqual	1/1/2023	
15999	Unlisted procedure, excision pressure ulcer	Interqual	1/1/2023	
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Interqual	1/1/2023	
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Interqual	1/1/2023	
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Interqual	1/1/2023	
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	Interqual	1/1/2023	
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Interqual	1/1/2023	
19294	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)	Interqual	1/1/2023	
19296	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	Interqual	1/1/2023	
19297	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
19298	Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	Interqual	1/1/2023	
19300	Mastectomy for gynecomastia	Interqual	1/1/2023	
19301	Mastectomy, partial (e.g., lumpectomy, tylectomy, quadrantectomy, segmentectomy)	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122,C50.129,C50.211,C50.212,C50.219,C50.221,C50.222,C50.229,C50.311,C50.312,C50.319,C50.321,C50.322,C50.329,C50.411,C50.412,C50.419,C50.421,C50.422,C50.429,C50.511,C50.512,C50.519,C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621,C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911,C50.912,C50.919,C50.921,C50.922,C50.929,C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12,D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62,I97.2,N65.0,N65.1,Q79.8,T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13
19302	Mastectomy, partial (e.g., lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122,C50.129,C50.211,C50.212,C50.219,C50.221,C50.222,C50.229,C50.311,C50.312,C50.319,C50.321,C50.322,C50.329,C50.411,C50.412,C50.419,C50.421,C50.422,C50.429,C50.511,C50.512,C50.519,C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621,C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911,C50.912,C50.919,C50.921,C50.922,C50.929,C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12,D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62,I97.2,N65.0,N65.1,Q79.8,T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13
19303	Mastectomy, simple, complete	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122,C50.129,C50.211,C50.212,C50.219,C50.221,C50.222,C50.229,C50.311,C50.312,C50.319,C50.321,C50.322,C50.329,C50.411,C50.412,C50.419,C50.421,C50.422,C50.429,C50.511,C50.512,C50.519,C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621,C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911,C50.912,C50.919,C50.921,C50.922,C50.929,C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12,D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62,I97.2,N65.0,N65.1,Q79.8,T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121, C50.122,C50.129,C50.211,C50.212,C50.219,C50.221,C50.222,C50.229,C50.311,C50.312,C50.319,C50.321,C50.322,C50.329,C50.411,C50.412,C50.419,C50.421,C50.422,C50.429,C50.511,C50.512,C50.519,C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621,C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911,C50.912,C50.919,C50.921,C50.922,C50.929,C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12,D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62,I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (urban type operation)	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121, C50.122,C50.129,C50.211,C50.212,C50.219,C50.221,C50.222,C50.229,C50.311,C50.312,C50.319,C50.321,C50.322,C50.329,C50.411,C50.412,C50.419,C50.421,C50.422,C50.429,C50.511,C50.512,C50.519,C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621,C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911,C50.912,C50.919,C50.921,C50.922,C50.929,C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12,D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62,I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121, C50.122,C50.129,C50.211,C50.212,C50.219,C50.221,C50.222,C50.229,C50.311,C50.312,C50.319,C50.321,C50.322,C50.329,C50.411,C50.412,C50.419,C50.421,C50.422,C50.429,C50.511,C50.512,C50.519,C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621,C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911,C50.912,C50.919,C50.921,C50.922,C50.929,C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12,D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62,I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13
19316	Mastopexy	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121, C50.122,C50.129,C50.211,C50.212,C50.219,C50.221,C50.222,C50.229,C50.311,C50.312,C50.319,C50.321,C50.322,C50.329,C50.411,C50.412,C50.419,C50.421,C50.422,C50.429,C50.511,C50.512,C50.519,C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621,C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911,C50.912,C50.919,C50.921,C50.922,C50.929,C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12,D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62,I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13
19318	Reduction mammoplasty	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121, C50.122,C50.129,C50.211,C50.212,C50.219,C50.221,C50.222,C50.229,C50.311,C50.312,C50.319,C50.321,C50.322,C50.329,C50.411,C50.412,C50.419,C50.421,C50.422,C50.429,C50.511,C50.512,C50.519,C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621,C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911,C50.912,C50.919,C50.921,C50.922,C50.929,C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12,D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62,I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
19325	Mammaplasty, augmentation; with prosthetic implant	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C 50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C 50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C5 0.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61, D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X S,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.1 0,Z90.11,Z90.12,Z90.13
19328	Removal of intact mammary implant	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C 50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C 50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C5 0.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61, D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X S,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.1 0,Z90.11,Z90.12,Z90.13
19330	Removal of mammary implant material	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C 50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C 50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C5 0.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61, D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X S,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.1 0,Z90.11,Z90.12,Z90.13
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C 50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C 50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C5 0.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61, D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X S,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.1 0,Z90.11,Z90.12,Z90.13
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C 50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C 50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C5 0.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61, D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X S,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.1 0,Z90.11,Z90.12,Z90.13

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
19350	Nipple/areola reconstruction	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C 50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C 50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C5 0.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61, D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X S,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.1 0,Z90.11,Z90.12,Z90.13
19355	Correction of inverted nipples	Interqual	1/1/2023	Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C 50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C 50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C5 0.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61, D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X S,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.1
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	Interqual	1/1/2023	Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C 50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C 50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C5 0.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61, D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X S,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.1
19361	Breast reconstruction with latissimus dorsi flap	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C 50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C 50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C5 0.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61, D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X S,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.1 0,Z90.11,Z90.12,Z90.13
19364	Breast reconstruction; with free flap (eg, FTRAM, DIEP, SIEA, GAP flap)	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C 50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C 50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C5 0.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61, D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X S,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.1 0,Z90.11,Z90.12,Z90.13

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122,C50.129,C50.211,C50.212,C50.219,C50.221,C50.222,C50.229,C50.311,C50.312,C50.319,C50.321,C50.322,C50.329,C50.411,C50.412,C50.419,C50.421,C50.422,C50.429,C50.511,C50.512,C50.519,C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621,C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911,C50.912,C50.919,C50.921,C50.922,C50.929,C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12,D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62,I97.2,N65.0,N65.1,Q79.8,T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122,C50.129,C50.211,C50.212,C50.219,C50.221,C50.222,C50.229,C50.311,C50.312,C50.319,C50.321,C50.322,C50.329,C50.411,C50.412,C50.419,C50.421,C50.422,C50.429,C50.511,C50.512,C50.519,C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621,C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911,C50.912,C50.919,C50.921,C50.922,C50.929,C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12,D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62,I97.2,N65.0,N65.1,Q79.8,T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122,C50.129,C50.211,C50.212,C50.219,C50.221,C50.222,C50.229,C50.311,C50.312,C50.319,C50.321,C50.322,C50.329,C50.411,C50.412,C50.419,C50.421,C50.422,C50.429,C50.511,C50.512,C50.519,C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621,C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911,C50.912,C50.919,C50.921,C50.922,C50.929,C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12,D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62,I97.2,N65.0,N65.1,Q79.8,T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122,C50.129,C50.211,C50.212,C50.219,C50.221,C50.222,C50.229,C50.311,C50.312,C50.319,C50.321,C50.322,C50.329,C50.411,C50.412,C50.419,C50.421,C50.422,C50.429,C50.511,C50.512,C50.519,C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621,C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911,C50.912,C50.919,C50.921,C50.922,C50.929,C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12,D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62,I97.2,N65.0,N65.1,Q79.8,T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13
19371	Periprosthetic capsulectomy, breast	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122,C50.129,C50.211,C50.212,C50.219,C50.221,C50.222,C50.229,C50.311,C50.312,C50.319,C50.321,C50.322,C50.329,C50.411,C50.412,C50.419,C50.421,C50.422,C50.429,C50.511,C50.512,C50.519,C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621,C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911,C50.912,C50.919,C50.921,C50.922,C50.929,C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12,D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62,I97.2,N65.0,N65.1,Q79.8,T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
19380	Revision of reconstructed breast	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C 50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C 50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C5 0.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61, D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X \$,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.1 0,Z90.11,Z90.12,Z90.13
19396	Preparation of moulage for custom breast implant	Interqual	1/1/2023	Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C 50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C 50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C5 0.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61, D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X \$,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.1
19499	Unlisted procedure, breast	Interqual	1/1/2023	
20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
20910	Cartilage graft; costochondral	Interqual	1/1/2023	
20912	Cartilage graft; nasal septum	Interqual	1/1/2023	
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	Interqual	1/1/2023	
20975	Electrical stimulation to aid bone healing; invasive (operative)	Interqual	1/1/2023	
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	Interqual	1/1/2023	
20999	Unlisted procedure, musculoskeletal system, general	Interqual	1/1/2023	
21025	Excision of bone (e.g., for osteomyelitis or bone abscess) mandible	Interqual	1/1/2023	
21032	Excision of maxillary torus palatinus	Interqual	1/1/2023	
21050	Condylectomy, temporomandibular joint (TMJ)	Interqual	1/1/2023	
21060	Meniscectomy, partial or complete, temporomandibular joint (TMJ)	Interqual	1/1/2023	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	Interqual	1/1/2023	
21076	Impression and custom preparation; surgical obturator prosthesis	Interqual	1/1/2023	
21077	Impression and custom preparation; orbital prosthesis	Interqual	1/1/2023	
21079	Impression and custom preparation; interim obturator prosthesis	Interqual	1/1/2023	
21080	Impression and custom preparation; definitive obturator prosthesis	Interqual	1/1/2023	
21081	Impression and custom preparation; mandibular resection prosthesis	Interqual	1/1/2023	
21082	Impression and custom preparation; palatal augmentation prosthesis	Interqual	1/1/2023	
21083	Impression and custom preparation; palatal lift prosthesis	Interqual	1/1/2023	
21084	Impression and custom preparation; speech aid prosthesis	Interqual	1/1/2023	
21085	Impression and custom preparation; oral surgical splint	Interqual	1/1/2023	
21086	Impression and custom preparation; auricular prosthesis	Interqual	1/1/2023	
21087	Impression and custom preparation; nasal prosthesis	Interqual	1/1/2023	
21088	Impression and custom preparation; facial prosthesis	Interqual	1/1/2023	
21089	Unlisted maxillofacial procedure	Interqual	1/1/2023	
21110	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	Interqual	1/1/2023	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	Interqual	1/1/2023	
21121	Genioplasty, sliding osteotomy, single piece	Interqual	1/1/2023	
21122	Genioplasty, sliding osteotomies, two or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)	Interqual	1/1/2023	
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	Interqual	1/1/2023	
21125	Augmentation, mandibular body or angle; prosthetic material	Interqual	1/1/2023	
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	Interqual	1/1/2023	
21137	Reduction forehead; contouring only	Interqual	1/1/2023	
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	Interqual	1/1/2023	
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	Interqual	1/1/2023	
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft	Interqual	1/1/2023	
21142	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
21143	Reconstruction midface, LeFort I; three or more pieces, segment move in any direction, without bone	Interqual	1/1/2023	
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	Interqual	1/1/2023	
21146	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)	Interqual	1/1/2023	
21147	Reconstruction midface, LeFort I; three or more pieces, segment move in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)	Interqual	1/1/2023	
21150	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)	Interqual	1/1/2023	
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	Interqual	1/1/2023	
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	Interqual	1/1/2023	
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts) with LeFort I	Interqual	1/1/2023	
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc) requiring bone grafts (includes obtaining autografts); without LeFort I	Interqual	1/1/2023	
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc) requiring bone grafts (includes obtaining autografts); with LeFort I	Interqual	1/1/2023	
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	Interqual	1/1/2023	
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	Interqual	1/1/2023	
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	Interqual	1/1/2023	
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	Interqual	1/1/2023	
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	Interqual	1/1/2023	
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g. fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	Interqual	1/1/2023	
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	Interqual	1/1/2023	
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	Interqual	1/1/2023	
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	Interqual	1/1/2023	
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	Interqual	1/1/2023	
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	Interqual	1/1/2023	
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	Interqual	1/1/2023	
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	Interqual	1/1/2023	
21198	Osteotomy, mandible, segmental	Interqual	1/1/2023	
21199	Osteotomy, mandible, segmental; with genioglossus advancement	Interqual	1/1/2023	
21206	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard)	Interqual	1/1/2023	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	Interqual	1/1/2023	
21209	Osteoplasty, facial bones; reduction	Interqual	1/1/2023	
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	Interqual	1/1/2023	
21215	Graft, bone; mandible (includes obtaining graft)	Interqual	1/1/2023	
21230	RIB CARTILAGE GRAFT	Interqual	1/1/2023	
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	Interqual	1/1/2023	
21240	Arthroplasty, temporomandibular joint (TMJ), with or without autograft (includes obtaining graft)	Interqual	1/1/2023	
21242	Arthroplasty, temporomandibular joint (TMJ), with allograft	Interqual	1/1/2023	
21243	Arthroplasty, temporomandibular joint (TMJ), with prosthetic joint replacement	Interqual	1/1/2023	
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)	Interqual	1/1/2023	
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	Interqual	1/1/2023	
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	Interqual	1/1/2023	
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g. for hemifacial microsomia)	Interqual	1/1/2023	
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial	Interqual	1/1/2023	
21249	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete	Interqual	1/1/2023	
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	Interqual	1/1/2023	
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g., micro-ophthalmia)	Interqual	1/1/2023	
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	Interqual	1/1/2023	
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	Interqual	1/1/2023	
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	Interqual	1/1/2023	
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	Interqual	1/1/2023	
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	Interqual	1/1/2023	
21275	Secondary revision of orbitocraniofacial reconstruction	Interqual	1/1/2023	
21280	Medial canthopexy (separate procedure)	Interqual	1/1/2023	
21282	Lateral canthopexy	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
21295	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach	Interqual	1/1/2023	
21296	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); intraoral approach	Interqual	1/1/2023	
21299	Unlisted craniofacial and maxillofacial procedure	Interqual	1/1/2023	
21325	Open treatment of nasal fracture; uncomplicated	Interqual	1/1/2023	
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum	Interqual	1/1/2023	
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	Interqual	1/1/2023	
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); bone grafting (includes obtaining graft)	Interqual	1/1/2023	
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	Interqual	1/1/2023	
21433	Open treatment of craniofacial separation (LeFort III type); complicated (e.g., comminuted or involving cranial nerve foramina), multiple surgical approaches	Interqual	1/1/2023	
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation	Interqual	1/1/2023	
21436	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (e.g., head cap, halo device, and/or intermaxillary fixation)	Interqual	1/1/2023	
21497	Interdental wiring	Interqual	1/1/2023	
21499	Unlisted musculoskeletal procedure, head	Interqual	1/1/2023	
21685	Hyoid myotomy and suspension	Interqual	1/1/2023	
21740	Reconstructive repair of pectus excavatum or carinatum; open	Interqual	1/1/2023	
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure) without thoracoscopy	Interqual	1/1/2023	
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure) with thoracoscopy	Interqual	1/1/2023	
21899	Unlisted procedure, neck or thorax	Interqual	1/1/2023	
22100	Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	Interqual	1/1/2023	
22101	Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	Interqual	1/1/2023	
22102	Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	Interqual	1/1/2023	
22103	Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	Interqual	1/1/2023	
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	Interqual	1/1/2023	
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	Interqual	1/1/2023	
22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (e.g., pedicle/vertebral body subtraction); thoracic	Interqual	1/1/2023	
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (e.g., pedicle/vertebral body subtraction); lumbar	Interqual	1/1/2023	
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (e.g., pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Interqual	1/1/2023	
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	Interqual	1/1/2023	
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	Interqual	1/1/2023	
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	Interqual	1/1/2023	
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	Interqual	1/1/2023	
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	Interqual	1/1/2023	
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	Interqual	1/1/2023	
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; lumbar	Interqual	1/1/2023	
22505	Manipulation of spine requiring anesthesia, any region	Interqual	1/1/2023	
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	Interqual	1/1/2023	
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	Interqual	1/1/2023	
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	Interqual	1/1/2023	
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22521	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar	Interqual	1/1/2023	
22523	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic	Interqual	1/1/2023	
22524	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar	Interqual	1/1/2023	
22525	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Interqual	1/1/2023	
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more add'l levels (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22532	Arthrodesis, lateral extracavitary technique, including minimal disectomy to prepare interspace (other than for decompression); thoracic	Interqual	1/1/2023	
22533	Arthrodesis, lateral extracavitary technique, including minimal disectomy to prepare interspace (other than for decompression); lumbar	Interqual	1/1/2023	
22534	Arthrodesis, lateral extracavitary technique, including minimal disectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	Interqual	1/1/2023	
22551	Arthrodesis, anterior interbody, including disc space preparation, disectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Interqual	1/1/2023	
22552	Arthrodesis, anterior interbody, including disc space preparation, disectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	Interqual	1/1/2023	
22554	Arthrodesis, anterior interbody technique, including minimal disectomy to prepare interspace (other than for decompression); cervical below C2	Interqual	1/1/2023	
22556	Arthrodesis, anterior interbody technique, including minimal disectomy to prepare interspace (other than for decompression); thoracic	Interqual	1/1/2023	
22558	Arthrodesis, anterior interbody technique, including minimal disectomy to prepare interspace (other than for decompression); lumbar	Interqual	1/1/2023	
22585	Arthrodesis, anterior interbody technique, including minimal disectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, disectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	Interqual	1/1/2023	
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	Interqual	1/1/2023	
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Interqual	1/1/2023	
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	Interqual	1/1/2023	
22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	Interqual	1/1/2023	
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	Interqual	1/1/2023	
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or disectomy to prepare interspace (other than for decompression), single interspace; lumbar	Interqual	1/1/2023	
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or disectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or disectomy sufficient to prepare interspace (other than for decompression), single interspace; lumbar (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or disectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace and segment (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Interqual	1/1/2023	
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Interqual	1/1/2023	
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Interqual	1/1/2023	
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Interqual	1/1/2023	
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Interqual	1/1/2023	
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	Interqual	1/1/2023	
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	Interqual	1/1/2023	
22830	Exploration of spinal fusion	Interqual	1/1/2023	
22840	Posterior non-segmental instrumentation (e.g., Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22842	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22843	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22844	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22849	Reinsertion of spinal fixation device	Interqual	1/1/2023	
22850	Removal of posterior nonsegmental instrumentation (e.g., Harrington rod)	Interqual	1/1/2023	
22852	Removal of posterior segmental instrumentation	Interqual	1/1/2023	
22853	Insertion of interbody biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22854	Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22855	Removal of anterior instrumentation	Interqual	1/1/2023	
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Interqual	1/1/2023	
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, single interspace	Interqual	1/1/2023	
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22859	Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	Interqual	8/1/2023	
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Interqual	1/1/2023	
22862	Revision including replacement of total disc arthroplasty (artificial disc) anterior approach, lumbar, single interspace	Interqual	1/1/2023	
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Interqual	1/1/2023	
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Interqual	1/1/2023	
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Interqual	1/1/2023	
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Interqual	1/1/2023	
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
22899	Unlisted procedure, spine	Interqual	1/1/2023	
22999	Unlisted procedure, abdomen, musculoskeletal system	Interqual	1/1/2023	
23000	Removal of subdeltoid calcareous deposits, open	Interqual	1/1/2023	
23020	Capsular contracture release (eg, Sever type procedure)	Interqual	1/1/2023	
23030	Incision and drainage, shoulder area; deep abscess or hematoma	Interqual	1/1/2023	
23031	Incision and drainage, shoulder area;infected bursa	Interqual	1/1/2023	
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	Interqual	1/1/2023	
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	Interqual	1/1/2023	
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	Interqual	1/1/2023	
23065	Biopsy, soft tissue of shoulder area; superficial	Interqual	1/1/2023	
23066	Biopsy, soft tissue of shoulder area;deep	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater	Interqual	1/1/2023	
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular);5 cm or greater	Interqual	1/1/2023	
23075	Excision, soft tissue tumor, shoulder area; subcutaneous	Interqual	1/1/2023	
23076	Excision, soft tissue tumor, shoulder area;deep, subfascial, or intramuscular	Interqual	1/1/2023	
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Interqual	1/1/2023	
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Interqual	1/1/2023	
23100	Arthrotomy, glenohumeral joint, including biopsy	Interqual	1/1/2023	
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	Interqual	1/1/2023	
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	Interqual	1/1/2023	
23106	Arthrotomy;sternoclavicular joint, with synovectomy, with or without biopsy	Interqual	1/1/2023	
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	Interqual	1/1/2023	
23120	Claviculectomy; partial	Interqual	1/1/2023	
23125	Claviculectomy;total	Interqual	1/1/2023	
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	Interqual	1/1/2023	
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	Interqual	1/1/2023	
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;with autograft (includes obtaining graft)	Interqual	1/1/2023	
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;with allograft	Interqual	1/1/2023	
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;	Interqual	1/1/2023	
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus;with autograft (includes obtaining graft)	Interqual	1/1/2023	
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus;with allograft	Interqual	1/1/2023	
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	Interqual	1/1/2023	
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	Interqual	1/1/2023	
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	Interqual	1/1/2023	
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis) clavicle	Interqual	1/1/2023	
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis) scapula	Interqual	1/1/2023	
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis) proximal humerus	Interqual	1/1/2023	
23190	Ostectomy of scapula, partial (eg, superior medial angle)	Interqual	1/1/2023	
23195	Resection, humeral head	Interqual	1/1/2023	
23200	Radical resection for tumor; clavicle	Interqual	1/1/2023	
23210	Radical resection for tumor;scapula	Interqual	1/1/2023	
23220	Radical resection of bone tumor, proximal humerus;	Interqual	1/1/2023	
23330	Removal of foreign body, shoulder; subcutaneous	Interqual	1/1/2023	
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	Interqual	1/1/2023	
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	Interqual	1/1/2023	
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid component	Interqual	1/1/2023	
