Ascension Personalized Care Prior Authorization List CY2023

Effective Date: 08/01/2023

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 All Out of Network services require prior authorization.

When determining coverage, the member specific benefit plan document must be ref	erenced as the
terms of the member specific benefit plan vary by state.	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
	Revenue Codes for Medical & Behavioral Health Inpatient Level of			
evenue Codes	Care			
0100	ALL INPATIENT ADMISSIONS REQUIRE AUTHORIZATION 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 0115	Room and Board - Private (one bed) - Psychiatric Room and Board - Private (one bed) - Hospice	Interqual Interqual	1/1/2023 1/1/2023	
0115	Room and Board - Private (one bed) - Pospice 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 Room and Board Semiprivate (two beds) - Obstetrics (OB)	Interqual	1/1/2023	
0122	Room and Board Semiprivate (two beds) - Obstetrics (OB) Room and Board Semiprivate (two beds) - Pediatric	Interqual Interqual	1/1/2023 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 0131	Room & Board - Three and Four Beds General Classification Room & Board - Three and Four Beds Medical/Surgical/Gyn	Interqual Interqual	1/1/2023 1/1/2023	
0131	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 0139	Room & Board - Three and Four Beds Rehabilitation Room & Board - Three and Four Beds Other	Interqual Interqual	1/1/2023 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 0146	Room & Board - Deluxe Private Hospice Room & Board - Deluxe Private Detoxification	Interqual Interqual	1/1/2023 1/1/2023	
0146	Room & Board - Deluxe Private Detoxincation	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 Dadistric	Interqual	1/1/2023 1/1/2023	
0153 0154	Room & Board - Ward Pediatric Room & Board - Ward Psychiatric	Interqual 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 Other Room & Board - Sterile Environment	Interqual	1/1/2023	
0164 0167	Other Room & Board - Sterile Environment Room & Board - Other Self Care	Interqual Interqual	1/1/2023 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 Other Subacute Care - SNF	Interqual	1/1/2023	
0199 0658	Hospice Room and Board - Nursing Facility	Interqual Interqual	1/1/2023 1/1/2023	
0870	CELL/GENE THERAPY - GENERAL CLASSIFICATION	Interqual	1/1/2023	
0871	Charges for proecdures performed by staff for the acquision and infusion/injection of genetically modified cells (cell Collection)	Interqual	1/1/2023	
0872	Charges for proecdures performed by staff for the acquision and infusion/injection of genetically modified cells (specialized Biological Processing and Storage- Prior to Transport)	Interqual	1/1/2023	
0872	Charges for procedures performed by staff for the acquision and infusion/injection of genetically modified cells (Storage and Procesing after Receipt of Cells from Manufacturer)	Interqual	1/1/2023	
	Charges for proecdures performed by staff for the acquision and		1/1/2023	
0874 0875	infusion/injection of genetically modified cells (Injection of Modified Cells) CELL/GENE THERAPY - INJECTION OF MODIFIED CELLS	Interqual Interqual	1/1/2023	
00/3	-	Interqual	1/1/2023	1
0891	Specialized Processed Drugs - FDA approved Cell Therapy			

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
0906	Intensive outpatient services-chemical dependency	Interqual	1/1/2023	
0907 0912	Community behavioral health program (day treatment) Partial hospitalization-less intensive	Interqual Interqual	1/1/2023 1/1/2023	
0913	Partial hospitalization-iness 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 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	
	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	- X 4/2	1/1/2023	
11922	nrocedure) Insertion of tissue expander(s) for other than breast, including subsequent	Interqual	1/1/2023	
11960 11970	expansion Replacement of tissue expander with permanent implant	Interqual Interqual	1/1/2023	
11970	Removal of tissue expander without insertion of implant	Interqual	1/1/2023	
	Subcutaneous hormone pellet implantation (implantation of estradiol		1/1/2023	
11980	and/or testosterone pellets beneath the skin)	Interqual	1/1/2022	
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	Interqual	1/1/2023	
	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0		1/1/2023	
14001	so cm Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect	Interqual	1/1/2023	
14020	10 sa cm or less	Interqual		
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect	Interqual	1/1/2023	
17021	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth,		1/1/2023	
14040	neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	Interqual		
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth,	Interqual	1/1/2023	
14041	neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	Interqual		
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	Interqual	1/1/2023	
	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips;		1/1/2023	
14061	defect 10.1 sa cm to 30.0 sa cm	Interqual	1/1/2022	
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	
11502	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1%of	merqua.	1/1/2023	
15100	body area of infants and children (except 15050) Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or	Interqual		
15101	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	
	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		1/1/2023	
15120	body area of infants and children (except 15050)	Interqual	<u> </u>	
	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears,		1/1/2023	
	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	<u>.</u>		
15121	thereof(List separately in addition to code for primary procedure)	Interqual	1/1/2022	
15150	Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less	Interqual	1/1/2023	
	Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)		1/1/2023	
15151		Interqual	1/1/2023	
	Tissue cultured epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children,		2, 1, 2023	
15152	or part thereof (List separately in addition to code for primary procedure)	Interqual		
13132		c. quui	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	Intergual	., .==	
15155		Interqual	1/1/2023	
	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75		1,1,2023	
15156	sq cm (List separately in addition to code for primary procedure)	Interqual		
15150	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears,	c. quui	1/1/2023	
	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			
15157	part thereof (List separately in addition to code for primary procedure)	Interqual		
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	Interqual	1/1/2023	
15200	Full thickness graft, free, including direct closure of donor site, trunk; each	455	1/1/2023	
45204	additional 20 sq cm, or part thereof (List separately in addition to code for	Interqual		
15201	primary procedure) Full thickness graft, free, including direct closure of donor site, scalp, arms,	Interqual	1/1/2023	
15220	and/or legs; 20 sq cm or less Full thickness graft, free, including direct closure of donor site, scalp, arms,	Interqual		
	and/or legs; each additional 20 sq cm, or part thereof (List separately in		1/1/2023	
15221	addition to code for primary procedure)	Interqual		
	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		1/1/2023	
15240	less	Interqual		
	Full thickness graft, free, including direct closure of donor site, forehead,		1/1/2023	
	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			
15241	primary procedure)	Interqual		
45360	Full thickness graft, free, including direct closure of donor site, nose, ears,	Intergual	1/1/2023	
15260	eyelids, and/or lips; 20 sq cm or less	Interqual	<u> </u>	