23395	Muscle transfer, any type, shoulder or upper arm; single	Interqual	1/1/2023	
23397	Muscle transfer, any type, shoulder or upper arm;multiple	Interqual	1/1/2023	
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	Interqual	1/1/2023	
23405	Tenotomy, shoulder area; single tendon	Interqual	1/1/2023	
23406	Tenotomy, shoulder area;multiple tendons through same incision	Interqual	1/1/2023	
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	Interqual	1/1/2023	
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open;chronic	Interqual	1/1/2023	
23415	Coracoacromial ligament release, with or without acromioplasty	Interqual	1/1/2023	
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	Interqual	1/1/2023	
23430	Tenodesis of long tendon of biceps	Interqual	1/1/2023	
23440	Resection or transplantation of long tendon of biceps	Interqual	1/1/2023	
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	Interqual	1/1/2023	
23455	Capsulorrhaphy, anterior;with labral repair (eg, Bankart procedure)	Interqual	1/1/2023	
23460	Capsulorrhaphy, anterior, any type; with bone block	Interqual	1/1/2023	
23462	Capsulorrhaphy, anterior, any type;with coracoid process transfer	Interqual	1/1/2023	
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	Interqual	1/1/2023	
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	Interqual	1/1/2023	
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	Interqual	1/1/2023	
23472	Arthroplasty, glenohumeral joint;total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	Interqual	1/1/2023	
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	Interqual	1/1/2023	
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	Interqual	1/1/2023	
23480	Osteotomy, clavicle, with or without internal fixation;	Interqual	1/1/2023	
23485	Osteotomy, clavicle, with or without internal fixation;with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	Interqual	1/1/2023	
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	Interqual	1/1/2023	
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate;proximal humerus	Interqual	1/1/2023	
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	Interqual	1/1/2023	
23800	Arthrodesis, glenohumeral joint;	Interqual	1/1/2023	
23802	Arthrodesis, glenohumeral joint;with autogenous graft (includes obtaining graft)	Interqual	1/1/2023	
23921	Shoulder-secondary closure or scar revision	Interqual	1/1/2023	
23929	Unlisted procedure, shoulder	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
24300	Manipulation, elbow, under anesthesia	Interqual	1/1/2023	
24360	Arthroplasty, elbow; with membrane (eg, fascial)	Interqual	1/1/2023	
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement	Interqual	1/1/2023	
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	Interqual	1/1/2023	
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	Interqual	1/1/2023	
24365	Arthroplasty, radial head	Interqual	1/1/2023	
24366	Arthroplasty, radial head; with implant	Interqual	1/1/2023	
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	Interqual	1/1/2023	
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	Interqual	1/1/2023	
24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty	Interqual	1/1/2023	
24925	Arm through humerus-secondary closure or scar revision	Interqual	1/1/2023	
24999	Unlisted procedure, humerus or elbow	Interqual	1/1/2023	
25259	Manipulation, wrist, under anesthesia	Interqual	1/1/2023	
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	Interqual	1/1/2023	
25441	Arthroplasty with prosthetic replacement; distal radius	Interqual	1/1/2023	
25442	Arthroplasty with prosthetic replacement; distal ulna	Interqual	1/1/2023	
25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	Interqual	1/1/2023	
25444	Arthroplasty with prosthetic replacement; lunate	Interqual	1/1/2023	
25445	Arthroplasty with prosthetic replacement; trapezium	Interqual	1/1/2023	
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	Interqual	1/1/2023	
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints	Interqual	1/1/2023	
25449	Revision of arthroplasty, including removal of implant, wrist joint	Interqual	1/1/2023	
25675	Closed treatment of distal radioulnar dislocation with manipulation	Interqual	1/1/2023	
25907	Forearm, through radius and ulna - secondary closure or scar revision	Interqual	1/1/2023	
25922	Wrist- secondary closure or scar revision	Interqual	1/1/2023	
25999	Unlisted procedure, forearm and wrist	Interqual	1/1/2023	
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	Interqual	1/1/2023	
26530	Arthroplasty, metacarpophalangeal joint; each joint	Interqual	1/1/2023	
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	Interqual	1/1/2023	
26535	Arthroplasty, interphalangeal joint; each joint	Interqual	1/1/2023	
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	Interqual	1/1/2023	
26989	Unlisted procedure, hands or fingers	Interqual	1/1/2023	
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	Interqual	1/1/2023	
26991	Incision and drainage, pelvis or hip joint area;infected bursa	Interqual	1/1/2023	
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	Interqual	1/1/2023	
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)	Interqual	1/1/2023	
27001	Tenotomy, adductor of hip, open	Interqual	1/1/2023	
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy	Interqual	1/1/2023	
27005	Tenotomy, hip flexor(s), open (separate procedure)	Interqual	1/1/2023	
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	Interqual	1/1/2023	
27025	Fasciotomy, hip or thigh, any type	Interqual	1/1/2023	
27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral	Interqual	1/1/2023	
27030	Arthrotomy, hip, with drainage (eg, infection)	Interqual	1/1/2023	
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	Interqual	1/1/2023	
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	Interqual	1/1/2023	
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	Interqual	1/1/2023	
27040	Biopsy, soft tissue of pelvis and hip area; superficial	Interqual	1/1/2023	
27041	Biopsy, soft tissue of pelvis and hip area;deep, subfascial or intramuscular	Interqual	1/1/2023	
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous;3 cm or greater	Interqual	1/1/2023	
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular);5 cm or greater	Interqual	1/1/2023	
27047	Excision, tumor, pelvis and hip area; subcutaneous tissue	Interqual	1/1/2023	
27048	Excision, tumor, pelvis and hip area;deep, subfascial, intramuscular	Interqual	1/1/2023	
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Interqual	1/1/2023	
27050	Arthrotomy, with biopsy; sacroiliac joint	Interqual	1/1/2023	
27052	Arthrotomy, with biopsy;hip joint	Interqual	1/1/2023	
27054	Arthrotomy with synovectomy, hip joint	Interqual	1/1/2023	
27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral	Interqual	1/1/2023	
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Interqual	1/1/2023	
27060	Excision; ischial bursa	Interqual	1/1/2023	
27062	Excision;trochanteric bursa or calcification	Interqual	1/1/2023	
27065	Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanter of femur) with or without autograft	Interqual	1/1/2023	
27066	Excision of bone cyst or benign tumor;deep, with or without autograft	Interqual	1/1/2023	
27067	Excision of bone cyst or benign tumor;with autograft requiring separate incision	Interqual	1/1/2023	
27070	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial (eg, wing of ilium, symphysis pubis, or greater trochanter of femur)	Interqual	1/1/2023	
27071	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess);deep (subfascial or intramuscular)	Interqual	1/1/2023	
27075	Radical resection of tumor or infection; wing of ilium, one pubic or ischial ramus or symphysis pubis	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
27076	Radical resection of tumor or infection; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Interqual	1/1/2023	
27077	Radical resection of tumor or infection; innominate bone, total	Interqual	1/1/2023	
27078	Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur	Interqual	1/1/2023	
27080	Coccygectomy, primary	Interqual	1/1/2023	
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue	Interqual	1/1/2023	
27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)	Interqual	1/1/2023	
27090	Removal of hip prosthesis; (separate procedure)	Interqual	1/1/2023	
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	Interqual	1/1/2023	
27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	Interqual	1/1/2023	
27097	Release or recession, hamstring, proximal	Interqual	1/1/2023	
27098	Transfer, adductor to ischium	Interqual	1/1/2023	
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	Interqual	1/1/2023	
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	Interqual	1/1/2023	
27110	Transfer iliopsoas; to greater trochanter of femur	Interqual	1/1/2023	
27111	Transfer iliopsoas; to femoral neck	Interqual	1/1/2023	
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	Interqual	1/1/2023	
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	Interqual	1/1/2023	
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	Interqual	1/1/2023	
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Interqual	1/1/2023	
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	Interqual	1/1/2023	
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	Interqual	1/1/2023	
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	Interqual	1/1/2023	
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	Interqual	1/1/2023	
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	Interqual	1/1/2023	
27146	Osteotomy, iliac, acetabular or innominate bone;	Interqual	1/1/2023	
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	Interqual	1/1/2023	
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	Interqual	1/1/2023	
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	Interqual	1/1/2023	
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)	Interqual	1/1/2023	
27161	Osteotomy, femoral neck (separate procedure)	Interqual	1/1/2023	
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	Interqual	1/1/2023	
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	Interqual	1/1/2023	
27175	Treatment of slipped femoral epiphysis; by traction, without reduction	Interqual	1/1/2023	
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	Interqual	1/1/2023	
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	Interqual	1/1/2023	
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	Interqual	1/1/2023	
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	Interqual	1/1/2023	
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	Interqual	1/1/2023	
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	Interqual	1/1/2023	
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	Interqual	1/1/2023	
27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	Interqual	1/1/2023	
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)	Interqual	1/1/2023	
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia	Interqual	1/1/2023	
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	Interqual	1/1/2023	
27275	Manipulation, hip joint, requiring general anesthesia	Interqual	1/1/2023	
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Interqual	1/1/2023	
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	Interqual	1/1/2023	
27282	Arthrodesis, symphysis pubis (including obtaining graft)	Interqual	1/1/2023	
27284	Arthrodesis, hip joint (including obtaining graft);	Interqual	1/1/2023	
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	Interqual	1/1/2023	
27299	Unlisted procedure, pelvis or hip joint	Interqual	1/1/2023	
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	Interqual	1/1/2023	
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	Interqual	1/1/2023	
27305	Fasciotomy, iliotibial (tenotomy), open	Interqual	1/1/2023	
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	Interqual	1/1/2023	
27307	Tenotomy, percutaneous, adductor or hamstring; multiple tendons	Interqual	1/1/2023	
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
27323	Biopsy, soft tissue of thigh or knee area; superficial	Interqual	1/1/2023	
27324	Biopsy, soft tissue of thigh or knee area;deep (subfascial or intramuscular)	Interqual	1/1/2023	
27325	Neurectomy, hamstring muscle	Interqual	1/1/2023	
27326	Neurectomy, popliteal (gastrocnemius)	Interqual	1/1/2023	
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Interqual	1/1/2023	
27328	Excision, tumor, thigh or knee area;deep, subfascial, or intramuscular; less than 5 cm	Interqual	1/1/2023	
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Interqual	1/1/2023	
27330	Arthrotomy, knee; with synovial biopsy only	Interqual	1/1/2023	
27331	Arthrotomy, knee;including joint exploration, biopsy, or removal of loose or foreign bodies	Interqual	1/1/2023	
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	Interqual	1/1/2023	
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee;medial AND lateral	Interqual	1/1/2023	
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	Interqual	1/1/2023	
27335	Arthrotomy, with synovectomy, knee;anterior AND posterior including popliteal area	Interqual	1/1/2023	
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Interqual	1/1/2023	
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Interqual	1/1/2023	
27340	Excision, prepatellar bursa	Interqual	1/1/2023	
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	Interqual	1/1/2023	
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	Interqual	1/1/2023	
27350	Patellectomy or hemipatellectomy	Interqual	1/1/2023	
27355	Excision or curettage of bone cyst or benign tumor of femur;	Interqual	1/1/2023	
27356	Excision or curettage of bone cyst or benign tumor of femur;with allograft	Interqual	1/1/2023	
27357	Excision or curettage of bone cyst or benign tumor of femur;with autograft (includes obtaining graft)	Interqual	1/1/2023	
27358	Excision or curettage of bone cyst or benign tumor of femur;with internal fixation (List in addition to code for primary procedure)	Interqual	1/1/2023	
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	Interqual	1/1/2023	
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Interqual	1/1/2023	
27365	Radical resection of tumor, bone, femur or knee	Interqual	1/1/2023	
27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	Interqual	1/1/2023	
27372	Removal of foreign body, deep, thigh region or knee area	Interqual	1/1/2023	
27380	Suture of infrapatellar tendon; primary	Interqual	1/1/2023	
27381	Suture of infrapatellar tendon;secondary reconstruction, including fascial or tendon graft	Interqual	1/1/2023	
27385	Suture of quadriceps or hamstring muscle rupture; primary	Interqual	1/1/2023	
27386	Suture of quadriceps or hamstring muscle rupture;secondary reconstruction, including fascial or tendon graft	Interqual	1/1/2023	
27390	Tenotomy, open, hamstring, knee to hip; single tendon	Interqual	1/1/2023	
27391	Tenotomy, open, hamstring, knee to hip;multiple tendons, one leg	Interqual	1/1/2023	
27392	Tenotomy, open, hamstring, knee to hip;multiple tendons, bilateral	Interqual	1/1/2023	
27393	Lengthening of hamstring tendon; single tendon	Interqual	1/1/2023	
27394	Lengthening of hamstring tendon;multiple tendons, one leg	Interqual	1/1/2023	
27395	Lengthening of hamstring tendon;multiple tendons, bilateral	Interqual	1/1/2023	
27396	Transplant, hamstring tendon to patella; single tendon	Interqual	1/1/2023	
27397	Transplant, hamstring tendon to patella;multiple tendons	Interqual	1/1/2023	
27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)	Interqual	1/1/2023	
27403	Arthrotomy with meniscus repair, knee	Interqual	1/1/2023	
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	Interqual	1/1/2023	
27407	Repair, primary, torn ligament and/or capsule, knee;cruciate	Interqual	1/1/2023	
27409	Repair, primary, torn ligament and/or capsule, knee;collateral and cruciate ligaments	Interqual	1/1/2023	
27412	Autologous chondrocyte implantation, knee	Interqual	1/1/2023	
27415	Osteochondral allograft, knee, open	Interqual	1/1/2023	
27416	Osteochondral autograft(s) , knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))	Interqual	1/1/2023	
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	Interqual	1/1/2023	
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	Interqual	1/1/2023	
27422	Reconstruction of dislocating patella;with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	Interqual	1/1/2023	
27424	Reconstruction of dislocating patella;with patellectomy	Interqual	1/1/2023	
27425	Lateral retinacular release, open	Interqual	1/1/2023	
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	Interqual	1/1/2023	
27428	Ligamentous reconstruction (augmentation), knee;intra-articular (open)	Interqual	1/1/2023	
27429	Ligamentous reconstruction (augmentation), knee;intra-articular (open) and extra-articular	Interqual	1/1/2023	
27430	Quadricepsplasty (eg, Bennett or Thompson type)	Interqual	1/1/2023	
27435	Capsulotomy, posterior capsular release, knee	Interqual	1/1/2023	
27437	Arthroplasty, patella; without prosthesis	Interqual	1/1/2023	
27438	Arthroplasty, patella; with prosthesis	Interqual	1/1/2023	
27440	Arthroplasty, knee, tibial plateau	Interqual	1/1/2023	
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	Interqual	1/1/2023	
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee	Interqual	1/1/2023	
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	Interqual	1/1/2023	
27445	Arthroplasty, knee, hinge prosthesis (e.g., Walldius type)	Interqual	1/1/2023	
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Interqual	1/1/2023	
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	Interqual	1/1/2023	
27448	Osteotomy, femur, shaft or supracondylar; without fixation	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
27450	Osteotomy, femur, shaft or supracondylar;with fixation	Interqual	1/1/2023	
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	Interqual	1/1/2023	
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); before epiphyseal closure	Interqual	1/1/2023	
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee));after epiphyseal closure	Interqual	1/1/2023	
27465	Osteoplasty, femur; shortening (excluding 64876)	Interqual	1/1/2023	
27466	Osteoplasty, femur;lengthening	Interqual	1/1/2023	
27468	Osteoplasty, femur;combined, lengthening and shortening with femoral segment transfer	Interqual	1/1/2023	
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	Interqual	1/1/2023	
27472	Repair, nonunion or malunion, femur, distal to head and neck;with iliac or other autogenous bone graft (includes obtaining graft)	Interqual	1/1/2023	
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	Interqual	1/1/2023	
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis);tibia and fibula, proximal	Interqual	1/1/2023	
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis);combined distal femur, proximal tibia and fibula	Interqual	1/1/2023	
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	Interqual	1/1/2023	
27486	Revision of total knee arthroplasty, with or without allograft; one component	Interqual	1/1/2023	
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	Interqual	1/1/2023	
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	Interqual	1/1/2023	
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	Interqual	1/1/2023	
27496	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);	Interqual	1/1/2023	
27497	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);with debridement of nonviable muscle and/or nerve	Interqual	1/1/2023	
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;	Interqual	1/1/2023	
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments;with debridement of nonviable muscle and/or nerve	Interqual	1/1/2023	
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	Interqual	1/1/2023	
27580	Arthrodesis, knee, any technique	Interqual	1/1/2023	
27599	Unlisted procedure, femur or knee	Interqual	1/1/2023	
27700	Arthroplasty, ankle	Interqual	1/1/2023	
27702	Arthroplasty, ankle; with implant (total ankle)	Interqual	1/1/2023	
27703	Arthroplasty, ankle; revision, total ankle	Interqual	1/1/2023	
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	Interqual	1/1/2023	
27899	Unlisted procedure, leg or ankle	Interqual	1/1/2023	
28344	Reconstruction, toe(s); polydactyly	Interqual	1/1/2023	
28446	Open osteochondral autograft, talus (includes obtaining graft(s))	Interqual	1/1/2023	
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	Interqual	1/1/2023	
28899	Unlisted procedure, foot or toes	Interqual	1/1/2023	
29799	Unlisted procedure, casting or strapping	Interqual	1/1/2023	
29800	Arthroscopy, temporomandibular joint (TMJ), diagnostic, with or without synovial biopsy (separate procedure)	Interqual	1/1/2023	
29804	Arthroscopy , temporomandibular joint (TMJ), surgical	Interqual	1/1/2023	
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	Interqual	1/1/2023	
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	Interqual	1/1/2023	
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	Interqual	1/1/2023	
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	Interqual	1/1/2023	
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	Interqual	1/1/2023	
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	Interqual	1/1/2023	
29822	Arthroscopy, shoulder, surgical; debridement, limited	Interqual	1/1/2023	
29823	Arthroscopy, shoulder, surgical; debridement, extensive	Interqual	1/1/2023	
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	Interqual	1/1/2023	
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	Interqual	1/1/2023	
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	Interqual	1/1/2023	
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	Interqual	1/1/2023	
29828	Arthroscopy, shoulder, surgical;biceps tenodesis	Interqual	1/1/2023	
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	Interqual	1/1/2023	
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)	Interqual	1/1/2023	
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)	Interqual	1/1/2023	
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy)	Interqual	1/1/2023	
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal or external fixation (includes arthroscopy)	Interqual	1/1/2023	
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	Interqual	1/1/2023	
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	Interqual	1/1/2023	
29862	Arthroscopy, hip, surgical;with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	Interqual	1/1/2023	
29863	Arthroscopy, hip, surgical;with synovectomy	Interqual	1/1/2023	
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft)	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	Interqual	1/1/2023	
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	Interqual	1/1/2023	
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	Interqual	1/1/2023	
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	Interqual	1/1/2023	
29873	Arthroscopy, knee, surgical;with lateral release	Interqual	1/1/2023	
29874	Arthroscopy, knee, surgical;for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	Interqual	1/1/2023	
29875	Arthroscopy, knee, surgical;synovectomy, limited (eg, plica or shelf resection) (separate procedure)	Interqual	1/1/2023	
29876	Arthroscopy, knee, surgical;synovectomy, major, two or more compartments (eg, medial or lateral)	Interqual	1/1/2023	
29877	Arthroscopy, knee, surgical;debridement/shaving of articular cartilage (chondroplasty)	Interqual	1/1/2023	
29879	Arthroscopy, knee, surgical;abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	Interqual	1/1/2023	
29880	Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	Interqual	1/1/2023	
29881	Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	Interqual	1/1/2023	
29882	Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	Interqual	1/1/2023	
29883	Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	Interqual	1/1/2023	
29884	Arthroscopy, knee, surgical;with lysis of adhesions, with or without manipulation (separate procedure)	Interqual	1/1/2023	
29885	Arthroscopy, knee, surgical;drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	Interqual	1/1/2023	
29886	Arthroscopy, knee, surgical;drilling for intact osteochondritis dissecans lesion	Interqual	1/1/2023	
29887	Arthroscopy, knee, surgical;drilling for intact osteochondritis dissecans lesion with internal fixation	Interqual	1/1/2023	
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	Interqual	1/1/2023	
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	Interqual	1/1/2023	
29914	Arthroscopy, hip, surgical;with femoroplasty (ie, treatment of cam lesion)	Interqual	1/1/2023	
29915	Arthroscopy, hip, surgical;with acetabuloplasty (ie, treatment of pincer lesion)	Interqual	1/1/2023	
29916	Arthroscopy, hip, surgical;with labral repair	Interqual	1/1/2023	
29999	Unlisted procedure, arthroscopy	Interqual	1/1/2023	
30120	Excision or surgical planning of skin for rhinophyma	Interqual	1/1/2023	
30150	Rhinectomy; partial	Interqual	1/1/2023	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Interqual	1/1/2023	
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Interqual	1/1/2023	
30420	Rhinoplasty, primary; including major septal repair	Interqual	1/1/2023	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	Interqual	1/1/2023	
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	Interqual	1/1/2023	
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	Interqual	1/1/2023	
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	Interqual	1/1/2023	
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and palate, including columellar lengthening; tip, septum, osteotomies	Interqual	1/1/2023	
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	Interqual	1/1/2023	
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	Interqual	8/1/2023	
30540	Repair choanal atresia; intranasal	Interqual	1/1/2023	
30545	Repair choanal atresia; transpalatine	Interqual	1/1/2023	
30560	Lysis intranasal synechia	Interqual	1/1/2023	
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	Interqual	1/1/2023	
30999	Unlisted procedure, nose	Interqual	1/1/2023	
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	Interqual	1/1/2023	
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	Interqual	1/1/2023	
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	Interqual	1/1/2023	
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	Interqual	1/1/2023	
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	Interqual	1/1/2023	
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	Interqual	1/1/2023	
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	Interqual	1/1/2023	
31299	Unlisted procedure, accessory sinuses	Interqual	1/1/2023	
31599	Unlisted procedure, larynx	Interqual	1/1/2023	
31643	Bronchoscopy (rigid or flexible), with placement of catheter for intracavitary radioelement application	Interqual	1/1/2023	
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Interqual	1/1/2023	
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	Interqual	1/1/2023	
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	Interqual	1/1/2023	
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	Interqual	1/1/2023	
31899	Unlisted procedure, trachea, bronchi	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
32491	Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure	Interqual	1/1/2023	
32553	Placement of interstitial device for radiation therapy guidance, percutaneous, intra-thoracic, single or multiple	Interqual	1/1/2023	
32664	Thoracoscopy, surgical; with thoracic sympathectomy	Interqual	1/1/2023	
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Interqual	1/1/2023	
32850	Donor Pneumonectomy(s), from cadaver donor	Interqual	1/1/2023	
32851	Lung transplant, single; without cardiopulmonary bypass	Interqual	1/1/2023	
32852	Lung transplant, single; with cardiopulmonary bypass	Interqual	1/1/2023	
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	Interqual	1/1/2023	
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	Interqual	1/1/2023	
32994	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	Interqual	1/1/2023	
32999	Unlisted procedure, lungs and pleura	Interqual	1/1/2023	
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	Interqual	1/1/2023	
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
33230	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads	Interqual	1/1/2023	
33231	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads	Interqual	1/1/2023	
33240	Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator	Interqual	1/1/2023	
33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber	Interqual	1/1/2023	
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Interqual	1/1/2023	
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Interqual	1/1/2023	
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Interqual	1/1/2023	
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Interqual	1/1/2023	
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Interqual	1/1/2023	
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Interqual	1/1/2023	
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Interqual	1/1/2023	
33271	Insertion of subcutaneous implantable defibrillator electrode	Interqual	1/1/2023	
33274	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	Interqual	1/1/2023	
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular	Interqual	1/1/2023	
33289	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	Interqual	1/1/2023	
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	Interqual	1/1/2023	
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Interqual	1/1/2023	
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Interqual	1/1/2023	
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Interqual	1/1/2023	
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Interqual	1/1/2023	
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Interqual	1/1/2023	
33366	Transcatheter transapical replacement aortic valve	Interqual	1/1/2023	
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Interqual	1/1/2023	
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Interqual	1/1/2023	
33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic	Interqual	1/1/2023	
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, DOR procedures)	Interqual	1/1/2023	
33741	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)	Interqual	1/1/2023	
33745	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt	Interqual	1/1/2023	
33746	congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection	Interqual	1/1/2023	
33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm)	Interqual	1/1/2023	
33871	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation)	Interqual	1/1/2023	
33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aorta	Interqual	1/1/2023	
33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aorta	Interqual	1/1/2023	
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension	Interqual	1/1/2023	
33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately)	Interqual	1/1/2023	
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	Interqual	1/1/2023	
33894	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches	Interqual	1/1/2023	
33895	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; not crossing major side branches	Interqual	1/1/2023	
33897	Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta	Interqual	1/1/2023	
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Interqual	1/1/2023	
33928	Removal and replacement of total replacement heart system (artificial heart)	Interqual	1/1/2023	
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	Interqual	1/1/2023	
33945	Heart transplant, with or without recipient cardiectomy	Interqual	1/1/2023	
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	Interqual	1/1/2023	
33976	Insertion VAD Extracorporeal, biventricular	Interqual	1/1/2023	
33979	Insertion VAD Implantable intracorporeal, single vent	Interqual	1/1/2023	
33981	Replace extracorporeal VAD, single or bivent pump	Interqual	1/1/2023	
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	Interqual	1/1/2023	
33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture	Interqual	1/1/2023	
33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	Interqual	1/1/2023	
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Interqual	1/1/2023	
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	Interqual	1/1/2023	
33999	Unlisted procedure, cardiac surgery	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all non selective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
34717	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)	Interqual	1/1/2023	
34718	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	Interqual	1/1/2023	
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data	Interqual	1/1/2023	
34841	Endovasc viscer aorta repair fenest 1 endograft	Interqual	1/1/2023	
34842	Endovasc viscer aorta repair fenest 2 endograft	Interqual	1/1/2023	
34843	Endovasc viscer aorta repair fenest 3 endograft	Interqual	1/1/2023	
34844	Endovasc viscer aorta repair fenest 4+ endograft	Interqual	1/1/2023	
34845	Viscer and infrarenal abdom aorta 1 prosthesis	Interqual	1/1/2023	
34846	Viscer and infrarenal abdom aorta 2 prosthesis	Interqual	1/1/2023	
34847	Viscer and infrarenal abdom aorta 3 prosthesis	Interqual	1/1/2023	
34848	Viscer and infrarenal abdom aorta 4+ prosthesis	Interqual	1/1/2023	
35702	Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)	Interqual	1/1/2023	
35703	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)	Interqual	1/1/2023	
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	Interqual	1/1/2023	
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	Interqual	1/1/2023	
36299	Unlisted procedure, vascular injection	Interqual	1/1/2023	
36465	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 (eg, great saphenous vein, accessory saphenous vein)	Interqual	1/1/2023	
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein , same leg)	Interqual	1/1/2023	
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	Interqual	1/1/2023	
36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face	Interqual	1/1/2023	
36470	Injection of sclerosing solution; single vein	Interqual	1/1/2023	
36471	Injection of sclerosing solution; multiple veins, same leg	Interqual	1/1/2023	
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Interqual	1/1/2023	
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Interqual	1/1/2023	
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Interqual	1/1/2023	
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Interqual	1/1/2023	
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
36514	Therapeutic apheresis; for plasmapheresis	Interqual	1/1/2023	
36516	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion	Interqual	1/1/2023	
36522	Photopheresis, extracorporeal	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Interqual	8/1/2023	
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Interqual	8/1/2023	
37241	Vascular embolization or occlusion venous r&s	Interqual	1/1/2023	
37243	Vascular embolize/occlude organ tumor infarct	Interqual	1/1/2023	
37244	Vascular embolization or occlusion hemorrhage	Interqual	1/1/2023	
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	Interqual	1/1/2023	
37501	Unlisted vascular endoscopy procedure	Interqual	1/1/2023	
37700	Ligation and division long saphenous vein at saphenofemoral junction, or distal interruptions	Interqual	1/1/2023	
37718	Ligation, division, and stripping, short saphenous vein	Interqual	1/1/2023	
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	Interqual	1/1/2023	
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg with excision of deep fascia	Interqual	1/1/2023	
37760	Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open	Interqual	1/1/2023	
37761	Ligate leg veins open	Interqual	1/1/2023	
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	Interqual	1/1/2023	
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	Interqual	1/1/2023	
37780	Ligation and division of short saphenous vein at saphenopopliteal junction	Interqual	1/1/2023	
37785	Ligation, division, and/or excision of varicose vein cluster(s), one leg	Interqual	1/1/2023	
37790	Penile venous occlusive procedure	Interqual	1/1/2023	
37799	Unlisted procedure, vascular surgery	Interqual	1/1/2023	
38129	Unlisted laparoscopy procedure, spleen	Interqual	1/1/2023	
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	Interqual	1/1/2023	
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic	Interqual	1/1/2023	
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	Interqual	1/1/2023	
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	Interqual	1/1/2023	
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing	Interqual	1/1/2023	
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing	Interqual	1/1/2023	
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	Interqual	1/1/2023	
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	Interqual	1/1/2023	
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	Interqual	1/1/2023	
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	Interqual	1/1/2023	
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	Interqual	1/1/2023	
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	Interqual	1/1/2023	
38230	Bone marrow harvesting for transplantation	Interqual	1/1/2023	
38232	Bone marrow harvesting for transplantation; autologous	Interqual	1/1/2023	
38240	Bone marrow or blood derived peripheral stem cell transplantation, allogenic	Interqual	1/1/2023	
38241	Bone marrow or blood derived peripheral stem cell, transplantation autologous	Interqual	1/1/2023	
38242	Bone marrow or blood-derived peripheral stem cell transplantation; allogenic donor lymphocyte infusion	Interqual	1/1/2023	
38243	Hematopoietic progenitor cell (HPC); HPC boost	Interqual	1/1/2023	
38589	Unlisted laparoscopy procedure, lymphatic system	Interqual	1/1/2023	
38999	Unlisted procedure, hemic or lymphatic system	Interqual	1/1/2023	
39499	Unlisted procedure, mediastinum	Interqual	1/1/2023	
39599	Unlisted procedure, diaphragm	Interqual	1/1/2023	
40799	Unlisted procedure, lips	Interqual	1/1/2023	
40899	Unlisted procedure, vestibule of mouth	Interqual	1/1/2023	
41019	Placement of needles, catheters, and other devices into the head and/or neck region	Interqual	1/1/2023	
41512	TONGUE SUSPENSION	Interqual	1/1/2023	
41530	TONGUE BASE VOL REDUCTION	Interqual	1/1/2023	
41599	Unlisted procedure, tongue, floor of mouth	Interqual	1/1/2023	
41820	Gingivectomy, excision gingiva, each quadrant	Interqual	1/1/2023	
41874	Alveoloplasty, each quadrant (specify)	Interqual	1/1/2023	
41899	Unlisted procedure, dentoalveolar structures	Interqual	1/1/2023	
42140	EXCISION OF UVULA	Interqual	1/1/2023	
42145	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)	Interqual	1/1/2023	
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	Interqual	1/1/2023	
42299	Unlisted procedure, palate, uvula	Interqual	1/1/2023	
42699	Unlisted procedure, salivary glands or ducts	Interqual	1/1/2023	
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	Interqual	1/1/2023	
42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic	Interqual	1/1/2023	
42999	Unlisted procedure, pharynx, adenoids, or tonsils	Interqual	1/1/2023	
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
43257	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	Interqual	1/1/2023	
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure; placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Interqual	1/1/2023	
43285	Removal of esophageal sphincter augmentation device	Interqual	1/1/2023	
43289	Unlisted laparoscopy procedure, esophagus	Interqual	1/1/2023	
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Interqual	8/1/2023	
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	Interqual	1/1/2023	
43499	Unlisted procedure, esophagus	Interqual	1/1/2023	
43631	Gastrectomy, partial, distal; with gastroduodenostomy	Interqual	1/1/2023	
43632	Gastrectomy, partial, distal; with gastrojejunostomy	Interqual	1/1/2023	
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	Interqual	1/1/2023	
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	Interqual	1/1/2023	
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	Interqual	1/1/2023	
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Interqual	1/1/2023	
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Interqual	1/1/2023	
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Interqual	1/1/2023	
43659	Unlisted laparoscopy procedure, stomach	Interqual	1/1/2023	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	Interqual	1/1/2023	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	Interqual	1/1/2023	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	Interqual	1/1/2023	
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	Interqual	1/1/2023	
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	Interqual	1/1/2023	
43775	Lap sleeve gastrectomy	Interqual	1/1/2023	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	Interqual	1/1/2023	
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	Interqual	1/1/2023	
43844	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	Interqual	1/1/2023	
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	Interqual	1/1/2023	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (less than 100 cm) Roux-en-Y gastroenterostomy	Interqual	1/1/2023	
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	Interqual	1/1/2023	
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	Interqual	1/1/2023	
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	Interqual	1/1/2023	
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	Interqual	1/1/2023	
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Interqual	1/1/2023	
43882	Rev or Removal of gastric neurostimulator electrodes, antrum, open	Interqual	1/1/2023	
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	Interqual	1/1/2023	
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	Interqual	1/1/2023	
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	Interqual	1/1/2023	
43999	Unlisted procedure, stomach	Interqual	1/1/2023	
44132	Donor enterectomy, open; from cadaver donor	Interqual	1/1/2023	
44133	Donor enterectomy, open; partial, from living donor	Interqual	1/1/2023	
44135	Intestinal allotransplantation; from cadaver donor	Interqual	1/1/2023	
44136	Intestinal allotransplantation; from living donor	Interqual	1/1/2023	
44238	Unlisted laparoscopy procedure, intestine (except rectum)	Interqual	1/1/2023	
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Interqual	1/1/2023	
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	Interqual	1/1/2023	
44720	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, venous anastomosis, each	Interqual	1/1/2023	
44721	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, arterial anastomosis each	Interqual	1/1/2023	
44799	Unlisted procedure, intestine	Interqual	1/1/2023	
44899	Unlisted procedure, Meckel's diverticulum and the mesentery	Interqual	1/1/2023	
44979	Unlisted laparoscopy procedure, appendix	Interqual	1/1/2023	
45399	Unlisted procedure, colon	Interqual	1/1/2023	
45999	Unlisted procedure, rectum	Interqual	1/1/2023	
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Interqual	1/1/2023	
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Interqual	1/1/2023	
46707	Repair anorectal fist w/plug	Interqual	1/1/2023	
46999	Unlisted procedure, anus	Interqual	1/1/2023	
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
47140	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; <u>left lateral segment only (segments II and III)</u>	Interqual	1/1/2023	
47141	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; <u>total left lobectomy (segments II, III and IV)</u>	Interqual	1/1/2023	
47142	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; <u>total right lobectomy (segments V, VI, VII and VIII)</u>	Interqual	1/1/2023	
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without tri segment or lobe split	Interqual	1/1/2023	
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with tri segment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right tri segment [segments I and IV through VIII])	Interqual	1/1/2023	
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	Interqual	1/1/2023	
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; <u>venous anastomosis, each</u>	Interqual	1/1/2023	
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; <u>arterial anastomosis, each</u>	Interqual	1/1/2023	
47379	Unlisted laparoscopic procedure, live	Interqual	1/1/2023	
47399	Unlisted procedure, liver	Interqual	1/1/2023	
47579	Unlisted laparoscopy procedure, biliary tract	Interqual	1/1/2023	
47999	Unlisted procedure, biliary tract	Interqual	1/1/2023	
48160	PANCREAS REMOVAL/TRANSPLANT	Interqual	1/1/2023	
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	Interqual	1/1/2023	
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to <u>superior mesenteric artery and to splenic artery</u>	Interqual	1/1/2023	
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, <u>venous anastomosis, each</u>	Interqual	1/1/2023	
48554	Transplantation of pancreatic allograft	Interqual	1/1/2023	
48556	Removal of transplanted pancreatic allograft	Interqual	1/1/2023	
48999	Unlisted procedure, pancreas	Interqual	1/1/2023	
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	Interqual	1/1/2023	
49411	Placement of interstitial device(s) for radiation therapy guidance, Open, Intra-abdominal, Intra-pelvic and/or retroperitoneum, including image guidance, <u>single or multiple</u>	Interqual	1/1/2023	
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	Interqual	1/1/2023	
49999	Unlisted procedure, abdomen, peritoneum and omentum	Interqual	1/1/2023	
50320	Donor nephrectomy, open from living donor (excluding preparation and maintenance of allograft)	Interqual	1/1/2023	
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal <u>artery(s), ligating branches, as necessary</u>	Interqual	1/1/2023	
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; <u>venous anastomosis, each</u>	Interqual	1/1/2023	
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; <u>arterial anastomosis, each</u>	Interqual	1/1/2023	
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; <u>ureteral anastomosis, each</u>	Interqual	1/1/2023	
50340	Recipient nephrectomy (separate procedure)	Interqual	1/1/2023	
50360	Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy	Interqual	1/1/2023	
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	Interqual	1/1/2023	
50370	Removal of transplanted renal allograft	Interqual	1/1/2023	
50380	Renal autotransplantation, reimplantation of kidney	Interqual	1/1/2023	
50547	Laparoscopy, surgical; donor nephrectomy from living donor (excluding preparation and maintenance of allograft)	Interqual	1/1/2023	
50549	Unlisted laparoscopy procedure, renal	Interqual	1/1/2023	
50949	Unlisted laparoscopy procedure, ureter	Interqual	1/1/2023	
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; <u>single implant</u>	Interqual	1/1/2023	
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	Interqual	1/1/2023	
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	Interqual	1/1/2023	
53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	Interqual	1/1/2023	
53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	Interqual	1/1/2023	
53854	Transurethral destruction of prostate tissue; by radiofrequency generated <u>water vapor thermotherapy</u>	Interqual	1/1/2023	
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Interqual	1/1/2023	
53899	Unlisted procedure, urinary system	Interqual	1/1/2023	
54125	Amputation of penis; complete	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
54161	Circumcision, surgical excision other than clamp, device or dorsal slit; older than 28 days	Interqual	1/1/2023	
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	Interqual	1/1/2023	
54401	Insertion of penile prosthesis; inflatable (self-contained)	Interqual	1/1/2023	
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	Interqual	1/1/2023	
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	Interqual	1/1/2023	
54410	Removal and replacement of all components of a multi-component, inflatable penile prosthesis at the same operative session	Interqual	1/1/2023	
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	Interqual	1/1/2023	
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Interqual	1/1/2023	
54660	Insertion of testicular prosthesis (separate procedure)	Interqual	1/1/2023	
54699	Unlisted laparoscopy procedure, testis	Interqual	1/1/2023	
55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed	Interqual	8/1/2023	
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Interqual	1/1/2023	
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or out cystoscopy	Interqual	1/1/2023	
55876	Fiducial marker placement in the prostate	Interqual	1/1/2023	
55899	Unlisted procedure, male genital system	Interqual	1/1/2023	
55920	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	Interqual	1/1/2023	
55970	Intersex surgery; male to female	Interqual	1/1/2023	
55980	Intersex surgery; female to male	Interqual	1/1/2023	
56620	Vulvectomy simple; partial	Interqual	1/1/2023	
56805	Clitoroplasty for intersex state	Interqual	1/1/2023	
57110	Vaginectomy, complete removal of vaginal wall	Interqual	1/1/2023	
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	Interqual	1/1/2023	
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	Interqual	1/1/2023	
57291	Construction of artificial vagina; without graft	Interqual	1/1/2023	
57292	Construction of artificial vagina; with graft	Interqual	1/1/2023	
57335	Vaginoplasty for intersex state	Interqual	1/1/2023	
57700	Cerclage of uterine cervix, nonobstetrical	Interqual	1/1/2023	
58346	Insertion of Heyman capsules for clinical brachytherapy	Interqual	1/1/2023	
58578	Unlisted laparoscopy procedure, uterus	Interqual	1/1/2023	
58579	Unlisted hysteroscopy procedure, uterus	Interqual	1/1/2023	
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Interqual	1/1/2023	
58679	Unlisted laparoscopy procedure, oviduct, ovary	Interqual	1/1/2023	
58999	Unlisted procedure, female genital system (nonobstetrical)	Interqual	1/1/2023	
59897	Unlisted fetal invasive procedure, including ultrasound guidance	Interqual	1/1/2023	
59898	Unlisted laparoscopy procedure, maternity care and delivery	Interqual	1/1/2023	
59899	Unlisted procedure, maternity care and delivery	Interqual	1/1/2023	
60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
60699	Unlisted procedure, endocrine system	Interqual	1/1/2023	
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Interqual	1/1/2023	
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Interqual	1/1/2023	
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Interqual	1/1/2023	
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	Interqual	1/1/2023	
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	Interqual	1/1/2023	
61880	Revision or removal of intracranial neurostimulator electrodes	Interqual	1/1/2023	
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	Interqual	1/1/2023	
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays	Interqual	1/1/2023	
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	Interqual	1/1/2023	
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	Interqual	1/1/2023	
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	Interqual	1/1/2023	
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance;epidural, cervical or thoracic	Interqual	1/1/2023	
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance;epidural, lumbar, sacral (caudal)	Interqual	1/1/2023	
62287	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar (e.g., manual or automated percutaneous disectomy, percutaneous laser disectomy)	Interqual	1/1/2023	
62290	Injection procedure for discography, each level; lumbar	Interqual	1/1/2023	
62291	Injection procedure for discography, each level; cervical or thoracic	Interqual	1/1/2023	
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Interqual	1/1/2023	
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	Interqual	1/1/2023	
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Interqual	1/1/2023	
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	Interqual	1/1/2023	
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Interqual	1/1/2023	
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	Interqual	1/1/2023	
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Interqual	1/1/2023	
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	Interqual	1/1/2023	
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	Interqual	1/1/2023	
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump;with laminectomy	Interqual	1/1/2023	
62355	Removal of previously implanted intrathecal or epidural catheter	Interqual	1/1/2023	
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	Interqual	1/1/2023	
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; non programmable pump	Interqual	1/1/2023	
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	Interqual	1/1/2023	
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	Interqual	1/1/2023	
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, disectomy and/or excision of herniated intervertebral disc: 1 interspace: lumbar	Interqual	1/1/2023	
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or disectomy (e.g., spinal stenosis): 1 or 2 vertebral segments: cervical	Interqual	1/1/2023	
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or disectomy (e.g., spinal stenosis): 1 or 2 vertebral segments: thoracic	Interqual	1/1/2023	
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or disectomy, (e.g., spinal stenosis), one or two vertebral segments; lumbar, except for spondylolisthesis	Interqual	1/1/2023	
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or disectomy (e.g., spinal stenosis): 1 or 2 vertebral segments: sacral	Interqual	1/1/2023	
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	Interqual	1/1/2023	
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or disectomy (e.g., spinal stenosis), more than 2 vertebral segments; cervical	Interqual	1/1/2023	
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or disectomy (e.g., spinal stenosis), more than 2 vertebral segments; thoracic	Interqual	1/1/2023	
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or disectomy, (e.g., spinal stenosis), more than 2 vertebral segments; lumbar	Interqual	1/1/2023	
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc: 1 interspace: cervical	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar (including open or endoscopically-assisted approach)	Interqual	1/1/2023	
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	Interqual	1/1/2023	
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; lumbar	Interqual	1/1/2023	
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), [e.g., spinal or lateral recess stenosis]), single vertebral segment; cervical	Interqual	1/1/2023	
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), [e.g., spinal or lateral recess stenosis]), single vertebral segment; thoracic	Interqual	1/1/2023	
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), [e.g., spinal or lateral recess stenosis]), single vertebral segment; lumbar	Interqual	1/1/2023	
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), [e.g., spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments	Interqual	1/1/2023	
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non- segmental fixation devices [e.g., wire, suture, mini-plates], when performed)	Interqual	1/1/2023	
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s) [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s) [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disk), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (e.g., far lateral herniated intervertebral disk)	Interqual	1/1/2023	
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disk), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
63064	Costovertebral approach with decompression of spinal cord or nerve root(s), (e.g., herniated intervertebral disk) , thoracic, single segment	Interqual	1/1/2023	
63066	Costovertebral approach with decompression of spinal cord or nerve root(s), (e.g., herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; cervical, single interspace	Interqual	1/1/2023	
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; thoracic, single interspace	Interqual	1/1/2023	
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	Interqual	1/1/2023	
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	Interqual	1/1/2023	
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	Interqual	1/1/2023	
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	Interqual	1/1/2023	
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retropulsed bone fragments); thoracic, single segment	Interqual	1/1/2023	
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retropulsed bone fragments); lumbar, single segment	Interqual	1/1/2023	
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
63170	Laminectomy with myelotomy (e.g., Bischof or DREZ type), cervical, thoracic, or thoracolumbar	Interqual	1/1/2023	
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space	Interqual	1/1/2023	
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space	Interqual	1/1/2023	
63185	Laminectomy with rhizotomy; 1 or 2 segments	Interqual	1/1/2023	
63190	Laminectomy with rhizotomy; more than 2 segments	Interqual	1/1/2023	
63191	Laminectomy with section of spinal accessory nerve	Interqual	1/1/2023	
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic	Interqual	1/1/2023	
63200	Laminectomy, with release of tethered spinal cord, lumbar	Interqual	1/1/2023	
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	Interqual	1/1/2023	
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	Interqual	1/1/2023	
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	Interqual	1/1/2023	
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm; extradural; cervical	Interqual	1/1/2023	
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm; extradural; thoracic	Interqual	1/1/2023	
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm; extradural; lumbar	Interqual	1/1/2023	
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm; extradural; sacral	Interqual	1/1/2023	
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	Interqual	1/1/2023	
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	Interqual	1/1/2023	
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	Interqual	1/1/2023	
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	Interqual	1/1/2023	
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	Interqual	1/1/2023	
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	Interqual	1/1/2023	
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	Interqual	1/1/2023	
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	Interqual	1/1/2023	
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary; cervical	Interqual	1/1/2023	
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary; thoracic	Interqual	1/1/2023	
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary; lumbar	Interqual	1/1/2023	
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary; sacral	Interqual	1/1/2023	
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary; lumbar	Interqual	1/1/2023	
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary; thoracic	Interqual	1/1/2023	
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary; thoracolumbar	Interqual	1/1/2023	
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	Interqual	1/1/2023	
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	Interqual	1/1/2023	
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	Interqual	1/1/2023	
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	Interqual	1/1/2023	
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	Interqual	1/1/2023	
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	Interqual	1/1/2023	
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	Interqual	1/1/2023	
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	Interqual	1/1/2023	
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)	Interqual	1/1/2023	
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)	Interqual	1/1/2023	
63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery	Interqual	1/1/2023	
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Interqual	1/1/2023	
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	Interqual	1/1/2023	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	Interqual	1/1/2023	
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Interqual	1/1/2023	
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Interqual	1/1/2023	
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Interqual	1/1/2023	
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Interqual	1/1/2023	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	Interqual	1/1/2023	
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	Interqual	1/1/2023	
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Interqual	1/1/2023	
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Interqual	1/1/2023	
64479	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level	Interqual	1/1/2023	
64480	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
64483	Injection, anesthetic agent and/or steroid, transforaminal epidural;lumbar or sacral, single level	Interqual	1/1/2023	
64484	Injection, anesthetic agent and/or steroid, transforaminal epidural;lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (1r nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	Interqual	1/1/2023	
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	Interqual	1/1/2023	
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
64510	Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	Interqual	1/1/2023	
64520	Injection, anesthetic agent;lumbar or thoracic (paravertebral sympathetic)	Interqual	1/1/2023	
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	Interqual	1/1/2023	
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Interqual	1/1/2023	
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	Interqual	1/1/2023	
64565	Percutaneous implantation of neurostimulator electrodes; neuromuscular	Interqual	1/1/2023	
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Interqual	1/1/2023	
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Interqual	1/1/2023	
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Interqual	1/1/2023	
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Interqual	1/1/2023	
64581	Open implantation of neurostimulator electrode array; neuromuscular	Interqual	1/1/2023	
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	Interqual	1/1/2023	
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator	Interqual	1/1/2023	
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	Interqual	1/1/2023	
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	Interqual	1/1/2023	
64595	Rev or Removal of peripheral or gastric neurostimulator pulse generator or receiver	Interqual	1/1/2023	
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (e.g., for blepharospasm, hemifacial spasm)	Interqual	1/1/2023	
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	Interqual	1/1/2023	
64620	Destruction by neurolytic agent, intercostal nerve	Interqual	1/1/2023	
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Interqual	1/1/2023	
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Interqual	1/1/2023	
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Interqual	1/1/2023	
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral	Interqual	1/1/2023	
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Interqual	1/1/2023	
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Interqual	1/1/2023	
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
64721	Neuroplasty and/or transposition of the median nerve at the carpal tunnel	Interqual	1/1/2023	
64804	Sympathectomy, cervicothoracic	Interqual	1/1/2023	
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	Interqual	1/1/2023	
64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
64999	Unlisted procedure, nervous system	Interqual	1/1/2023	
65710	Keratoplasty (corneal transplant); lamellar	Interqual	1/1/2023	
65760	Keratomileusis	Interqual	1/1/2023	
65765	Keratophakia	Interqual	1/1/2023	
65772	Corneal relaxing incision for correction of surgically induced astigmatism	Interqual	1/1/2023	
65781	Limbal stem cell allograft (eg, Cadaveric or living donor)	Interqual	1/1/2023	
65785	Implantation of intrastromal corneal ring segments	Interqual	1/1/2023	
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	Interqual	1/1/2023	
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent	Interqual	1/1/2023	
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	Interqual	1/1/2023	
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Interqual	1/1/2023	
66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	Interqual	1/1/2023	
66999	Unlisted procedure, anterior segment of eye	Interqual	1/1/2023	
67299	Unlisted procedure, posterior segment	Interqual	1/1/2023	
67399	Unlisted procedure, ocular muscle	Interqual	1/1/2023	
67599	Unlisted procedure, orbit	Interqual	1/1/2023	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Interqual	1/1/2023	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material	Interqual	1/1/2023	
67902	Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia)	Interqual	1/1/2023	
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	Interqual	1/1/2023	
67904	Repair of blepharoptosis; (tarso) Levator resection or advancement, external approach	Interqual	1/1/2023	
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	Interqual	1/1/2023	
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type)	Interqual	1/1/2023	
67909	Reduction of overcorrection of ptosis	Interqual	1/1/2023	
67911	Correction of lid retraction	Interqual	1/1/2023	
67914	Repair of ectropion	Interqual	1/1/2023	
67915	Repair of ectropion; thermocauterization	Interqual	1/1/2023	
67916	Repair of ectropion; excision tarsal wedge	Interqual	1/1/2023	
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	Interqual	1/1/2023	
67921	Repair of entropion, suture	Interqual	1/1/2023	
67922	Repair of entropion; thermocauterization	Interqual	1/1/2023	
67923	Repair of entropion; excision tarsal wedge	Interqual	1/1/2023	
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	Interqual	1/1/2023	
67950	Canthoplasty	Interqual	1/1/2023	
67999	Unlisted procedure, eyelids	Interqual	1/1/2023	
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	Interqual	1/1/2023	
68899	Unlisted procedure, lacrimal system	Interqual	1/1/2023	
69399	Unlisted procedure, external ear	Interqual	1/1/2023	
69710	Implantation or replacement of an electromagnetic bone conduction hearing device in the temporal bone.	Interqual	1/1/2023	
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	Interqual	1/1/2023	
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	Interqual	1/1/2023	
69719	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex	Interqual	1/1/2023	
69726	Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech processor	Interqual	1/1/2023	
69727	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex	Interqual	1/1/2023	
69728	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	Interqual	8/1/2023	
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	Interqual	8/1/2023	
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	Interqual	8/1/2023	
69799	Unlisted procedure, middle ear	Interqual	1/1/2023	
69930	Cochlear device implantation, with or without mastoidectomy	Interqual	1/1/2023	
69949	Unlisted procedure, inner ear	Interqual	1/1/2023	
69979	Unlisted procedure, temporal bone, middle fossa approach	Interqual	1/1/2023	
70336	MRI (e.g., proton) imaging, temporomandibular joint(s)	Interqual	1/1/2023	
70450	Computed tomography (CT), head or brain; without contrast material	Interqual	1/1/2023	
70460	Computed tomography (CT), head or brain; with contrast material(s)	Interqual	1/1/2023	
70470	Computed tomography (CT), head or brain; without contrast material, followed by contrast material(s) and further sections	Interqual	1/1/2023	
70480	Computed tomography (CT), orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Interqual	1/1/2023	
70481	Computed tomography (CT), orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	Interqual	1/1/2023	
70482	Computed tomography (CT), orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	Interqual	1/1/2023	
70486	Computed tomography (CT), maxillofacial area; without contrast material	Interqual	1/1/2023	
70487	Computed tomography (CT), maxillofacial area; with contrast material(s)	Interqual	1/1/2023	
70488	Computed tomography (CT), maxillofacial area; without contrast material, followed by contrast material(s) and further sections	Interqual	1/1/2023	
70490	Computed tomography (CT), soft tissue neck; without contrast material	Interqual	1/1/2023	
70491	Computed tomography (CT), soft tissue neck; with contrast material(s)	Interqual	1/1/2023	
70492	Computed tomography (CT), soft tissue neck; without contrast material followed by contrast material(s) and further sections	Interqual	1/1/2023	
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image post processing	Interqual	1/1/2023	
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image post processing	Interqual	1/1/2023	
70540	MRI orbit, face, neck, without contrast materials	Interqual	1/1/2023	
70542	MRI, orbit, face and neck, with contrast materials	Interqual	1/1/2023	
70543	MRI, orbit, face and neck, without contrast material(s), followed by contrast material(s) and further sequences	Interqual	1/1/2023	
70544	MRA, head; without contrast materials	Interqual	1/1/2023	
70545	MRA, head; with contrast material(s)	Interqual	1/1/2023	
70546	MRA, head; without contrast material(s), followed by contrast material(s) and further sequences	Interqual	1/1/2023	
70547	MRA, neck; without contrast material(s)	Interqual	1/1/2023	
70548	MRA, neck; with contrast material(s)	Interqual	1/1/2023	
70549	MRA, neck; without contrast material(s), followed by contrast material(s) and further sequences	Interqual	1/1/2023	
70551	MRI, brain, including brainstem; without contrast material(s)	Interqual	1/1/2023	
70552	MRI brain, including brainstem; with contrast material(s)	Interqual	1/1/2023	
70553	MRI, brain, including brainstem; without contrast material(s), followed by contrast material(s) and further sequences	Interqual	1/1/2023	
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and / or visual stimulation, not requiring physician or psychologist administration	Interqual	1/1/2023	
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Interqual	1/1/2023	
71250	Computed tomography (CT), thorax; without contrast material	Interqual	1/1/2023	
71260	Computed tomography (CT), thorax; with contrast material(s)	Interqual	1/1/2023	
71270	Computed tomography (CT), thorax; without contrast material, followed by contrast material(s) and further sections	Interqual	1/1/2023	
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image post processing	Interqual	1/1/2023	
71550	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Interqual	1/1/2023	
71551	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	Interqual	1/1/2023	
71552	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	Interqual	1/1/2023	
71555	MRA, chest (excluding myocardium), with or without contrast materials	Interqual	1/1/2023	
72125	Computed tomography (CT), cervical spine; without contrast material	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
72126	Computed tomography (CT), cervical spine; with contrast material	Interqual	1/1/2023	
72127	Computed tomography (CT), cervical spine; without contrast material, followed by contrast material(s) and further sections	Interqual	1/1/2023	
72128	Computed tomography (CT), thoracic spine; without contrast material	Interqual	1/1/2023	
72129	Computed tomography (CT), thoracic spine; with contrast material	Interqual	1/1/2023	
72130	Computed tomography (CT), thoracic spine; without contrast material, followed by contrast material(s) and further sections	Interqual	1/1/2023	
72131	Computed tomography (CT), lumbar spine; without contrast material	Interqual	1/1/2023	
72132	Computed tomography (CT), lumbar spine; with contrast material	Interqual	1/1/2023	
72133	Computed tomography (CT), lumbar spine; without contrast material, followed by contrast material(s) and further sections	Interqual	1/1/2023	
72141	MRI, spinal canal and contents, cervical; without contrast material	Interqual	1/1/2023	
72142	MRI, spinal canal and contents, cervical; with contrast material(s)	Interqual	1/1/2023	
72146	MRI, spinal canal and contents, thoracic; without contrast material	Interqual	1/1/2023	
72147	MRI spinal canal and contents, thoracic; with contrast material(s)	Interqual	1/1/2023	
72148	MRI spinal canal and contents, lumbar; without contrast material	Interqual	1/1/2023	
72149	MRI, spinal canal and contents, lumbar; with contrast material(s)	Interqual	1/1/2023	
72156	MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	Interqual	1/1/2023	
72157	MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	Interqual	1/1/2023	
72158	MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	Interqual	1/1/2023	
72159	MRA, spinal canal and contents, with or without contrast material(s)	Interqual	1/1/2023	
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image post processing	Interqual	1/1/2023	
72192	Computed tomography (CT), pelvis; without contrast material	Interqual	1/1/2023	
72193	Computed tomography (CT), pelvis; with contrast material(s)	Interqual	1/1/2023	
72194	Computed tomography (CT), pelvis; without contrast material, followed by contrast material(s) and further sections	Interqual	1/1/2023	
72195	MRI, pelvis; without contrast material(s)	Interqual	1/1/2023	
72196	MRI, pelvis; with contrast material(s)	Interqual	1/1/2023	
72197	MRI, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	Interqual	1/1/2023	
72198	MRA, pelvis, with or without contrast material(s)	Interqual	1/1/2023	
72285	Discography, cervical or thoracic, radiological supervision and interpretation	Interqual	1/1/2023	
73200	Computed tomography (CT), upper extremity; without contrast material	Interqual	1/1/2023	
73201	Computed tomography (CT), upper extremity; with contrast material(s)	Interqual	1/1/2023	
73202	Computed tomography (CT), upper extremity; without contrast material, followed by contrast material(s) and further sections	Interqual	1/1/2023	
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image post processing	Interqual	1/1/2023	
73218	MRI, upper extremity, other than joint; without contrast material(s)	Interqual	1/1/2023	
73219	MRI, upper extremity, other than joint; with contrast material(s)	Interqual	1/1/2023	
73220	MRI, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Interqual	1/1/2023	
73221	MRI, any joint of upper extremity; without contrast material(s)	Interqual	1/1/2023	
73222	MRI, any joint of upper extremity; with contrast material(s)	Interqual	1/1/2023	
73223	MRI, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	Interqual	1/1/2023	
73225	MRA, upper extremity, with or without contrast material(s)	Interqual	1/1/2023	
73700	Computed tomography (CT), lower extremity; without contrast material	Interqual	1/1/2023	
73701	Computed tomography (CT), lower extremity; with contrast material(s)	Interqual	1/1/2023	
73702	Computed tomography (CT), lower extremity; without contrast material, followed by contrast material(s) and further sections	Interqual	1/1/2023	
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image post processing	Interqual	1/1/2023	
73718	MRI, lower extremity other than joint; without contrast material(s)	Interqual	1/1/2023	
73719	MRI, lower extremity other than joint; with contrast material(s)	Interqual	1/1/2023	
73720	MRI, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Interqual	1/1/2023	
73721	MRI, any joint of lower extremity; without contrast material	Interqual	1/1/2023	
73722	MRI, any joint of lower extremity; with contrast material(s)	Interqual	1/1/2023	
73723	MRI, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	Interqual	1/1/2023	
73725	MRA, lower extremity, with or without contrast material(s)	Interqual	1/1/2023	
74150	Computed tomography (CT), abdomen; without contrast material	Interqual	1/1/2023	
74160	Computed tomography (CT), abdomen; with contrast material(s)	Interqual	1/1/2023	
74170	Computed tomography (CT), abdomen; without contrast material, followed by contrast material(s) and further sections	Interqual	1/1/2023	
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image post processing	Interqual	1/1/2023	
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image post processing	Interqual	1/1/2023	
74176	Computed tomography, abdomen and pelvis; without contrast material	Interqual	1/1/2023	
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	Interqual	1/1/2023	
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Interqual	1/1/2023	
74181	MRI, abdomen; without contrast material(s)	Interqual	1/1/2023	
74182	MRI, abdomen; with contrast material(s)	Interqual	1/1/2023	
74183	MRI, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	Interqual	1/1/2023	
74185	MRA, abdomen, with or without contrast material(s)	Interqual	1/1/2023	
74261	Ct colonography, w/o dye	Interqual	1/1/2023	
74262	Ct colonography, w/dye	Interqual	1/1/2023	
74263	Ct colonography, screen	Interqual	1/1/2023	
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	Interqual	1/1/2023	
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material	Interqual	1/1/2023	
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Interqual	1/1/2023	
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s) and further sequences	Interqual	1/1/2023	
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s) and further sequences; with stress imaging	Interqual	1/1/2023	
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Interqual	1/1/2023	
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	Interqual	1/1/2023	
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Interqual	1/1/2023	
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Interqual	1/1/2023	
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image post processing	Interqual	1/1/2023	
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	Interqual	1/1/2023	
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image post processing on an independent workstation	Interqual	1/1/2023	
76380	Computed tomography (CT), limited or localized follow-up study	Interqual	1/1/2023	
76390	Magnetic resonance spectroscopy (MRS)	Interqual	1/1/2023	
76391	Magnetic resonance (eg, vibration) elastography	Interqual	1/1/2023	
76497	Unlisted computed tomography procedure (e.g., diagnostic, interventional)	Interqual	1/1/2023	
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)	Interqual	1/1/2023	
76499	Unlisted diagnostic radiographic procedure	Interqual	1/1/2023	
76873	US transrectal prostate volume study for brachytherapy	Interqual	1/1/2023	
76965	Ultrasound guidance for interstitial radioelement application	National Comprehensive Cancer Network	1/1/2023	
77011	Computed Tomography Guidance for Stereotactic Localization	Interqual	1/1/2023	
77014	CT guidance for placement of radiation therapy fields	Interqual	1/1/2023	
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Interqual	1/1/2023	
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Interqual	1/1/2023	
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Interqual	1/1/2023	
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Interqual	1/1/2023	
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Interqual	1/1/2023	
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	Interqual	1/1/2023	
77089	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk	Interqual	1/1/2023	
77090	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	Interqual	1/1/2023	
77091	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only	Interqual	1/1/2023	
77092	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional	Interqual	1/1/2023	
77261	Therapeutic Radiology treatment planning; simple	Interqual	1/1/2023	
77262	Therapeutic Radiology treatment planning; intermediate	Interqual	1/1/2023	
77263	Therapeutic Radiology treatment planning; complex	Interqual	1/1/2023	
77280	Therapeutic Radiology Simulation; simple	Interqual	1/1/2023	
77285	Therapeutic Radiology Simulation; intermediate	Interqual	1/1/2023	
77290	Therapeutic Radiology Simulation; complex	Interqual	1/1/2023	
77293	Respiratory motion management simulation	Interqual	1/1/2023	
77295	Therapeutic Radiology Simulation 3-Dimensional	Interqual	1/1/2023	
77299	Unlisted procedure; Therapeutic Radiology treatment planning	Interqual	1/1/2023	
77300	Basic Radiation Dosimetry	Interqual	1/1/2023	
77301	IMRT Planning	Interqual	1/1/2023	
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	Interqual	1/1/2023	
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	Interqual	1/1/2023	
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	Interqual	1/1/2023	
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	Interqual	1/1/2023	
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	Interqual	1/1/2023	
77321	Special Teletherapy port plan, particles, hemibody, total body	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
77326	Brachytherapy isodose plan; simple (calculation made from single plane, one to four sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)	National Comprehensive Cancer Network	1/1/2023	
77327	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)	National Comprehensive Cancer Network	1/1/2023	
77328	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)	National Comprehensive Cancer Network	1/1/2023	
77331	Special radiation dosimetry	Interqual	1/1/2023	
77332	Treatment Devices; simple	Interqual	1/1/2023	
77333	Treatment Devices; intermediate	Interqual	1/1/2023	
77334	Treatment Devices; complex	Interqual	1/1/2023	
77336	Continuing medical physics consultation	Interqual	1/1/2023	
77338	Multi-leaf collimator (MLC) device(s) for IMRT, design and construction per IMRT plan	Interqual	1/1/2023	
77370	Special medical physics consultation	Interqual	1/1/2023	
77371	Stereotactic radiosurgery treatment delivery, complete course of treatment of cerebral lesion(s) 1 session, multi-source Cobalt 60 based	Interqual	1/1/2023	
77372	Stereotactic radiosurgery treatment delivery, complete course of treatment of cerebral lesion(s) 1 session, linac based	Interqual	1/1/2023	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Interqual	1/1/2023	
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Interqual	1/1/2023	
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Interqual	1/1/2023	
77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	Interqual	1/1/2023	
77399	Unlisted procedure, medical radiation physics	Interqual	1/1/2023	
77401	Radiation treatment delivery; superficial and/or ortho voltage	National Comprehensive Cancer Network	1/1/2023	
77402	Radiation treatment delivery; single treatment area, single port or parallel opposed ports, simple blocks or no blocks up to 5 MeV	Interqual	1/1/2023	
77404	Radiation treatment delivery; single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV	National Comprehensive Cancer Network	1/1/2023	
77407	Radiation treatment delivery; two separate treatment areas, three or more ports on a single treatment area use of multiple blocks; up to 5 MeV	Interqual	1/1/2023	
77412	Radiation treatment delivery; three or more separate treatment areas; custom blocking, tangential ports wedges, rotational beam, compensators, electron beam; up to 5 MeV	Interqual	1/1/2023	
77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking	National Comprehensive Cancer Network	1/1/2023	
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	National Comprehensive Cancer Network	1/1/2023	
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Interqual	1/1/2023	
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Interqual	1/1/2023	
77427	Radiation treatment management, five treatments	National Comprehensive Cancer Network	1/1/2023	
77431	Radiation treatment management, with complete course of therapy consisting of 1 -2 fractions	National Comprehensive Cancer Network	1/1/2023	
77432	Stereotactic radiation treatment management cerebral lesion(s) complete course of treatment consisting of 1 session	Interqual	1/1/2023	
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions	Interqual	1/1/2023	
77469	Intraoperative radiation treatment management	Interqual	1/1/2023	
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation) Updated description (January 2012)	Interqual	1/1/2023	
77499	Unlisted procedure, therapeutic radiology treatment management	National Comprehensive Cancer Network	1/1/2023	
77520	Proton treatment delivery; simple, without compensation	Interqual	1/1/2023	
77522	Proton treatment delivery; simple, with compensation	Interqual	1/1/2023	
77523	Proton treatment delivery; intermediate	Interqual	1/1/2023	
77525	Proton treatment delivery; complex	Interqual	1/1/2023	
77600	Hyperthermia treatment; externally generated, deep	National Comprehensive Cancer Network	1/1/2023	
77605	Hyperthermia treatment; externally generated, superficial	National Comprehensive Cancer Network	1/1/2023	
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer applicators	National Comprehensive Cancer Network	1/1/2023	
77615	Hyperthermia generated by interstitial probe(s); 5 or more applicators	National Comprehensive Cancer Network	1/1/2023	
77620	Hyperthermia generated by intracavitary probe(s)	National Comprehensive Cancer Network	1/1/2023	
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	National Comprehensive Cancer Network	1/1/2023	
77761	Intracavitary radiation source application; simple	Interqual	1/1/2023	
77762	Intracavitary radiation source application; intermediate	Interqual	1/1/2023	
77763	Intracavitary radiation source application; complex	Interqual	1/1/2023	
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	Interqual	1/1/2023	
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	Interqual	1/1/2023	
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	Interqual	1/1/2023	
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	Interqual	1/1/2023	
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	Interqual	1/1/2023	
77778	Interstitial radiation source application; complex	Interqual	1/1/2023	
77789	Apply surface radiation	Interqual	1/1/2023	
77790	Radio Isotope Supervision, Handling, Loading	Interqual	1/1/2023	
77799	Unlisted procedure, clinical brachytherapy	Interqual	1/1/2023	
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	Interqual	1/1/2023	
	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Interqual	1/1/2023	
78429		Interqual		
	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Interqual	1/1/2023	
78430		Interqual		
	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Interqual	1/1/2023	
78431		Interqual		
	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability)	Interqual	1/1/2023	
78432		Interqual		
	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Interqual	1/1/2023	
78433		Interqual		
	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
78434		Interqual		
	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Interqual	1/1/2023	
78451		Interqual		
	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Interqual	1/1/2023	
78452		Interqual		
	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Interqual	1/1/2023	
78453		Interqual		
	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Interqual	1/1/2023	
78454		Interqual		
78456	Acute venous thrombosis imaging, peptide	Interqual	1/1/2023	
	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	Interqual	1/1/2023	
78459		Interqual		
	Myocardial imaging, infarct avid, planar; qualitative or quantitative	Interqual	1/1/2023	
78466		Interqual		
	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	Interqual	1/1/2023	
78468		Interqual		
	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	Interqual	1/1/2023	
78469		Interqual		
	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	Interqual	1/1/2023	
78472		Interqual		
	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	Interqual	1/1/2023	
78473		Interqual		
	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	Interqual	1/1/2023	
78481		Interqual		
	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	Interqual	1/1/2023	
78483		Interqual		
	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	Interqual	1/1/2023	
78491		Interqual		
	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	Interqual	1/1/2023	
78492		Interqual		
	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	Interqual	1/1/2023	
78494		Interqual		
	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
78496		Interqual		
	Unlisted cardiovascular procedure, diagnostic nuclear medicine	Interqual	1/1/2023	
78499		Interqual		
	Brain imaging, positron emission tomography (PET); metabolic evaluation	Interqual	1/1/2023	
78608		Interqual		
	Brain imaging, positron emission tomography (PET); perfusion evaluation	Interqual	1/1/2023	
78609		Interqual		
	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Interqual	1/1/2023	
78811		Interqual		
	Positron emission tomography (PET) imaging; skull base to mid-thigh	Interqual	1/1/2023	
78812		Interqual		
	Positron emission tomography (PET) imaging; whole body	Interqual	1/1/2023	
78813		Interqual		
	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Interqual	1/1/2023	
78814		Interqual		
	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Interqual	1/1/2023	
78815		Interqual		
	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Interqual	1/1/2023	
78816		Interqual		
	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	Interqual	1/1/2023	
78830		Interqual		

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
78831	Tomographic localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	Interqual	1/1/2023	
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	Interqual	1/1/2023	
78835	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Interqual	1/1/2023	
81162	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	Interqual	1/1/2023	Prior Authorization not required for the following Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Interqual	1/1/2023	Prior Authorization not required for the following Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Interqual	1/1/2023	Prior Authorization not required for the following Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Interqual	1/1/2023	Prior Authorization not required for the following Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Interqual	1/1/2023	Prior Authorization not required for the following Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Interqual	1/1/2023	Prior Authorization not required for the following Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	Interqual	1/1/2023	
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Interqual	1/1/2023	
81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Interqual	1/1/2023	
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	Interqual	1/1/2023	
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	Interqual	1/1/2023	
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	Interqual	1/1/2023	
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	Interqual	1/1/2023	
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Interqual	1/1/2023	
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Interqual	1/1/2023	
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Interqual	1/1/2023	
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Interqual	1/1/2023	
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Interqual	1/1/2023	
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Interqual	1/1/2023	
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Interqual	1/1/2023	
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Interqual	1/1/2023	
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	Interqual	1/1/2023	
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	Interqual	1/1/2023	
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Interqual	1/1/2023	
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Interqual	1/1/2023	
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	Interqual	1/1/2023	
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	Interqual	1/1/2023	
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Interqual	1/1/2023	
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Interqual	1/1/2023	
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Interqual	1/1/2023	
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	Interqual	1/1/2023	
81210	BRAF (v-raf murine sarcoma viral oncogene homolog B1) (eg, colon cancer), gene analysis, V600E variant	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
81211	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	Interqual	1/1/2023	
81212	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	Interqual	1/1/2023	Prior Authorization not required for the following Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
81213	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants	Interqual	1/1/2023	
81214	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	Interqual	1/1/2023	
81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Interqual	1/1/2023	Prior Authorization not required for the following Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Interqual	1/1/2023	Prior Authorization not required for the following Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Interqual	1/1/2023	Prior Authorization not required for the following Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	Interqual	1/1/2023	
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	Interqual	1/1/2023	
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis	Interqual	1/1/2023	
81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism variants, comparative genomic hybridization [CGH] microarray analysis	Interqual	1/1/2023	
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	Interqual	1/1/2023	
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	Interqual	1/1/2023	
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	Interqual	1/1/2023	
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	Interqual	1/1/2023	
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	Interqual	1/1/2023	
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Interqual	1/1/2023	
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	Interqual	1/1/2023	
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646L)	Interqual	1/1/2023	
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	Interqual	1/1/2023	
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Interqual	1/1/2023	
81241	F5 (coagulation Factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Interqual	1/1/2023	
81243	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Interqual	1/1/2023	
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Interqual	1/1/2023	
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	Interqual	1/1/2023	
81252	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Interqual	1/1/2023	
81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Interqual	1/1/2023	
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Interqual	1/1/2023	
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Interqual	1/1/2023	
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	Interqual	1/1/2023	
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Hayes Technologies	1/1/2023	
81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	Interqual	1/1/2023	
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	Interqual	1/1/2023	
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	Interqual	1/1/2023	
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	Interqual	1/1/2023	
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	Interqual	1/1/2023	
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	Interqual	1/1/2023	
81287	Mgmt methylation analysis	Interqual	1/1/2023	
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	Interqual	1/1/2023	
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	Interqual	1/1/2023	
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Interqual	1/1/2023	
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Interqual	1/1/2023	
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Interqual	1/1/2023	
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Interqual	1/1/2023	
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Interqual	1/1/2023	
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Interqual	1/1/2023	
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Interqual	1/1/2023	
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Interqual	1/1/2023	
81301	Microsatellite instability analysis (eg, hereditary nonpolyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Interqual	1/1/2023	
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Interqual	1/1/2023	
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Interqual	1/1/2023	
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, n.Leu265Pro (L265P) variant	Interqual	1/1/2023	
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	Interqual	1/1/2023	
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	Interqual	1/1/2023	Prior Authorization not required for the following Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	Interqual	1/1/2023	Prior Authorization not required for the following Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
81309	PIK3CA (phosphatidylinositol-4, 5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	Interqual	1/1/2023	
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Interqual	1/1/2023	
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	Interqual	1/1/2023	
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Interqual	1/1/2023	
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Interqual	1/1/2023	
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Interqual	1/1/2023	
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	Interqual	1/1/2023	
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Interqual	1/1/2023	
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Interqual	1/1/2023	
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Interqual	1/1/2023	
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	Interqual	1/1/2023	
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	Interqual	1/1/2023	
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	Interqual	1/1/2023	
81327	SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis	Interqual	1/1/2023	
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	Interqual	1/1/2023	
81329	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	Interqual	1/1/2023	
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Interqual	1/1/2023	
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Interqual	1/1/2023	
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	Interqual	1/1/2023	
81334	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)	Interqual	1/1/2023	
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	Interqual	1/1/2023	
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	Interqual	1/1/2023	
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variants	Interqual	1/1/2023	
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	Interqual	1/1/2023	
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Interqual	1/1/2023	
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Interqual	1/1/2023	
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	Interqual	1/1/2023	
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, I833F, R625C, R625L)	Interqual	1/1/2023	
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	Interqual	1/1/2023	
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	Interqual	1/1/2023	
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	Interqual	1/1/2023	
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	Interqual	1/1/2023	
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	Interqual	1/1/2023	
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	Interqual	1/1/2023	
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)	Interqual	1/1/2023	
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	Interqual	1/1/2023	
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	Interqual	1/1/2023	
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	Interqual	1/1/2023	
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	Interqual	1/1/2023	
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain ac	Interqual	1/1/2023	
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using non sequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABL (c-abl oncogene 1, receptor tyrosine	Interqual	1/1/2023	
81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon	Interqual	1/1/2023	
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ABL1 (c-abl on	Interqual	1/1/2023	
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) BTD	Interqual	1/1/2023	
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTA2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence ANKRD1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence ARSA (arylsulfatase A) (eg, arylsulfatase A deficiency), full gene sequence BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), full gene sequence BCS1L (BCS1-like [S. cerevisiae]) (eg, Leigh syndrome, mitochondrial complex III deficiency, GRACILE syndrome), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis CASQ2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence CASR (calcium-sensing receptor) (eg, hypocalcemia), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis CHRNA4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence CHRNB2 (cholinergic receptor, nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence COX10 (COX10 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence COX15 (COX15 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence	Interqual	1/1/2023	
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia) CAPN3 (Calpain 3) (eg, limb-girdle muscular dystroph	Interqual	1/1/2023	
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) SCN1A (sodium channel, voltage-gated, type	Interqual	1/1/2023	
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence RYR1 (ryano	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBF1, TGFBF2, COL3A1, MYH11, ACTA2, SLC2A10, <u>SMAD3, and MYLK</u>	Interqual	1/1/2023	
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBF1, TGFBF2, MYH11, and COL3A1	Interqual	1/1/2023	
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, <u>FANCC, GBA, HFXA, IKBKAP, MCOLN1, and SMPD1</u>	Interqual	1/1/2023	
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); <u>sequence analysis</u>	Interqual	1/1/2023	
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List <u>separately in addition to code for primary procedure</u>)	Interqual	1/1/2023	
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated <u>knowledge or unrelated condition/syndrome</u>)	Interqual	1/1/2023	
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	Interqual	8/1/2023	
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	Interqual	1/1/2023	
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, <u>must include analysis of chromosomes 13, 18, and 21</u>	Interqual	1/1/2023	
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA <u>in maternal blood</u>	Interqual	1/1/2023	
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); <u>sequence analysis</u>	Interqual	1/1/2023	
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List <u>separately in addition to code for primary procedure</u>)	Interqual	1/1/2023	
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated <u>knowledge or unrelated condition/syndrome</u>)	Interqual	1/1/2023	
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, <u>USH2A, and WFS1</u>	Interqual	1/1/2023	
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	Interqual	1/1/2023	
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, <u>PALB2, PTEN, RAD51C, STK11, and TP53</u>	Interqual	1/1/2023	
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, <u>BRCA2, MLH1, MSH2, and STK11</u>	Interqual	1/1/2023	
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and <u>USH2A</u>	Interqual	1/1/2023	
81435	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include analysis of at least 7 genes, including APC, CHEK2, MLH1, MSH2, MSH6, <u>MUTYH, and PMS2</u>	Interqual	1/1/2023	
81436	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); duplication/deletion gene analysis panel, must include analysis of at least 8 genes, including APC, MLH1, MSH2, MSH6, <u>PMS2, EPCAM, CHEK2, and MUTYH</u>	Interqual	1/1/2023	
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	Interqual	1/1/2023	
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for <u>SDHB, SDHC, SDHD, and VHL</u>	Interqual	1/1/2023	
81439	Inherited cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least 5 <u>genes, including DSG2, MYBPC3, MYH7, PKP2, and TTN</u>	Interqual	1/1/2023	
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, <u>TK2, and TYMP</u>	Interqual	1/1/2023	
81441	Inherited bone marrow failure syndromes (IBMF5) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBD5, TERT, and TINF2	Interqual	8/1/2023	
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, <u>RAF1, RIT1, SHOC2, and SOS1</u>	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolipidosis 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)	Interqual	1/1/2023	
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	Interqual	1/1/2023	
81448	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, REF1, SPAST, SPC11, SPTLC1)	Interqual	1/1/2023	
81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	Interqual	8/1/2023	
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	Interqual	1/1/2023	
81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Interqual	8/1/2023	
81455	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	Interqual	1/1/2023	
81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Interqual	8/1/2023	
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	Interqual	1/1/2023	
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	Interqual	1/1/2023	
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMRI, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	Interqual	1/1/2023	
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMRI, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	Interqual	1/1/2023	
81479	Unlisted molecular pathology procedure	Interqual	1/1/2023	
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	Interqual	1/1/2023	
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	Interqual	1/1/2023	
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	Interqual	1/1/2023	
81520	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	Interqual	1/1/2023	
81521	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	Interqual	1/1/2023	
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	Interqual	1/1/2023	
81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	Interqual	1/1/2023	
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	Interqual	1/1/2023	
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	Interqual	1/1/2023	
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	Interqual	1/1/2023	
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	Interqual	1/1/2023	
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	Interqual	1/1/2023	
81551	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	Interqual	1/1/2023	
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	Interqual	1/1/2023	
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])	Interqual	1/1/2023	
81560	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	Interqual	1/1/2023	
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	Interqual	1/1/2023	
81599	Unlisted multianalyte assay with algorithmic analysis	Interqual	1/1/2023	
83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	Interqual	1/1/2023	
84999	Unlisted chemistry procedure	Interqual	1/1/2023	
85999	Unlisted hematology or coag procedure	Interqual	1/1/2023	
86486	Skin test; unlisted antigen, each	Interqual	1/1/2023	
86849	Unlisted immunology procedure	Interqual	1/1/2023	
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	Interqual	1/1/2023	
88240	Cryopreservation, freezing and storage of cells, each cell line	InterQual	4/1/2023	
88299	Unlisted cytogenetic study	Interqual	1/1/2023	
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Interqual	1/1/2023	
88749	Unlisted in vivo (eg, transcutaneous) laboratory service	Interqual	1/1/2023	
89240	Unlisted miscellaneous pathology test	Interqual	1/1/2023	
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	Interqual	1/1/2023	
89329	Sperm evaluation; hamster penetration test	Hayes Technologies	1/1/2023	
89335	Cryopreservation, reproductive tissue, testicular	Interqual	1/1/2023	
89337	Cryopreservation, mature oocyte(s)	Interqual	1/1/2023	
89344	Storage, (per year); reproductive tissue, testicular/ovarian	Interqual	1/1/2023	
89346	Storage, (per year); oocyte	Interqual	1/1/2023	
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	Interqual	1/1/2023	
89356	Thawing of cryopreserved; oocytes, each aliquot	Interqual	1/1/2023	
89398	Unlisted reprod med lab proc	Interqual	1/1/2023	
90281	Immune globulin, IM use	Interqual	1/1/2023	
90283	Immune globulin (IgIV), human, for intravenous use	Interqual	1/1/2023	
90284	Immune globulin, subcut infusions; 100 mg each	Interqual	1/1/2023	
90378	Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each	Interqual	1/1/2023	
90399	Unlisted immune globulin	Interqual	1/1/2023	
90678	Respiratory syncytial virus vaccine, pref, subunit, bivalent, for intramuscular use	Interqual	8/1/2023	
90749	Unlisted vaccine/toxoid	Interqual	1/1/2023	
90867	Therapeutic repetitive transcranial magnetic stimulation treatment; planning	Interqual	1/1/2023	
90868	Therapeutic repetitive transcranial magnetic stimulation treatment; delivery and management, per session	Interqual	1/1/2023	
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Interqual	1/1/2023	
90899	Unlisted psychiatric service or procedure	Interqual	1/1/2023	
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report	Interqual	1/1/2023	
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Interqual	1/1/2023	
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Interqual	1/1/2023	
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Hayes Technologies	1/1/2023	
91299	Unlisted craniofacial and maxillofacial procedure	Interqual	1/1/2023	
92066	Orthoptic training; under supervision of a physician or other qualified health care professional	Interqual	8/1/2023	
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	Hayes Technologies	1/1/2023	
92499	Unlisted ophthalmological service or procedure	Interqual	1/1/2023	
92700	Unlisted otorhinolaryngological service or procedure	Interqual	1/1/2023	
92971	Cardioassist-method of circulatory assist; external	Interqual	1/1/2023	
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified healthcare professional	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified healthcare professional	Interqual	1/1/2023	
93264	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 healthcare professional	Interqual	1/1/2023	
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	Interqual	1/1/2023	
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	Interqual	1/1/2023	
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	Interqual	1/1/2023	
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Interqual	1/1/2023	
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	Interqual	1/1/2023	
93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)	Interqual	1/1/2023	
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Interqual	1/1/2023	
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified healthcare professional	Interqual	1/1/2023	
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	Interqual	1/1/2023	
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Interqual	1/1/2023	
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Interqual	1/1/2023	
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Interqual	1/1/2023	
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	Interqual	1/1/2023	
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	Interqual	1/1/2023	
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	Interqual	1/1/2023	
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Interqual	1/1/2023	
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Interqual	1/1/2023	
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Interqual	1/1/2023	
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Interqual	1/1/2023	
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)	Interqual	8/1/2023	
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)	Interqual	8/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure)	Interqual	8/1/2023	
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure)	Interqual	8/1/2023	
93580	Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial septal defect) with implant	Interqual	1/1/2023	
93582	Percutaneous transcatheter closure pat duct arteriosus	Interqual	1/1/2023	
93583	Percutaneous transcatheter septal reduction therapy	Interqual	1/1/2023	
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Interqual	1/1/2023	
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Interqual	1/1/2023	
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	Interqual	1/1/2023	
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	Interqual	1/1/2023	
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	Interqual	1/1/2023	
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	Interqual	1/1/2023	
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	Interqual	1/1/2023	
93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	Interqual	1/1/2023	
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	Interqual	1/1/2023	
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	Interqual	1/1/2023	
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (Includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Interqual	1/1/2023	
93654	repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed	Interqual	1/1/2023	
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	Interqual	1/1/2023	
93799	Unlisted cardiovascular service or procedure	Interqual	1/1/2023	
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	Interqual	1/1/2023	
93998	Unlisted noninvasive vascular diagnostic study	Interqual	1/1/2023	
94799	Unlisted pulmonary service or procedure	Interqual	1/1/2023	
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Interqual	1/1/2023	
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	Interqual	1/1/2023	
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Interqual	1/1/2023	
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Interqual	1/1/2023	
95803	ACTIGRAPHY TESTING	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	Interqual	1/1/2023	
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Interqual	1/1/2023	
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	Interqual	1/1/2023	
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	Interqual	1/1/2023	
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Interqual	1/1/2023	
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	Interqual	1/1/2023	
95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	Hayes Technologies	8/1/2023	
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	Interqual	1/1/2023	
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	Interqual	1/1/2023	
95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
95999	Unlisted neurological or neuromuscular diagnostic procedure	Interqual	1/1/2023	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified healthcare professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	Interqual	1/1/2023	Prior Authorization when testing exceeds 10 hours per plan year. (combination of codes: 96116, 96121, 96125, 96132, 96133)
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified healthcare professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	Interqual	1/1/2023	Prior Authorization when testing exceeds 10 hours per plan year. (combination of codes: 96116, 96121, 96125, 96132, 96133)
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Interqual	8/1/2023	Prior Authorization when testing exceeds 6 hours per plan year. (combination of codes: 96130 & 96131)
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	Interqual	8/1/2023	Prior Authorization when testing exceeds 6 hours per plan year. (combination of codes: 96130 & 96131)
96132	Neuropsychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Interqual	1/1/2023	Prior Authorization when testing exceeds 10 hours per plan year. (combination of codes: 96116, 96121, 96125, 96132, 96133)
96133	Neuropsychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	Interqual	1/1/2023	Prior Authorization when testing exceeds 10 hours per plan year. (combination of codes: 96116, 96121, 96125, 96132, 96133)
96365	Hemgenix (Etranacogene Dezaparvovec-drib) Gene Therapy	InterQual	4/1/2023	
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	Interqual	1/1/2023	
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	Interqual	1/1/2023	
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	Interqual	1/1/2023	
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	Interqual	1/1/2023	
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	Interqual	1/1/2023	
96999	Unlisted special dermatological service or procedure	Interqual	1/1/2023	
98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days	Interqual	8/1/2023	
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session	Interqual	1/1/2023	
99199	Unlisted special service, procedure or report	Interqual	1/1/2023	
99512	Home visit for hemodialysis	Interqual	1/1/2023	
99600	Unlisted home visit service or procedure	Interqual	1/1/2023	
0001U	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	Interqual	1/1/2023	
0002U	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	Hayes Technologies	1/1/2023	
0003U	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	Interqual	1/1/2023	
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and/or urine, algorithms to predict high-grade prostate cancer risk	Interqual	1/1/2023	
0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma	Interqual	1/1/2023	
0018U	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	Interqual	1/1/2023	
0019U	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	Interqual	1/1/2023	
0020U	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	Interqual	1/1/2023	
0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score	Interqual	1/1/2023	
0022U	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 therapies) to consider	Interqual	1/1/2023	
0023U	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	Interqual	1/1/2023	
0024U	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative	Hayes Technologies	1/1/2023	
0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative	Hayes Technologies	1/1/2023	
0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")	Interqual	1/1/2023	
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	Interqual	1/1/2023	
0028U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, copy number variants, common variants with reflex to targeted sequence analysis	Interqual	1/1/2023	
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	Interqual	1/1/2023	
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	Interqual	1/1/2023	
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	Interqual	1/1/2023	
0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	Interqual	1/1/2023	
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G])	Interqual	1/1/2023	
0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12, NUDT15 *3, *4, *5)	Interqual	1/1/2023	
0037U	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	Interqual	1/1/2023	
0045U	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	Interqual	1/1/2023	
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	Interqual	1/1/2023	
0047U	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 a risk score	Interqual	1/1/2023	
0048U	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)	Interqual	1/1/2023	
0049U	U NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	Interqual	1/1/2023	
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	Interqual	1/1/2023	
0051T	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Interqual	1/1/2023	
0051U	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	Interqual	1/1/2023	
0052T	Replacement or repair of thoracic unit of a total replacement heart system (artificial heart)	Interqual	1/1/2023	
0052U	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	Interqual	1/1/2023	
0053T	Replacement or repair of implantable or components of total replacement heart system (artificial heart), excluding thoracic unit	Interqual	1/1/2023	
0053U	Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade	Hayes Technologies	1/1/2023	
0054U	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	Interqual	1/1/2023	
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets) plasma	Hayes Technologies	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
0056U	Hematology (acute myelogenous leukemia), DNA, whole genome next generation sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s)	Interqual	1/1/2023	
0057U	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 a normalized percentile rank	Interqual	1/1/2023	
0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative	Interqual	1/1/2023	
0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative	Interqual	1/1/2023	
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood	Interqual	1/1/2023	
0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis	Interqual	1/1/2023	
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	Interqual	1/1/2023	
0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder	Interqual	1/1/2023	
0064U	Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative	Interqual	1/1/2023	
0065U	Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR)	Interqual	1/1/2023	
0066U	Placental alpha-micro globulin-1 (PAMG-1), immunoassay with direct optical observation, cervico-vaginal fluid, each specimen	Interqual	1/1/2023	
0067U	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score	Interqual	1/1/2023	
0068U	Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. krusei, C. tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species	Interqual	1/1/2023	
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score	Interqual	1/1/2023	
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)	Interqual	1/1/2023	
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	Interqual	1/1/2023	
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	Interqual	1/1/2023	
0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0073T	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session	Ascension Insurance Utilization Management Gateway Clinical Guidelines	1/1/2023	
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/ multiplication) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0077U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype	Hayes Technologies	1/1/2023	
0078U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype	Hayes Technologies	1/1/2023	
0079U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder	Interqual	1/1/2023	
0080U	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy	Interqual	1/1/2023	
0082U	Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of testing	Interqual	1/1/2023	
0083U	Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combinations	National Comprehensive Cancer Network	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
0092T	Total disc arthroplasty (artificial disc), anterior approach, including disectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified	Interqual	1/1/2023	
0102T	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle	Interqual	1/1/2023	
0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement	Interqual	1/1/2023	
0154U	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)	Interqual	1/1/2023	
0155U	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)	Interqual	1/1/2023	
0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	Interqual	1/1/2023	
0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0161U	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)	Interqual	1/1/2023	
0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0165T	Revision of total disc arthroplasty, anterior approach, lumbar, each additional interspace	Interqual	1/1/2023	
0172U	Oncology solid tumor as indicated by the label), somatic mutations analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	Interqual	1/1/2023	
0174T	Computer aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation	Interqual	1/1/2023	
0175T	Computer aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation	Interqual	1/1/2023	
0181T	Corneal hysteresis determination, by air impulse stimulation, bilateral, with interpretation and report	Hayes Technologies	1/1/2023	
0190T	Placement intraocular radiation source	Hayes Technologies	1/1/2023	
0195T	Arthrodesis, pre-sacral interbody technique, disc space preparation, disectomy, without instrumentation, with image guidance, includes bone graft when performed; L5-S1 interspace	Interqual	1/1/2023	
0196T	Arthrodesis, pre-sacral interbody technique, disc space preparation, disectomy, without instrumentation, with image guidance, includes bone graft when performed; L4-L5 interspace (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0197T	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	Hayes Technologies	1/1/2023	
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	Interqual	1/1/2023	
0199T	Physiologic recording of tremor using accelerometer(s) and gyroscope(s), (inc frequency and amplitude) inc interpretation and report	Hayes Technologies	1/1/2023	
0200T	Percutaneous sacral augmentation (sacroplasty) unilateral injection(s), inc the use of a balloon or mechanical device (if utilized), one or more needles	Interqual	1/1/2023	
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	Interqual	1/1/2023	
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
0202T	Posterior vertebral joint(s) arthroplasty (e.g. facet joint(s) replacement) inc facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, inc fluoroscopy, single level, lumbar spine	Interqual	1/1/2023	
0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed including fluoroscopy, single level, lumbar spine	Interqual	1/1/2023	
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	Interqual	1/1/2023	
0208T	Pure tone audiometry (threshold), automated; air only	Interqual	1/1/2023	
0209T	Pure tone audiometry (threshold), automated; air and bone	Interqual	1/1/2023	
0210T	Speech audiometry threshold, automated	Interqual	1/1/2023	
0211T	Speech audiometry threshold, automated; with speech recognition	Interqual	1/1/2023	
0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated	Interqual	1/1/2023	
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	Interqual	1/1/2023	
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	Interqual	1/1/2023	
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	Interqual	1/1/2023	
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	Interqual	1/1/2023	
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	Interqual	1/1/2023	
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	Interqual	1/1/2023	
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	Interqual	1/1/2023	
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	Interqual	1/1/2023	
0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0226T	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); diagnostic, including collection of specimen(s) by brushing or washing when performed	Interqual	1/1/2023	
0227T	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); with biopsy(ies)	Interqual	1/1/2023	
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	Interqual	1/1/2023	
0239T	Bioimpedance spectroscopy (BIS), measuring 100 frequencies or greater, direct measurement of extracellular fluid differences between the limbs	Interqual	1/1/2023	
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space	Interqual	1/1/2023	
0255T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral; radiological supervision and interpretation	Interqual	1/1/2023	
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	Interqual	1/1/2023	
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest. Complete procedure excluding bone marrow harvest	Interqual	1/1/2023	
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest. Unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	Interqual	1/1/2023	
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	Interqual	1/1/2023	
0267T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed) Lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
0268T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed) Pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	Interqual	1/1/2023	
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	Interqual	1/1/2023	
0270T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed) lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	Interqual	1/1/2023	
0271T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed) pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	Interqual	1/1/2023	
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day)	Interqual	1/1/2023	
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day);with programming	Interqual	1/1/2023	
0274T	Percutaneous laminotomy/laminectomy (intra-laminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic	Interqual	1/1/2023	
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method, under indirect image guidance (e.g., fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic	Interqual	1/1/2023	
0275T	Percutaneous laminotomy/laminectomy (intra-laminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar	Interqual	1/1/2023	
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method, under indirect image guidance (e.g., fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	Interqual	1/1/2023	
0284T	Revision or removal of pulse generator or electrodes, including imaging guidance, when performed, including addition of new electrodes, when performed	Interqual	1/1/2023	
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens	Interqual	1/1/2023	
0310T	Motor function mapping using non-invasive navigated transcranial magnetic stimulation (nTMS) for therapeutic treatment planning, upper and lower extremity	Hayes Technologies	1/1/2023	
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	Interqual	1/1/2023	
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	Interqual	1/1/2023	
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment	Interqual	1/1/2023	
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Interqual	1/1/2023	
0333T	Visual evoked potential, screening of visual acuity, automated	Interqual	1/1/2023	
0335T	Extra-osseous subtalar joint implant for talotarsal stabilization	Interqual	1/1/2023	
0337T	Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (eg, brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral	Hayes Technologies	1/1/2023	
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed: unilateral	Interqual	1/1/2023	
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed: bilateral	Interqual	1/1/2023	
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	Interqual	1/1/2023	
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	Interqual	1/1/2023	
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	Interqual	1/1/2023	
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)	Hayes Technologies	1/1/2023	
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)	Hayes Technologies	1/1/2023	
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)	Hayes Technologies	1/1/2023	
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred	Interqual	1/1/2023	
0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative	Interqual	1/1/2023	
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred	Interqual	1/1/2023	
0358T	Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report	Hayes Technologies	1/1/2023	
0387T	Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular	Interqual	1/1/2023	
0388T	Transcatheter removal of permanent leadless pacemaker, ventricular	Interqual	1/1/2023	
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	Interqual	1/1/2023	
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	Interqual	1/1/2023	
0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	Interqual	1/1/2023	
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	Interqual	1/1/2023	
0406T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant;	Interqual	1/1/2023	
0407T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with biopsy, polypectomy or debridement	Interqual	1/1/2023	
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	Interqual	1/1/2023	
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	Interqual	1/1/2023	
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	Interqual	1/1/2023	
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	Interqual	1/1/2023	
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	Interqual	1/1/2023	
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	Interqual	1/1/2023	
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	Interqual	1/1/2023	
0415T	Repositioning of previously implanted cardiac contractility modulation (transvenous electrode, (atrial or ventricular lead)	Interqual	1/1/2023	
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	Interqual	1/1/2023	
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	Interqual	1/1/2023	
0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	Interqual	1/1/2023	
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	Interqual	1/1/2023	
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Interqual	1/1/2023	
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	Interqual	1/1/2023	
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	Interqual	1/1/2023	
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	Interqual	1/1/2023	
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Interqual	1/1/2023	
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	Interqual	1/1/2023	
0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Interqual	1/1/2023	
0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	Interqual	1/1/2023	
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	Interqual	1/1/2023	
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	Interqual	1/1/2023	
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	Interqual	1/1/2023	
0443T	Real time spectral analysis of prostate tissue by fluorescence spectroscopy	Interqual	1/1/2023	
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	Interqual	1/1/2023	
0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	Interqual	1/1/2023	
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	Interqual	1/1/2023	
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	Interqual	1/1/2023	
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	Interqual	1/1/2023	
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0464T	Visual evoked potential, testing for glaucoma, with interpretation and report	Interqual	1/1/2023	
0465T	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)	Interqual	1/1/2023	
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	Interqual	1/1/2023	
0479T	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	Interqual	1/1/2023	
0480T	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)	Interqual	1/1/2023	
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	Interqual	1/1/2023	
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transeptal puncture, when performed	Interqual	1/1/2023	
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	Interqual	1/1/2023	
0489T	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	Interqual	1/1/2023	
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	Interqual	1/1/2023	
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed	Interqual	1/1/2023	
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified healthcare professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field	Interqual	1/1/2023	
0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified healthcare professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for	Interqual	1/1/2023	
0501T	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	Interqual	1/1/2023	
0502T	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	Interqual	1/1/2023	
0503T	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	Interqual	1/1/2023	
0504T	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, generation of estimated FFR model	Interqual	1/1/2023	
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion	Interqual	1/1/2023	
0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report	Interqual	1/1/2023	
0507T	Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report	Interqual	1/1/2023	
0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia	Interqual	1/1/2023	
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)	Hayes Technologies	1/1/2023	
0511T	Removal and reinsertion of sinus tarsi implant	Interqual	1/1/2023	
0512T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound	Interqual	1/1/2023	
0513T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0515T	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])	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	Interqual	1/1/2023	
0517T	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	Interqual	1/1/2023	
0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	Interqual	1/1/2023	
0520T	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	Interqual	1/1/2023	
0521T	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	Interqual	1/1/2023	
0522T	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	Interqual	1/1/2023	
0523T	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)(Use 0523T in conjunction with 93454, 93455, 93456, 93457,93458, 93459, 93460, 93461)	Interqual	1/1/2023	
0524T	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	Interqual	1/1/2023	
0525T	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)	Interqual	1/1/2023	
0526T	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	Interqual	1/1/2023	
0527T	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	Interqual	1/1/2023	
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	Interqual	1/1/2023	
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	Interqual	1/1/2023	
0533T	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	Interqual	1/1/2023	
0534T	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	Interqual	1/1/2023	
0535T	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	Interqual	1/1/2023	
0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report	Interqual	1/1/2023	
0537T	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	Interqual	1/1/2023	
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Interqual	1/1/2023	
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Interqual	1/1/2023	
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Interqual	1/1/2023	
0541T	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	Hayes Technologies	1/1/2023	
0542T	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	Hayes Technologies	1/1/2023	
0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae	Interqual	1/1/2023	
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	Interqual	1/1/2023	
0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	Interqual	1/1/2023	
0572T	Insertion of substernal implantable defibrillator electrode	Interqual	1/1/2023	
0573T	Removal of substernal implantable defibrillator electrode	Interqual	1/1/2023	
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	Interqual	1/1/2023	
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	Interqual	1/1/2023	
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	Interqual	1/1/2023	
0587T	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	Interqual	1/1/2023	
0588T	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	Interqual	1/1/2023	
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	Interqual	1/1/2023	
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	Interqual	1/1/2023	
0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	Interqual	1/1/2023	
0674T	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)	Interqual	1/1/2023	
0675T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead	Interqual	1/1/2023	
0676T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0677T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead	Interqual	1/1/2023	
0678T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Interqual	1/1/2023	
0680T	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)	Interqual	1/1/2023	
0681T	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads	Interqual	1/1/2023	
0682T	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Interqual	1/1/2023	
0683T	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, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Interqual	1/1/2023	
0684T	Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Interqual	1/1/2023	
0685T	Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Interqual	1/1/2023	
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	Interqual	1/1/2023	
0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	Interqual	1/1/2023	
0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month	Interqual	1/1/2023	
0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)	Interqual	1/1/2023	
0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0691T	Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report	Interqual	1/1/2023	
0692T	Therapeutic ultrafiltration	Interqual	1/1/2023	
0693T	Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report	Interqual	1/1/2023	
0694T	3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative	Hayes Technologies	1/1/2023	
0695T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
0696T	Body surface-activation mapping or pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation	Interqual	1/1/2023	
0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	Interqual	1/1/2023	
0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
0699T	Injection, posterior chamber of eye, medication	Interqual	1/1/2023	
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	Hayes Technologies	1/1/2023	
0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)	Hayes Technologies	1/1/2023	
0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment	Interqual	1/1/2023	
0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days	Interqual	1/1/2023	
0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month	Interqual	1/1/2023	
0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization	Interqual	1/1/2023	
0708T	Intradermal cancer immunotherapy; preparation and initial injection	National Comprehensive Cancer Network	1/1/2023	
0709T	Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)	National Comprehensive Cancer Network	1/1/2023	
0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	Interqual	1/1/2023	
0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	Interqual	1/1/2023	
0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	Interqual	1/1/2023	
0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	Interqual	1/1/2023	
0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance	Interqual	8/1/2023	
0715T	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	Interqual	8/1/2023	
0716T	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score	Interqual	8/1/2023	
0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing, and concentration of ADRCs	Interqual	8/1/2023	
0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral	Interqual	8/1/2023	
0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment	Interqual	8/1/2023	
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	Interqual	8/1/2023	
0721T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	Interqual	8/1/2023	
0722T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure)	Interqual	8/1/2023	
0723T	Quantitative magnetic resonance cholangiopancreatography (QMRC), including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	Interqual	8/1/2023	
0724T	Quantitative magnetic resonance cholangiopancreatography (QMRC), including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	Interqual	8/1/2023	
0725T	Vestibular device implantation, unilateral	Interqual	8/1/2023	
0726T	Removal of implanted vestibular device, unilateral	Interqual	8/1/2023	
0727T	Removal and replacement of implanted vestibular device, unilateral	Interqual	8/1/2023	
0728T	Diagnostic analysis of vestibular implant, unilateral; with initial programming	Interqual	8/1/2023	
0729T	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming	Interqual	8/1/2023	
0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance	Interqual	8/1/2023	
0731T	Augmentative AI-based facial phenotype analysis with report	Interqual	8/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
0732T	Immunotherapy administration with electroporation, intramuscular	Interqual	8/1/2023	
0735T	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure)	Interqual	8/1/2023	
0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter	Interqual	8/1/2023	
0737T	Xenograft implantation into the articular surface	Interqual	8/1/2023	
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination	Interqual	8/1/2023	
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation	Interqual	8/1/2023	
0740T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education	Interqual	8/1/2023	
0741T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days	Interqual	8/1/2023	
0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)	Interqual	8/1/2023	
0743T	Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture-risk assessment, interpretation and report	Interqual	8/1/2023	
0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed	Interqual	8/1/2023	
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance	Interqual	8/1/2023	
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	Interqual	8/1/2023	
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	Interqual	8/1/2023	
0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	Interqual	8/1/2023	
0749T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report	Interqual	8/1/2023	
0750T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD	Interqual	8/1/2023	
0751T	Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	Hayes Technologies	8/1/2023	
0752T	Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	Hayes Technologies	8/1/2023	
0753T	Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	Hayes Technologies	8/1/2023	
0754T	Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	Hayes Technologies	8/1/2023	
0755T	Digitization of glass microscope slides for level VI, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	Hayes Technologies	8/1/2023	
0756T	Digitization of glass microscope slides for special stain, including interpretation and report, group I, for microorganisms (eg, acid fast, methenamine silver) (List separately in addition to code for primary procedure)	Hayes Technologies	8/1/2023	
0757T	Digitization of glass microscope slides for special stain, including interpretation and report, group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry (List separately in addition to code for primary procedure)	Hayes Technologies	8/1/2023	
0758T	Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)	Hayes Technologies	8/1/2023	
0759T	Digitization of glass microscope slides for special stain, including interpretation and report, group III, for enzyme constituents (List separately in addition to code for primary procedure)	Hayes Technologies	8/1/2023	
0760T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (List separately in addition to code for primary procedure)	Hayes Technologies	8/1/2023	
0761T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (List separately in addition to code for primary procedure)	Hayes Technologies	8/1/2023	
0762T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure (List separately in addition to code for primary procedure)	Hayes Technologies	8/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
0763T	Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual (List separately in addition to code for primary procedure)	Hayes Technologies	8/1/2023	
0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure)	Interqual	8/1/2023	
0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram	Interqual	8/1/2023	
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	Interqual	8/1/2023	
0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for first nerve)	Interqual	8/1/2023	
0768T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	Interqual	8/1/2023	
0769T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)	Interqual	8/1/2023	
0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)	Hayes Technologies	8/1/2023	
0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time (List separately in addition to code for primary service)	Hayes Technologies	8/1/2023	
0772T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	Hayes Technologies	8/1/2023	
0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older	Hayes Technologies	8/1/2023	
0775T	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft(s), synthetic device(s))	Interqual	8/1/2023	
0776T	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment	Interqual	8/1/2023	
0777T	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)	Interqual	8/1/2023	
0778T	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function	Interqual	8/1/2023	
0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report	Interqual	8/1/2023	
0780T	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract	Interqual	8/1/2023	
0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi	Interqual	8/1/2023	
0782T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus	Interqual	8/1/2023	
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	Interqual	8/1/2023	
0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score	Hayes Technologies	1/1/2023	
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	Interqual	1/1/2023	
0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high)	Interqual	1/1/2023	
0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAX1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score	Interqual	1/1/2023	
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score	Interqual	1/1/2023	
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score	Interqual	1/1/2023	
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score	Interqual	1/1/2023	
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score	Interqual	1/1/2023	
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score	Interqual	1/1/2023	
0295U	Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, PR, SIAH2), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score	Interqual	1/1/2023	
0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy	Interqual	1/1/2023	
0297U	Oncology (pan tumor), whole genome sequencing or paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification	Interqual	1/1/2023	
0298U	Oncology (pan tumor), whole transcriptome sequencing or paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification	Interqual	1/1/2023	
0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification	Interqual	1/1/2023	
0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification	Interqual	1/1/2023	
0301U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR);	Interqual	1/1/2023	
0302U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment	Interqual	1/1/2023	
0303U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; hypoxic	Interqual	1/1/2023	
0304U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; normoxic	Interqual	1/1/2023	
0305U	Hematology, red blood cell (RBC) functionality and deformity as a function of shear stress, whole blood, reported as a maximum elongation index	Interqual	1/1/2023	
0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient specific panel for future comparisons to evaluate for MRD	Interqual	1/1/2023	
0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD	Interqual	1/1/2023	
0308U	Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for obstructive CAD	Interqual	1/1/2023	
0309U	Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for major adverse cardiac event	Interqual	1/1/2023	
0310U	Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers (NTproBNP, C-reactive protein, and T-uptake), plasma, algorithm reported as a risk score for KD	Interqual	1/1/2023	
0311U	Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility for each organisms identified	Interqual	1/1/2023	
0312U	Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic SLE-likelihood assessment	Interqual	1/1/2023	
0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)	Interqual	1/1/2023	
0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	Interqual	1/1/2023	
0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B)	Interqual	1/1/2023	
0316U	Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine	Interqual	1/1/2023	
0317U	Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer	Interqual	1/1/2023	
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection	Interqual	1/1/2023	
0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection	Interqual	1/1/2023	
0321U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique	Interqual	1/1/2023	
0322U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma, results reported as negative or positive for risk of metabolic subtypes associated with ASD	Interqual	1/1/2023	
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi	Hayes Technologies	8/1/2023	
0324U	Oncology (ovarian), spheroid cell culture, 4-drug panel (carboplatin, doxorubicin, gemcitabine, paclitaxel), tumor chemotherapy response prediction for each drug	Hayes Technologies	8/1/2023	
0325U	Oncology (ovarian), spheroid cell culture, poly (ADP-ribose) polymerase (PARP) inhibitors (niraparib, olaparib, rucaparib, velparib), tumor response prediction for each drug	Hayes Technologies	8/1/2023	
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Hayes Technologies	8/1/2023	
0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed	Hayes Technologies	8/1/2023	
0328U	Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient- adverse event, per date of service	Hayes Technologies	8/1/2023	
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy recommendations	Hayes Technologies	8/1/2023	
0330U	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab	Hayes Technologies	8/1/2023	
0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alterations	Hayes Technologies	8/1/2023	
0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint- inhibitor therapy	Hayes Technologies	8/1/2023	
0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy-prothrombin (DCP), algorithm reported as normal or abnormal result	Hayes Technologies	8/1/2023	
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Hayes Technologies	8/1/2023	
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic	Hayes Technologies	8/1/2023	
0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent)	Hayes Technologies	8/1/2023	
0337U	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood	Hayes Technologies	8/1/2023	
0338U	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker-expressing cells, peripheral blood	Hayes Technologies	8/1/2023	
0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer	Hayes Technologies	8/1/2023	
0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate	Hayes Technologies	8/1/2023	
0341U	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid	Interqual	8/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
0342U	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immunoassay (ECLIA) for CA19-9, serum, diagnostic algorithm reported qualitatively as positive, negative, or borderline	Hayes Technologies	8/1/2023	
0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer	Hayes Technologies	8/1/2023	
0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH	Hayes Technologies	8/1/2023	
0346U	Beta amyloid, Aβ40 and Aβ42 by liquid chromatography with tandem mass spectrometry (LC-MS/MS), ratio, plasma	Hayes Technologies	8/1/2023	
0351U	Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C-reactive protein, serum, algorithm reported as likelihood of bacterial infection	Hayes Technologies	8/1/2023	
0352U	Infectious disease (bacterial vaginosis and vaginitis), multiplex amplified probe technique, for detection of bacterial vaginosis-associated bacteria (BVAB-2, Atopobium vaginae, and Megasphaera type 1), algorithm reported as detected or not detected and separate detection of Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, and trichomonas vaginalis, vaginal-fluid specimen, each result reported as detected or not detected	Hayes Technologies	8/1/2023	
0353U	Infectious agent detection by nucleic acid (DNA), Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique, urine, vaginal, pharyngeal, or rectal, each pathogen reported as detected or not detected	Hayes Technologies	8/1/2023	
0354U	Human papilloma virus (HPV), high-risk types (ie, 16, 18, 31, 33, 45, 52 and 58) qualitative mRNA expression of E6/E7 by quantitative polymerase chain reaction (qPCR)	Hayes Technologies	8/1/2023	
0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)	Hayes Technologies	8/1/2023	
0356U	Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	Hayes Technologies	8/1/2023	
0357U	Oncology (melanoma), artificial intelligence (AI)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic, and predictive algorithm reported as likely, unlikely, or uncertain benefit from immunotherapy agents	Hayes Technologies	8/1/2023	
0358U	Neurology (mild cognitive impairment), analysis of 7-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative	Hayes Technologies	8/1/2023	
0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	Hayes Technologies	8/1/2023	
0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy	Hayes Technologies	8/1/2023	
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture–enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, formalin-fixed paraffin embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes	Hayes Technologies	8/1/2023	
0363U	Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma	Hayes Technologies	8/1/2023	
HCPCS CODES	IN ADDITION TO THIS LIST, PRIOR AUTHORIZATION IS REQUIRED FOR ANY DME ITEM WITH COST OVER \$1,000. [based on contracted rate, per HCPCS code, per fill]			
A0140	Non Emergency transport air	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
A0430	Fixed wing air transport	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
A0435	Fixed wing air mileage	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
A0999	Unlisted ambulance service	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
A2001	Innovamatrix ac, per square centimeter	Hayes Technologies	1/1/2023	
A2002	Mirragen advanced wound matrix, per square centimeter	Hayes Technologies	1/1/2023	
A2003	Bio-connekt wound matrix, per square centimeter	Hayes Technologies	1/1/2023	
A2004	Xcellistem, per square centimeter	Hayes Technologies	1/1/2023	
A2005	Microlyte matrix, per square centimeter	Hayes Technologies	1/1/2023	
A2006	Novosorb synpath dermal matrix, per square centimeter	Hayes Technologies	1/1/2023	
A2007	Restrata, per square centimeter	Hayes Technologies	1/1/2023	
A2008	Theragenesis, per square centimeter	Hayes Technologies	1/1/2023	
A2009	Symphony, per square centimeter	Hayes Technologies	1/1/2023	
A2010	Apis, per square centimeter	Hayes Technologies	1/1/2023	
A2011	Supra sdrn, per square centimeter	Hayes Technologies	1/1/2023	
A2012	Suprathel, per square centimeter	Hayes Technologies	1/1/2023	
A2013	Innovamatrix fs, per square centimeter	Hayes Technologies	1/1/2023	
A4100	Skin substitute, fda cleared as a device, not otherwise specified	Hayes Technologies	1/1/2023	
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	Interqual	1/1/2023	
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	Interqual	8/1/2023	
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	Interqual	1/1/2023	
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	Hayes Technologies	1/1/2023	
A4641	Radiopharmaceutical, diagnostic, not otherwise classified	Interqual	1/1/2023	
A7047	Oral interface used with respiratory suction pump, each	Interqual	1/1/2023	
A9291	Prescription digital behavioral therapy, fda cleared, per course of treatment	Hayes Technologies	1/1/2023	
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	Interqual	1/1/2023	
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	Interqual	1/1/2023	
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
B4104	Additive for enteral formula (e.g., fiber)	Interqual	1/1/2023	
B4149	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	Interqual	1/1/2023	
B4150	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	Interqual	1/1/2023	
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Interqual	1/1/2023	
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Interqual	1/1/2023	
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Interqual	1/1/2023	
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Interqual	1/1/2023	
B4157	Enteral formula, nutritionally complete, for 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	Interqual	1/1/2023	
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Interqual	1/1/2023	
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Interqual	1/1/2023	
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Interqual	1/1/2023	
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Interqual	1/1/2023	
B4162	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	Interqual	1/1/2023	
B4187	Omegaven, 10 grams lipids	Interqual	1/1/2023	
B9002	Enteral nutrition infusion pump, any type	Interqual	1/1/2023	
C1300	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Interqual	1/1/2023	
C1716	Brachytherapy source, non-stranded, gold-198, per ...	Interqual	1/1/2023	
C1717	Brachytherapy source, non-stranded, gold-198 per...	Interqual	1/1/2023	
C1719	Brachytherapy source, non-stranded, non-high dose ...	Interqual	1/1/2023	
C1728	Catheter, brachytherapy seed administration	Interqual	1/1/2023	
C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to-bone (implantable)	Interqual	1/1/2023	
C1762	Connective tissue, human (includes fascia lata)	Interqual	1/1/2023	
C1767	Generator, neurostimulator (implantable), non rechargeable	Interqual	1/1/2023	
C1778	Lead, neurostimulator (implantable)	Interqual	1/1/2023	
C1787	Patient programmer, neurostimulator	Interqual	1/1/2023	
C1816	Receiver and/or transmitter, neurostimulator (implantable)	Interqual	1/1/2023	
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	Interqual	1/1/2023	
C1821	Interspinous process distraction device (implantable)	Interqual	1/1/2023	
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	Interqual	1/1/2023	
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	Interqual	1/1/2023	
C1824	Generator, cardiac contractility modulation (implantable)	Interqual	1/1/2023	
C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system	Interqual	8/1/2023	
C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	Interqual	8/1/2023	
C1832	Autograft suspension, including cell processing and application, and all system components	Hayes Technologies	1/1/2023	
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	Interqual	1/1/2023	
C1839	Iris prosthesis	Interqual	1/1/2023	
C1840	Lens, Intraocular (telescopic)	Interqual	1/1/2023	
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	Interqual	1/1/2023	
C1889	Implantable/insertable device for device intensive procedure, not otherwise classified	Interqual	1/1/2023	
C1897	Lead, neurostimulator test kit (implantable)	Interqual	1/1/2023	
C1982	Catheter, pressure-generating, one-way valve, intermittently occlusive	Interqual	1/1/2023	
C2596	Probe, image-guided, robotic, waterjet ablation	Interqual	1/1/2023	
C2614	Probe, percutaneous lumbar discectomy	Interqual	1/1/2023	
C2616	Brachytherapy source, non-stranded, yttrium -90, per source	Interqual	1/1/2023	
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	Interqual	1/1/2023	
C2634	Brachytherapy source, non-stranded, high activity,...	Interqual	1/1/2023	
C2635	Brachytherapy source, non-stranded, high activity,...	Interqual	1/1/2023	
C2636	Brachytherapy linear source, non-stranded, paladium,...	Interqual	1/1/2023	
C2637	Brachytherapy source, non-stranded, ytterbium-169,...	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
C2638	Brachytherapy source, stranded, iodine-125, per so...	Interqual	1/1/2023	
C2639	Brachytherapy source, non-stranded, iodine-125, pe...	Interqual	1/1/2023	
C2644	Brachytherapy source, cesium-131 chloride solution, per millicurie	Interqual	1/1/2023	
C2645	Brachytherapy planar source, palladium-103, per square millimeter	Interqual	1/1/2023	
C5271	Application of low cost skin substitute graft to trunk, arms, legs total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Interqual	1/1/2023	
C5272	Application of low cost skin substitute graft to trunk, arms, legs total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Interqual	1/1/2023	
C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Interqual	1/1/2023	
C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children or part thereof (list separately in addition to code for primary procedure)	Interqual	1/1/2023	
C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 q cm or less wound surface area	Interqual	1/1/2023	
C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Interqual	1/1/2023	
C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Interqual	1/1/2023	
C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Interqual	1/1/2023	
C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	Interqual	8/1/2023	
C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	Interqual	8/1/2023	
C7509	Bronchoscopy, rigid or flexible, diagnostic with cell washing(s) when performed, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	Interqual	8/1/2023	
C7510	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage(s), with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	Interqual	8/1/2023	
C7511	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	Interqual	8/1/2023	
C7512	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance when performed	Interqual	8/1/2023	
C7516	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	Interqual	8/1/2023	
C7517	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and	Interqual	8/1/2023	
C7518	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging, supervision, interpretation and report	Interqual	8/1/2023	
C7519	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	Interqual	8/1/2023	
C7520	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) includes intraprocedural injection(s) for bypass graft angiography with iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation	Interqual	8/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
C7521	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography with right heart catheterization with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	Interqual	8/1/2023	
C7522	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right heart catheterization, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	Interqual	8/1/2023	
C7523	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	Interqual	8/1/2023	
C7524	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	Interqual	8/1/2023	
C7525	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	Interqual	8/1/2023	
C7526	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	Interqual	8/1/2023	
C7527	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	Interqual	8/1/2023	
C7528	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	Interqual	8/1/2023	
C7529	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	Interqual	8/1/2023	
C7537	Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	Interqual	8/1/2023	
C7538	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	Interqual	8/1/2023	
C7539	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	Interqual	8/1/2023	
C7540	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	Interqual	8/1/2023	
C7541	Diagnostic endoscopic retrograde cholangiopancreatography (ercp), including collection of specimen(s) by brushing or washing, when performed, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	Interqual	8/1/2023	
C7542	Endoscopic retrograde cholangiopancreatography (ercp) with biopsy, single or multiple, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	Interqual	8/1/2023	
C7543	Endoscopic retrograde cholangiopancreatography (ercp) with sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	Interqual	8/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
C7544	Endoscopic retrograde cholangiopancreatography (ercp) with removal of calculi/debris from biliary/pancreatic duct(s), with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	Interqual	8/1/2023	
C7550	Cystourethroscopy, with biopsy(ies) with adjunctive blue light cystoscopy with fluorescent imaging agent	Interqual	8/1/2023	
C7552	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, initial vessel	Interqual	8/1/2023	
C7553	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed	Interqual	8/1/2023	
C7554	Cystourethroscopy with adjunctive blue light cystoscopy with fluorescent imaging agent	Interqual	8/1/2023	
C7555	Thyroidectomy, total or complete with parathyroid autotransplantation	Interqual	8/1/2023	
C7900	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, initial 15-29 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	Hayes Technologies	8/1/2023	
C7901	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, initial 30-60 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	Hayes Technologies	8/1/2023	
C7902	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, each additional 15 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service (list separately in addition to code for primary service)	Hayes Technologies	8/1/2023	
C8900	Magnetic resonance angiography with contrast, abdomen	Interqual	1/1/2023	
C8901	Magnetic resonance angiography without contrast abdomen	Interqual	1/1/2023	
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	Interqual	1/1/2023	
C8903	Magnetic resonance imaging with contrast breast; unilateral	Interqual	1/1/2023	
C8904	Magnetic resonance imaging without contrast breast; unilateral	Interqual	1/1/2023	
C8905	Magnetic resonance imaging without contrast followed by with contrast breast; unilateral	Interqual	1/1/2023	
C8906	Magnetic resonance imaging with contrast breast; bilateral	Interqual	1/1/2023	
C8907	Magnetic resonance imaging without contrast breast; bilateral	Interqual	1/1/2023	
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	Interqual	1/1/2023	
C8909	Magnetic resonance angiography with contrast chest (excluding myocardium)	Interqual	1/1/2023	
C8910	Magnetic resonance angiography without contrast chest (excluding myocardium)	Interqual	1/1/2023	
C8911	Magnetic resonance angiography without contrast followed by with contrast,	Interqual	1/1/2023	
C8912	Magnetic resonance angiography with contrast lower extremity	Interqual	1/1/2023	
C8913	Magnetic resonance angiography without contrast lower extremity	Interqual	1/1/2023	
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	Interqual	1/1/2023	
C8918	Magnetic resonance angiography with contrast, pelvis	Interqual	1/1/2023	
C8919	Magnetic resonance angiography without contrast, pelvis	Interqual	1/1/2023	
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	Interqual	1/1/2023	
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	Interqual	1/1/2023	
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	Interqual	1/1/2023	
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	Interqual	1/1/2023	
C8934	Magnetic resonance angiography with contrast, upper extremity	Interqual	1/1/2023	
C8935	Magnetic resonance angiography without contrast, upper extremity	Interqual	1/1/2023	
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	Interqual	1/1/2023	
C8937	Computer-aided detection, including computer algorithm analysis of breast mri image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)	Interqual	1/1/2023	
C9358	Dermal substitute, native, non denatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 square cm	Interqual	1/1/2023	
C9360	Dermal substitute, native, non denatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square cm	Interqual	1/1/2023	
C9364	Porcine implant, Permacol, per square centimeter	Interqual	1/1/2023	
C9367	Endoform Dermal Template	Hayes Technologies	1/1/2023	
C9726	Placement and removal (if performed) of applicator into breast for radiation therapy	Interqual	1/1/2023	
C9727	Insertion of implants into the soft palate; minimum of three implants	Interqual	1/1/2023	
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance	Interqual	1/1/2023	
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	Interqual	1/1/2023	
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	Interqual	1/1/2023	
C9745	Nasal endoscopy, surgical; balloon dilation of eustachian tube	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
C9745	Nasal endoscopy, surgical; balloon dilation of eustachian tube	Interqual	1/1/2023	
C9746	Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed	Interqual	1/1/2023	
C9748	Transurethral destruction of prostate tissue; by radiofrequency water vapor (steam) thermal therapy	Interqual	1/1/2023	
C9749	Repair of nasal vestibular lateral wall stenosis with implant(s)	Interqual	1/1/2023	
C9750	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation and peri-operative interrogation and programming; complete system (includes device and electrode)	Interqual	1/1/2023	
C9754	Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed)	Interqual	1/1/2023	
C9755	Creation of arteriovenous fistula, percutaneous 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, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed	Interqual	1/1/2023	
C9757	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	Interqual	1/1/2023	
C9758	limited procedure for nympha class ii/iv heart failure, transcatheter implantation of interatrial shunt or placebo control, including right heart catheterization, trans-esophageal echocardiography (tee)/intracardiac echocardiography (ice), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study	Interqual	1/1/2023	
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	Interqual	1/1/2023	
D5934	Mandibular resection prosthesis with guide flange	Interqual	1/1/2023	
D5935	Mandibular resection prosthesis without guide flange	Interqual	1/1/2023	
D5952	Speech aid prosthesis; pediatric	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
D5953	Speech aid prosthesis; adult	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
D5955	Palatal lift prosthesis, definitive	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
D5958	Palatal lift prosthesis; interim	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
D5959	Palatal lift prosthesis; modification	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
D5960	Speech aid prosthesis; modification	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
D5999	Unspecified maxillofacial prosthesis, by report	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
D7865	Arthroplasty, TMJ reshaping components	Interqual	1/1/2023	
D7899	Unspecified temporomandibular joint dysfunctions (TMD) therapy, by report	Interqual	1/1/2023	
D8999	Unspecified orthodontic procedure, by report	Interqual	1/1/2023	
D9999	Unspecified adjunctive procedure, by report	Interqual	1/1/2023	
E0118	Crutch substitute, lower leg platform, with or without wheels, each	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Interqual	1/1/2023	
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Interqual	1/1/2023	
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	Interqual	1/1/2023	
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	Interqual	1/1/2023	
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	Interqual	1/1/2023	
E0470	Bipap- Respiratory assist device, bi-level pressure capability	Interqual	1/1/2023	
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Interqual	1/1/2023	
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature	Interqual	1/1/2023	
E0500	iprb machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	Interqual	1/1/2023	
E0601	Continuous positive airway pressure (cpap) device	Interqual	1/1/2023	
E0481	Intrapulmonary percussive ventilation system and related accessories	Interqual	1/1/2023	
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	Interqual	1/1/2023	
E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
E0629	Separate seat lift mechanism for use with patient owned furniture - non-electric	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
E0635	Patient lift, electric, with seat or sling	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
E0637	Combination sit to stand system, any size, with seat lift feature, with or without wheels	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
E0638	Standing frame sys	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
E0639	Patient lift, moveable from room to room with disassembly and reassembly	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
E0640	Patient lift, fixed system, includes all components/accessories	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
E0652	Pneumatic compressor, segmental home model	Interqual	1/1/2023	
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	Interqual	1/1/2023	
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	Interqual	1/1/2023	
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Interqual	1/1/2023	
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq.ft. or less	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
E0692	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; 4 ft. panel	Interqual	1/1/2023	
E0693	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; 6 ft. panel	Interqual	1/1/2023	
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Interqual	1/1/2023	
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	Interqual	1/1/2023	
E0749	Osteogenesis stimulator, electrical, surgically implanted	Interqual	1/1/2023	
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Interqual	1/1/2023	
E0764	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	Interqual	1/1/2023	
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	Interqual	1/1/2023	
E0770	Functional electric stim NOS	Interqual	1/1/2023	
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Interqual	1/1/2023	
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Interqual	1/1/2023	
E0784	External ambulatory infusion pump, insulin	Interqual	1/1/2023	
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	Interqual	1/1/2023	
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	Interqual	1/1/2023	
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	Interqual	1/1/2023	
E0986	Manual wheelchair accessory, push-rim activated power assist system	Interqual	1/1/2023	
E1002	Wheelchair accessory, power seating system, tilt only	Interqual	1/1/2023	
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Interqual	1/1/2023	
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Interqual	1/1/2023	
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Interqual	1/1/2023	
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Interqual	1/1/2023	
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Interqual	1/1/2023	
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Interqual	1/1/2023	
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	Interqual	1/1/2023	
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	Interqual	1/1/2023	
E1220	Wheelchair; specially sized or constructed (indicate brand name, model number, if any, and justification)	Interqual	1/1/2023	
E1229	Wheelchair, pediatric size, not otherwise specified	Interqual	1/1/2023	
E1230	Power operated vehicle (3 or 4 wheel non-highway), specify brand name and model number	Interqual	1/1/2023	
E1239	Power wheelchair, pediatric size, not otherwise specified	Interqual	1/1/2023	
E1399	Durable medical equipment , miscellaneous	Interqual	1/1/2023	
E1902	Communication board, non-electronic augmentative or alternative communication device	Interqual	1/1/2023	
E2300	Power wheelchair accessory, power seat elevation system	Interqual	1/1/2023	
E2301	Power wheelchair accessory, power standing system	Interqual	1/1/2023	
E2398	Wheelchair accessory, dynamic positioning hardware for back	Interqual	1/1/2023	
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	Interqual	1/1/2023	
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	Interqual	1/1/2023	
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	Interqual	1/1/2023	
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Interqual	1/1/2023	
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Interqual	1/1/2023	
E2511	Speech generating software program, for personal computer or personal digital assistant	Interqual	1/1/2023	
E2512	Accessory for speech generating device, mounting system	Interqual	1/1/2023	
E2599	Accessory for speech generating device, not otherwise classified	Interqual	1/1/2023	
E2609	Custom fabricated wheelchair seat cushion	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
E2102	Adjunctive continuous glucose monitor or receiver	Interqual	1/1/2023	
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	Interqual	8/1/2023	
G0153	Services of speech and language pathologist in home health setting, each 15 minutes	Interqual	1/1/2023	
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	Interqual	1/1/2023	
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	Interqual	1/1/2023	
G0166	External counterpulsation, per treatment session	Interqual	1/1/2023	
G0219	PET imaging whole body; melanoma for non covered indications	Interqual	1/1/2023	
G0235	PET imaging, any site, not otherwise specified	Interqual	1/1/2023	
G0252	PET imaging, full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	Interqual	1/1/2023	
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (when performed in ASC)	Interqual	1/1/2023	
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Interqual	1/1/2023	
G0297	Low dose ct scan (ldct) for lung cancer screening	Hayes Technologies	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
G0323	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist or clinical social worker time, per calendar month. (these services include 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, coordination with and/or referral to physicians and practitioners who are authorized by medicare to prescribe medications and furnish e/m services, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team)	Hayes Technologies	8/1/2023	
G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	Interqual	1/1/2023	
G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	Interqual	1/1/2023	
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	Interqual	1/1/2023	
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	Interqual	1/1/2023	
G0343	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	Interqual	1/1/2023	
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation	Interqual	1/1/2023	
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation	Interqual	1/1/2023	
G0400	Home sleep test/type IV Porta	Interqual	1/1/2023	
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session	Interqual	1/1/2023	
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session	Interqual	1/1/2023	
G0428	Collagen Meniscus Implant	Interqual	1/1/2023	
G0429	Dermal filler inject for LDS	Interqual	1/1/2023	
G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing	Interqual	1/1/2023	
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen	Interqual	1/1/2023	
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	Interqual	1/1/2023	
G0460	Autologous platelet rich plasma for non-diabetic chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment	Interqual	1/1/2023	
G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes	Interqual	1/1/2023	
G6001	Ultrasonic guidance for placement of radiation therapy fields	Interqual	1/1/2023	
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Interqual	1/1/2023	
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	National Comprehensive Cancer Network	1/1/2023	
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev	National Comprehensive Cancer Network	1/1/2023	
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev	National Comprehensive Cancer Network	1/1/2023	
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater	National Comprehensive Cancer Network	1/1/2023	
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev	National Comprehensive Cancer Network	1/1/2023	
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev	National Comprehensive Cancer Network	1/1/2023	
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev	National Comprehensive Cancer Network	1/1/2023	
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	National Comprehensive Cancer Network	1/1/2023	
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	National Comprehensive Cancer Network	1/1/2023	
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev	National Comprehensive Cancer Network	1/1/2023	
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev	National Comprehensive Cancer Network	1/1/2023	
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater	National Comprehensive Cancer Network	1/1/2023	
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	Interqual	1/1/2023	
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	Interqual	1/1/2023	
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment	National Comprehensive Cancer Network	1/1/2023	
G9012	Other specified case management service not elsewhere classified	Interqual	1/1/2023	
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	Interqual	1/1/2023	
G9147	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	Interqual	1/1/2023	
H0031	Mental health assessment, by non-physician - Assessment and treatment planning by a BCBA	Interqual	1/1/2023	
H0032	Mental health service plan development by non-physician - Direct supervision of a paraprofessional by a BCBA	Interqual	1/1/2023	
H0035	Mental health partial hospitalization, treatment, less than 24 hours	Interqual	1/1/2023	
H0046	Mental health services, not otherwise specified	Interqual	1/1/2023	
H2012	Behavioral health day treatment, per hour - Direct service by a BCBA	Interqual	1/1/2023	
H2016	Comprehensive community support services, per diem	Interqual	1/1/2023	
H2019	Therapeutic behavioral services, per 15 minutes - Paraprofessional direct service supervised by a BCBA	Interqual	1/1/2023	
J0129	Orencia	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0135	HUMIRA	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0172	Aduhelm	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0178	EYLEA	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0179	BEOVU	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0202	Lemtrada	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0219	NEXVIAZYME	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0220	Alglucosidase alfa	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0221	LUMIZYME	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0225	Injection, vutrisiran, 1 mg	Hayes Technologies	8/1/2023	
J0485	Nulojix	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0490	Benlysta IV	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0517	FASENRA	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0565	ZINPLAVA	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0567	Brineura	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0584	Crysvisa	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0585	BOTOX	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0586	DYSPOET	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0587	MYOBLOC	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0588	XEOMIN	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0638	Ilaris	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0717	Cimzia	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0741	CABENUVA	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0775	Xiaflex	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0791	Adakveo	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0885	EPOGEN	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0893	Injection, decitabine (sun pharma) not therapeutically equivalent to j0894, 1 mg	Hayes Technologies	8/1/2023	
J0896	Reblozyl	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J0897	PROLIA	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J1300	Soliris	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J1301	Radicava	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J1303	ULTOMIRIS	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J1306	LEQVIO	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J1426	Amondys 45, (casimersen)	Hayes Technologies	1/1/2023	
J1427	Viltepso (viltolarsen)	Hayes Technologies	1/1/2023	
J1428	Exondys 51 (eteplirsen)	Hayes Technologies	1/1/2023	
J1429	Vyondys 53 (golodirsen)	Hayes Technologies	1/1/2023	
J1437	MONOFERRIC	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J1438	ENBREL	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J1439	INJECTAFER	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
J1442	NEUPOGEN	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J1458	Naglazyme	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J1602	Simponi Aria	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J1627	SUSTOL	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J1628	Tremfya	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J1726	MAKENA	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J1745	INFLIXIMAB	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J1786	CEREZYME	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J1823	Uplizna	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J1930	Somatuline Depot	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J1950	Lupron Depot	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J1954	Injection, leuprolide acetate for depot suspension (lutrate), 7.5 mg	Interqual	8/1/2023	
J2182	NUCALA	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J2323	TYSABRI	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J2326	Spinraza (nusinersen)	Interqual	4/1/2023	
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	Interqual	8/1/2023	
J2350	OCREVUS	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J2353	SandoSTATIN LAR Depot	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J2356	Tezspire	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J2357	XOLAIR	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J2425	Kepivance	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J2503	MACUGEN	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J2506	NEULASTA	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J2507	Krystexxa	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J2778	LUCENTIS	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J2786	CINQAIR	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J2796	Nplate	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J3032	VYEPTI	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J3060	ELELYSO	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J3111	Evenity	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J3241	TEPEZZA	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J3245	Ilumya	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J3262	Actemra	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J3315	Trelstar	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J3316	Triptodur	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J3357	STELARA SC	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J3358	STELARA IV	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J3380	ENTYVIO	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J3385	VPRIV	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J3396	Visudyne	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J3398	Luxturna (voretigene neparovec-rzyl)	Interqual	4/1/2023	
J3399	Zolgenzma (onasemnogene abeparovec-xioi)	Interqual	4/1/2023	
J3490	Drugs Administered Other Than Oral Method	Interqual	4/1/2023	
J3590	Drugs Administered Other Than Oral Method	Interqual	1/1/2023	
J7170	HEMLIBRA	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J7313	Iluvien	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
J7318	DUROLANE	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J7320	GENVISC 850	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J7322	HYMOVIS	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J7324	ORTHOVISC	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J7326	GEL-ONE	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J7327	MONOVISC	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J7328	GELSYN-3	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J7329	TRIVISC	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J7330	Cultured chondrocytes Implant (i.e. MACI)	Interqual	1/1/2023	
J7332	TRILURON	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9022	Tecentriq	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9033	Treanda	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9035	AVASTIN	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9039	Blincyto	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9041	Velcade	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9042	Adcetris	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9044	Bortezomib (not otherwise specified)	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9046	Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg	Interqual	8/1/2023	
J9047	Kyprolis	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg	Interqual	8/1/2023	
J9049	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg	Interqual	8/1/2023	
J9055	Erbixux	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9057	Aliqopa	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9119	Libtayo	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9144	Darzalex Faspro	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9145	Darzalex	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9155	Firmagon	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9173	Imfinzi	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9176	Empliciti	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9179	Halaven	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9204	Poteligeo	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9223	Zepzelca	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9228	Yervoy	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9229	Besponsa	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9271	KEYTRUDA	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9299	OPDIVO	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9301	Gazyva	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9302	Arzerra	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9303	Vectibix	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9306	PERJETA	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9307	Folotyng	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9308	Cyramza	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9311	RITUXAN HYCELA	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9312	RITUXAN	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9314	Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg	Interqual	8/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
J9316	PHESGO	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9317	Trodelvy	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9325	Imlygic (talimogene laherparepvec)	Interqual	1/1/2023	
J9348	Danyelza	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9349	Monjuvi	Hayes Technologies	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9354	Kadcyla	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9355	HERCEPTIN	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9356	HERCEPTIN HYLECTA	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9358	Enhertu	Interqual	4/1/2023	Managed by Ascension RX Please Fax Request to 1-855-394-7057
J9393	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg	Hayes Technologies	8/1/2023	
J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg	Hayes Technologies	8/1/2023	
J9399	Unclassified Drugs or Biologicals	Interqual	1/1/2023	
K0005	Ultra-lightweight wheelchair	Interqual	1/1/2023	
K0009	Other manual wheelchair/base	Interqual	1/1/2023	
K0010	Standard-weight frame motorized/power wheelchair	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
K0012	Lightweight portable motorized/power wheelchair	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
K0014	Other motorized/power wheelchair base	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
K0108	Wheelchair component or accessory, not otherwise specified	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Interqual	1/1/2023	
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Interqual	1/1/2023	
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	Interqual	1/1/2023	
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	Interqual	1/1/2023	
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	Interqual	1/1/2023	
K0812	Power operated vehicle, not otherwise classified	Interqual	1/1/2023	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Interqual	1/1/2023	
K0825	Power wheelchair, group 2 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	Interqual	1/1/2023	
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Interqual	1/1/2023	
K0827	Power wheelchair, group 2 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds	Interqual	1/1/2023	
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Interqual	1/1/2023	
K0829	Power wheelchair, group 2 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more	Interqual	1/1/2023	
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Interqual	1/1/2023	
K0838	Power wheelchair, group 2 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Interqual	1/1/2023	
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Interqual	1/1/2023	
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Interqual	1/1/2023	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Interqual	1/1/2023	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Interqual	1/1/2023	
K0851	Power wheelchair, group 3 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	Interqual	1/1/2023	
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Interqual	1/1/2023	
K0853	Power wheelchair, group 3 very heavy duty, captain's chair, patient weight capacity, 451 to 600 pounds	Interqual	1/1/2023	
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Interqual	1/1/2023	
K0855	Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight 601 pounds or more	Interqual	1/1/2023	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Interqual	1/1/2023	
K0859	Power wheelchair, group 3 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Interqual	1/1/2023	
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Interqual	1/1/2023	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Interqual	1/1/2023	
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Interqual	1/1/2023	
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Interqual	1/1/2023	
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Interqual	1/1/2023	
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Interqual	1/1/2023	
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Interqual	1/1/2023	
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Interqual	1/1/2023	
K0884	Power wheelchair, group 4 standard multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, weight capacity up to and including 300 pounds	Interqual	1/1/2023	
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Interqual	1/1/2023	
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Interqual	1/1/2023	
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Interqual	1/1/2023	
K0898	Power wheelchair, not otherwise classified	Interqual	1/1/2023	
K0899	Power mobility device, not coded by SADMERC or does not meet criteria	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
K0900	Customized Durable Medical Equipment, Other Than Wheelchair	Interqual	1/1/2023	
K1028	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application	Interqual	1/1/2023	
K1029	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	Interqual	1/1/2023	
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	Interqual	1/1/2023	
K1031	Non-pneumatic compression controller without calibrated gradient pressure	Interqual	1/1/2023	
K1032	Non-pneumatic sequential compression garment, full leg	Interqual	1/1/2023	
K1033	Non-pneumatic sequential compression garment, half leg	Interqual	1/1/2023	
L2005	Knee-ankle-foot orthotic (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	Interqual	1/1/2023	
L2006	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	Interqual	1/1/2023	
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	Interqual	1/1/2023	
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	Interqual	1/1/2023	
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Interqual	1/1/2023	
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	Interqual	1/1/2023	
L5848	Addition to endoskeletal knee-shin system, fluidstance extension, dampening feature, with or without adjustability	Interqual	1/1/2023	
L5856	Elec knee-shin swing/stance	Interqual	1/1/2023	
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	Interqual	1/1/2023	
L5858	Stance phase only	Interqual	1/1/2023	
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
L5930	High activity knee frame	Interqual	1/1/2023	
L5969	Addition, endoskeletal ankle-foot or ankle system power assist, includes any type motor(s)	Interqual	1/1/2023	
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	Interqual	1/1/2023	
L5981	Flex-walk sys low ext prosth	Interqual	1/1/2023	
L5999	Lower extremity prosthes NOS	Interqual	1/1/2023	
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	Interqual	1/1/2023	
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	Interqual	1/1/2023	
L6638	Upper extremity addition to prosthesis, elec locking feature	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L6647	Upper extremity addition, shoulder lock mech; body powered actuator	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Interqual	1/1/2023	
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Interqual	1/1/2023	
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and 1 charger, switch control of terminal device	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectric control of terminal device	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectric control of terminal device	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectric control of terminal device	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectric control of terminal device	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectric control of terminal device	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectric control of terminal device	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L7007	Electric hand, switch or myoelectric controlled, adult	Interqual	1/1/2023	
L7008	Electric hand, switch or myoelectric, controlled, pediatric	Interqual	1/1/2023	
L7009	Electric hook, switch or myoelectric controlled, adult	Interqual	1/1/2023	
L7040	Prehensile actuator, switch controlled	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L7045	Electric hook, switch or myoelectric controlled, pediatric	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L7170	Electronic elbow, Hosmer or equal, switch controlled	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectrically controlled	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L7191	Electronic elbow, child, Variety Village or equal, myoelectrically controlled	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L7259	Electronic wrist rotator, any type	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L7499	Upper Extremity Prosthesis NOS	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L8045	Auricular prosthesis	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L8048	Unspecified maxillofacial prosthesis, by report, provided by a non-physician	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L8499	Unlisted misc prosthetic ser	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L8510	Voice amplifier	CMS Medicare Clinical Coverage Guidelines	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
L8600	Implantable breast prosthesis, silicone or equal	Interqual	1/1/2023	Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122,C50.129,C50.211,C50.212,C50.219,C50.221,C50.222,C50.229,C50.311,C50.312,C50.319,C50.321,C50.322,C50.329,C50.411,C50.412,C50.419,C50.421,C50.422,C50.429,C50.511,C50.512,C50.519,C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621,C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911,C50.912,C50.919,C50.921,C50.922,C50.929,C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12,D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62,I97.2,N65.0,N65.1,Q79.8,T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.1
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, analcanal, 1 ml, includes shipping and necessary supplies	Interqual	1/1/2023	
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies	Interqual	1/1/2023	
L8608	Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system	Interqual	1/1/2023	
L8614	Cochlear device/system	Interqual	1/1/2023	
L8619	Cochlear implant external speech processor, replacement	Interqual	1/1/2023	
L8641	Metatarsal joint implant	Interqual	1/1/2023	
L8642	Hallux implant	Interqual	1/1/2023	
L8679	Implantable neurostimulator, pulse generator, any type	Interqual	1/1/2023	
L8680	Implantable neurostimulator electrode, each	Interqual	1/1/2023	
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Interqual	1/1/2023	
L8682	Implantable neurostimulator radiofrequency receiver	Interqual	1/1/2023	
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Interqual	1/1/2023	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Interqual	1/1/2023	
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	Interqual	1/1/2023	
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Interqual	1/1/2023	
L8688	Implantable neurostimulator pulse generator, dual array, non rechargeable, includes extension	Interqual	1/1/2023	
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	Interqual	1/1/2023	
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	Interqual	1/1/2023	
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system	Interqual	1/1/2023	
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	Interqual	1/1/2023	
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	Interqual	1/1/2023	
M1143	Initiated episode of rehabilitation therapy, medical, or chiropractic care for neck impairment	Interqual	1/1/2023	in office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
M1191	Hospice services provided to patient any time during the measurement period	Interqual	8/1/2023	
Q1004	New technology intraocular lens category 4 as defined in Federal Register notice	Interqual	1/1/2023	
Q1005	New technology intraocular lens category 5 as defined in Federal Register notice	Interqual	1/1/2023	
Q2040	Tisagenlecleucel, up to 250 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	Interqual	1/1/2023	
Q2041	Axicabtagene Ciloleucel (Yescarta), up to 200 Million Autologous Anti-CD19 CAR T Cells, Including Leukapheresis And Dose Preparation Procedures, Per Infusion	Interqual	1/1/2023	
Q2042	Tisagenlecleucel (Kymriah), up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Interqual	1/1/2023	
Q2043	Sipuleucel-T, minimum of 50 million autologous cd54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	Interqual	1/1/2023	
Q2053	Tecartus (Brexucabtagene autoleucel)	Interqual	1/1/2023	
Q2054	Breyanzi – (lisocabtagene maraleuce)	Interqual	1/1/2023	
Q2055	Abecma - (Idecabtagene vicleucel)	Interqual	1/1/2023	
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Interqual	8/1/2023	
Q4082	Drug or biological, not otherwise classified, Part B drug competitive	Interqual	1/1/2023	
Q4100	Skin substitute, NOS	Interqual	1/1/2023	
Q4102	Oasis wound matrix skin sub	Interqual	1/1/2023	
Q4103	Oasis burn matrix skin sub	Interqual	1/1/2023	
Q4106	Dermagraft, per sq cm	Interqual	1/1/2023	
Q4107	Graftjacket skin sub	Interqual	1/1/2023	
Q4110	Primatrix skin sub	Interqual	1/1/2023	
Q4111	Gammagraft skin sub	Interqual	1/1/2023	
Q4112	Cymetra allograft	Interqual	1/1/2023	
Q4113	Graftjacket express allograft	Interqual	1/1/2023	
Q4114	Integra flowable wound matrix	Interqual	1/1/2023	
Q4115	Skin substitute, Alloskin, per square centimeter	Interqual	1/1/2023	
Q4117	HYALOMATRIX, per sq cm	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
Q4118	MatriStem micromatrix, 1 mg	Interqual	1/1/2023	
Q4121	TheraSkin, per sq cm	Interqual	1/1/2023	
Q4122	DermACELL, per sq cm	Interqual	1/1/2023	
Q4123	AlloSkin RT, per sq cm	Interqual	1/1/2023	
Q4124	OASIS ultra tri-layer wound matrix, per sq cm	Interqual	1/1/2023	
Q4125	Arthroflex, per sq cm	Interqual	1/1/2023	
Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm	Interqual	1/1/2023	
Q4127	Talymed, per sq cm	Interqual	1/1/2023	
Q4128	FlexHD, Allopatch HD, or Matrix HD, per sq cm	Interqual	1/1/2023	
Q4130	Strattice TM, per sq cm	Interqual	1/1/2023	
Q4132	Grafix core, per square centimeter	Interqual	1/1/2023	
Q4133	Grafix prime, per square centimeter	Interqual	1/1/2023	
Q4134	Hmatrix, per square centimeter	Interqual	1/1/2023	
Q4135	Mediskin, per square centimeter	Interqual	1/1/2023	
Q4136	Ez-derm, per square centimeter	Interqual	1/1/2023	
Q4137	Amnioexcel or Biodexcel, per square centimeter	Interqual	1/1/2023	
Q4138	Biodfence dryflex, per square centimeter	Interqual	1/1/2023	
Q4139	Amniomatrix or Biodmatrix, inectable, 1 CC	Interqual	1/1/2023	
Q4140	Biodfence, per square centimeter	Interqual	1/1/2023	
Q4141	Alloskin AC, per square centimeter	Interqual	1/1/2023	
Q4142	XCM biologic tissue matrix, per square centimeter	Interqual	1/1/2023	
Q4143	Repriza, per square centimeter	Interqual	1/1/2023	
Q4145	Epifix, injectable, 1 MG	Interqual	1/1/2023	
Q4146	Tensix, per square centimeter	Interqual	1/1/2023	
Q4147	Architect extracellular matrix, per square centimeter	Interqual	1/1/2023	
Q4148	Neox 1K, per square centimeter	Interqual	1/1/2023	
Q4149	Excellagen, 0.1 CC	Interqual	1/1/2023	
Q4150	Allowrap ds or dry, per square centimeter	Interqual	1/1/2023	
Q4151	Amnioband or guardian, per square centimeter	Interqual	1/1/2023	
Q4152	Dermapure, per square centimeter	Interqual	1/1/2023	
Q4153	Dermavest, per square centimeter	Interqual	1/1/2023	
Q4154	Biovance, per square centimeter	Interqual	1/1/2023	
Q4155	Neoxflo or clarixflo, 1 mg	Interqual	1/1/2023	
Q4156	Neox 100, per square centimeter	Interqual	1/1/2023	
Q4157	Revitalon, per square centimeter	Interqual	1/1/2023	
Q4158	Marigen, per square centimeter	Interqual	1/1/2023	
Q4159	Affinity, per square centimeter	Interqual	1/1/2023	
Q4160	Nushield, per square centimeter	Interqual	1/1/2023	
Q4161	Bio-connekt wound matrix, per square centimeter	Interqual	1/1/2023	
Q4162	Amniopro flow, bioskin flow, biorenew flow, woundex flow, amniogen-a, amniogen-c, 0.5 cc	Interqual	1/1/2023	
Q4163	Amniopro, bioskin, biorenew, woundex, amniogen-45, amniogen-200, per square centimeter	Interqual	1/1/2023	
Q4164	Helicoll, per square centimeter	Interqual	1/1/2023	
Q4165	Keramatrix, per square centimeter	Interqual	1/1/2023	
Q4166	Cytal, per square centimeter	Interqual	1/1/2023	
Q4167	Truskin, per square centimeter	Interqual	1/1/2023	
Q4168	Amnioband, 1 mg	Interqual	1/1/2023	
Q4169	Artacent wound, per square centimeter	Interqual	1/1/2023	
Q4170	Cygnus, per square centimeter	Interqual	1/1/2023	
Q4171	Interfyl, 1 mg	Interqual	1/1/2023	
Q4172	Puraply or puraply am, per square centimeter	Interqual	1/1/2023	
Q4173	Palingen or palingen xplus, per square centimeter	Interqual	1/1/2023	
Q4174	Palingen or promatrix, 0.36 mg per 0.25 cc	Interqual	1/1/2023	
Q4175	Miroderm, per square centimeter	Interqual	1/1/2023	
Q4176	Neopatch, per square centimeter	Interqual	1/1/2023	
Q4177	Floweramnioflo, 0.1 cc	Interqual	1/1/2023	
Q4178	Flower Amniopatch, per square centimeter	Interqual	1/1/2023	
Q4179	Flowerderm, per square centimeter	Interqual	1/1/2023	
Q4180	Revita, per square centimeter	Interqual	1/1/2023	
Q4181	Amnio wound, per square centimeter	Interqual	1/1/2023	
Q4182	Transcyte, per square centimeter	Interqual	1/1/2023	
Q4183	Surgigraft, per square centimeter	Interqual	1/1/2023	
Q4184	Cellesta, per square centimeter	Interqual	1/1/2023	
Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc	Interqual	1/1/2023	
Q4186	Epifix, per square centimeter	Interqual	1/1/2023	
Q4187	Epicord, per square centimeter	Interqual	1/1/2023	
Q4188	Amnio Armor, per square centimeter	Interqual	1/1/2023	
Q4189	Artacent ac, 1 mg	Interqual	1/1/2023	
Q4190	Artacent ac, per square centimeter	Interqual	1/1/2023	
Q4191	Restorigin, per square centimeter	Interqual	1/1/2023	
Q4192	Restorigin, 1 cc	Interqual	1/1/2023	
Q4193	Coll-e-derm, per square centimeter	Interqual	1/1/2023	
Q4194	Novachor, per square centimeter	Interqual	1/1/2023	
Q4195	Puraply, per square centimeter	Interqual	1/1/2023	
Q4196	Puraply am, per square centimeter	Interqual	1/1/2023	
Q4197	Puraply xt, per square centimeter	Interqual	1/1/2023	
Q4198	Genesis amniotic membrane, per square centimeter	Interqual	1/1/2023	
Q4199	Cygnus matrix, per square centimeter	Interqual	1/1/2023	
Q4200	Skin te, per square centimeter	Interqual	1/1/2023	
Q4201	Matrion, per square centimeter	Interqual	1/1/2023	
Q4202	Kerxxx (2.5g/cc), 1cc	Interqual	1/1/2023	
Q4203	Derma-gide, per square centimeter	Interqual	1/1/2023	
Q4204	Xwrap, per square centimeter	Interqual	1/1/2023	
Q4224	Human health factor 10 amniotic patch (hhf10-p), per square centimeter	Hayes Technologies	1/1/2023	
Q4225	Amniobind, per square centimeter	Hayes Technologies	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
Q4256	Mlg-complete, per square centimeter	Hayes Technologies	1/1/2023	
Q4257	Relese, per square centimeter	Hayes Technologies	1/1/2023	
Q4258	Enverse, per square centimeter	Hayes Technologies	1/1/2023	
Q5001	Hospice or home healthcare provided in patient's home/residence	Interqual	1/1/2023	
Q5002	Hospice or home healthcare provided in assisted living facility	Interqual	1/1/2023	
Q5003	Hospice care provided in nursing long-term care facility (LTC) or non skilled nursing facility (NF)	Interqual	1/1/2023	
Q5004	Hospice care provided in skilled nursing facility (SNF)	Interqual	1/1/2023	
Q5005	Hospice care provided in inpatient hospital	Interqual	1/1/2023	
Q5006	Hospice care provided in inpatient hospice facility	Interqual	1/1/2023	
Q5007	Hospice care provided in long-term care facility	Interqual	1/1/2023	
Q5008	Hospice care provided in inpatient psychiatric facility	Interqual	1/1/2023	
Q5009	Hospice or home healthcare provided in place not otherwise specified (NOS)	Interqual	1/1/2023	
Q5010	Hospice home care provided in a hospice facility	Interqual	1/1/2023	
Q5101	FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	InterQual	8/1/2023	Managed by Ascension RX Please Fax Request to 1-586-693-4768
Q5103	INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	InterQual	8/1/2023	Managed by Ascension RX Please Fax Request to 1-586-693-4768
Q5104	INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	InterQual	8/1/2023	Managed by Ascension RX Please Fax Request to 1-586-693-4768
Q5107	BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	InterQual	8/1/2023	Managed by Ascension RX Please Fax Request to 1-586-693-4768
Q5108	PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	InterQual	8/1/2023	Managed by Ascension RX Please Fax Request to 1-586-693-4769
Q5110	PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	InterQual	8/1/2023	Managed by Ascension RX Please Fax Request to 1-586-693-4769
Q5111	PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	InterQual	8/1/2023	Managed by Ascension RX Please Fax Request to 1-586-693-4769
Q5115	Rituximab-ABBS, Biosimilar, TRUXIMA, 10 mg	InterQual	8/1/2023	Managed by Ascension RX Please Fax Request to 1-586-693-4768
Q5118	BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	InterQual	8/1/2023	Managed by Ascension RX Please Fax Request to 1-586-693-4768
Q5119	Rituximab-PVVR, Biosimilar, RUXIENCE, 10 mg	InterQual	8/1/2023	Managed by Ascension RX Please Fax Request to 1-586-693-4768
Q5120	PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIENTENZO), 0.5 MG	InterQual	8/1/2023	Managed by Ascension RX Please Fax Request to 1-586-693-4769
Q5121	INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	InterQual	8/1/2023	Managed by Ascension RX Please Fax Request to 1-586-693-4768
Q5122	PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	InterQual	8/1/2023	Managed by Ascension RX Please Fax Request to 1-586-693-4768
Q5123	Rituximab-ARRX, Biosimilar, RIABNI, 10 mg	InterQual	8/1/2023	Managed by Ascension RX Please Fax Request to 1-586-693-4768
Q5124	RANIBIZUMAB-NUNA, BIOSIMILAR, (BYOOVIZ), 0.1 MG	InterQual	8/1/2023	Managed by Ascension RX Please Fax Request to 1-586-693-4768
Q5129	BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG	InterQual	8/1/2023	Managed by Ascension RX Please Fax Request to 1-586-693-4768
S0201	Partial hospitalization services, less than 24 hours, per diem	Interqual	1/1/2023	
S0810	Photorefractive Keratectomy	Hayes Technologies	1/1/2023	
S1030	Continuous noninvasive glucose monitoring device, purchase	Interqual	1/1/2023	
S1034	Artificial Pancreas Device System (eg, Low Glucose Suspend [LGS] Feature) Including Continuous Glucose Monitor, Blood Glucose Device, Insulin Pump And Computer Algorithm That Communicates With All Of The Devices	Interqual	1/1/2023	
S1040	Cranial remolding orthosis, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	Interqual	1/1/2023	
S1090	MOMETASONE FUROATE SINUS IMPLANT, 370 MICROGRAMS	Interqual	1/1/2023	
S2053	Transplantation of small intestine and liver allografts	Interqual	1/1/2023	
S2054	Transplantation of multivisceral organs	Interqual	1/1/2023	
S2060	Lobar lung transplantation	Interqual	1/1/2023	
S2061	Donor lobectomy (lung) for transplantation, living donor	Interqual	1/1/2023	
S2065	Simultaneous pancreas kidney transplantation	Interqual	1/1/2023	
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	Interqual	1/1/2023	
S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral	Interqual	1/1/2023	
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	Interqual	1/1/2023	
S2080	Laser-assisted uvulopalatoplasty (LAUP)	Interqual	1/1/2023	
S2095	(Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres) is an older code, but is being added to the program along with our yttrium-90 policy. This code will be billed once per treatment session when the patient is treated with yttrium-90 microspheres	Interqual	1/1/2023	
S2102	Islet cell tissue transplant from pancreas; allogenic	Interqual	1/1/2023	
S2103	Adrenal tissue transplant to brain	Hayes Technologies	1/1/2023	
S2107	Adoptive immunotherapy i.e., development of specific anti-tumor reactivity (e.g. tumor-infiltrating lymphocyte therapy) per course of treatment	Hayes Technologies	1/1/2023	
S2117	ARTHROEREISIS, SUBTALAR	Interqual	1/1/2023	
S2140	Cord blood harvesting for transplantation, allogeneic	Hayes Technologies	1/1/2023	
S2142	Cord blood-derived stem-cell transplantation, allogeneic	Hayes Technologies	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
S2150	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including pheresis, high-dose chemotherapy, and the number of days of post-transplant care in the global definition (including drugs; hospitalization; medical, surgical, diagnostic and emergency services)	Interqual	1/1/2023	
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and post-transplant care in the global definition	Interqual	1/1/2023	
S2202	Echosclerotherapy	Interqual	1/1/2023	
S2235	Implantation of auditory brainstem implant	Interqual	1/1/2023	
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	Interqual	1/1/2023	
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	Interqual	1/1/2023	
S2350	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; lumbar, single interspace	Interqual	1/1/2023	
S2351	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)	Interqual	1/1/2023	
S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero	Interqual	1/1/2023	
S2404	Repair, myelomeningocele in the fetus, procedure performed in uter	Interqual	1/1/2023	
S3833	Complete APC gene sequence analysis for susceptibility to familial adenomatous polyposis (FAP) and attenuated fap	Interqual	1/1/2023	
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	Interqual	1/1/2023	
S3841	Genetic testing for retinoblastoma	Interqual	1/1/2023	
S3842	Gene test Hippel-Lindau	Interqual	1/1/2023	
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	Interqual	1/1/2023	
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (scn5a) and variants for suspected Brugada syndrome	Interqual	1/1/2023	
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Interqual	1/1/2023	
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	Interqual	1/1/2023	
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	Interqual	1/1/2023	
S8035	Magnetic source imaging	Interqual	1/1/2023	
S8037	Magnetic resonance cholangiopancreatography (MRCP)	Interqual	1/1/2023	
S8042	Magnetic resonance imaging (MRI), low-field	Interqual	1/1/2023	
S8080	Scintimammography (radioimmunoscintigraphy of the breast), unilateral, including supply of radiopharmaceutical	Interqual	1/1/2023	
S8085	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system	Interqual	1/1/2023	
S8092	Electron beam computed tomography (also known as Ultrafast CT, Cine CT)	Interqual	1/1/2023	
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	Interqual	1/1/2023	
S9055	Procuren or other growth factor preparation to promote wound healing	Hayes Technologies	1/1/2023	
S9056	Coma stimulation, per diem	Hayes Technologies	1/1/2023	
S9123	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)	Interqual	1/1/2023	
S9124	Nursing care, in the home; by licensed practical nurse, per hour	Interqual	1/1/2023	
S9126	Hospice care, in the home, per diem	Interqual	1/1/2023	
S9128	Speech therapy, in the home, per diem	Interqual	1/1/2023	
S9129	Occupational therapy, in the home, per diem	Interqual	1/1/2023	
S9131	Physical therapy; in the home, per diem	Interqual	1/1/2023	
S9325	Home infusion therapy, pain management infusion; 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 S9326, S9327, or S9328)	Interqual	1/1/2023	
S9326	Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9327	Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9330	Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9331	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9338	Home infusion therapy, immunotherapy (e.g., intravenous immunoglobulin, interferon); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
S9340	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	Interqual	1/1/2023	
S9341	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	Interqual	1/1/2023	
S9342	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	Interqual	1/1/2023	
S9343	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	Interqual	1/1/2023	
S9345	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., Factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9351	Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	Interqual	1/1/2023	
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9363	Home infusion therapy, anti-spasmodic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits coded separately), per diem (Do not code with home infusion codes S9365-S9368 using daily volume scales)	Interqual	1/1/2023	
S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits coded separately), per diem(drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits coded separately), per diem(drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits coded separately), per diem(drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits coded separately), per diem(drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9370	Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9372	Home therapy, intermittent anticoagulant injection therapy (e.g., Heparin); 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 for flushing of infusion devices with Heparin to maintain patency)	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (Do not use with hydration therapy codes S9374-S9377 using daily volume scales)	Interqual	1/1/2023	
S9374	Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9375	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9376	Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9377	Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9379	Home infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual	1/1/2023	
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake	Interqual	1/1/2023	
S9434	Modified solid food supplements for inborn errors of metabolism	Interqual	1/1/2023	
S9435	Medical foods for inborn errors of metabolism	Interqual	1/1/2023	
S9480	Intensive outpatient psychiatric services, per diem	Interqual	1/1/2023	
S9960	Ambulance service, conventional air services, Non Emergency transport, one way (fixed wing)	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
S9961	Ambulance service, conventional air service, Non Emergency transport, one way (rotary wing)	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
T1030	Nursing care, in the home, by registered nurse, per diem	Interqual	1/1/2023	
T1031	Nursing care, in the home, by licensed practical nurse, per diem	Interqual	1/1/2023	