	Code Description			
Code	Full thickness graft, free, including direct closure of donor site, nose, ears,	Clinical Review Criteria	Effective Date 1/1/2023	COIVINENTS
15261	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	
	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		1/1/2023	
15272	thereof (List separately in addition to code for primary procedure) Application of skin substitute graft to trunk, arms, legs, total wound surface	Interqual	1/1/2023	
15273	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 Application of skin substitute graft to trunk, arms, legs, total wound surface	Interqual	1/1/2022	
	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		1/1/2023	
15274	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		
	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		1/1/2023	
15276	thereof (List separately in addition to code for primary procedure) Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears,	Interqual	1/1/2023	
15277	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		
	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	·	1/1/2023	
	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			
15278 15570	procedure) Formation of direct or tubed pedicle, with or without transfer; trunk	Interqual Interqual	1/1/2023	
	Formation of direct or tubed pedicle, with or without transfer; scalp, arms	·	1/1/2023	
15572	or legs Formation of direct or tubed pedicle, with or without transfer; forehead,	Interqual	1/1/2023	
15574	cheeks. chin. mouth. neck. axillae. genitalia. hands or feet Formation of direct or tubed pedicle, with or without transfer; eyelids, nose,	Interqual	1/1/2023	
15576	ears. lips, or intraoral Midface flap (i.e., zygomaticofacial flap) with preservation of vascular	Interqual	1/1/2023	
15730	pedicle(s) Forehead flap with preservation of vascular pedicle (e.g., axial pattern flap,	Interqual	1/1/2023	
15731	paramedian forehead flap)	Interqual		
	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (i.e., buccinators, genioglossus, temporalis, masseter,		1/1/2023	
15733 15734	sternocleidomastoid. levator scapulae) Muscle, myocutaneous, or fasciocutaneous flap; trunk	Interqual Interqual	1/1/2023	
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	Interqual	1/1/2023	
15738 15740	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity Flap; island pedicle requiring identification and dissection of an anatomically named axial yessel	Interqual Interqual	1/1/2023 1/1/2023	
15750	neurovascular pedicle	Interqual	1/1/2023	
15756 15757	Free muscle or myocutaneous flap with microvascular anastomosis Free skin flap with microvascular anastomosis	Interqual Interqual	1/1/2023 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 injectator of Grafting of autologous fat harvested by liposuction technique to trunk,	Interqual	1/1/2023	
15772	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	
	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less		1/1/2023	
15773	injectate Grarting or autologous rat narvested by liposuction technique to race, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each	Interqual	1/1/2023	
15774	additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure) Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue	Interqual	41:7	
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 15822	Blepharoplasty, Jones eyelid with extensive herniated fat pad	Interqual	1/1/2023	
15822	Blepharoplasty, upper eyelid Blepharoplasty, upper eyelid; with extensive skin weighting down lid	Interqual Interqual	1/1/2023 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 Excision, excessive skin and subcutaneous tissue (including lipectomy);	Interqual	1/1/2023	
15835	buttock	Interqual	1/1/2023	
15836	Excision, excessive skin and subcutaneous tissue (including lipectomy); arm Excision, excessive skin and subcutaneous tissue (including lipectomy);	Interqual	1/1/2023	
15837	forearm or hand	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
Code	Excision, excessive skin and subcutaneous tissue (including lipectomy);	Cimical Neview Cittella	Effective Date 1/1/2023	CONNICIONS
15838	submental fat pad	Interqual		
15839	Excision, excessive skin and subcutaneous tissue (including lipectomy); other area	Interqual	1/1/2023	
	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial		1/1/2023	
15847	plication)(List separately in addition to code for primary procedure)	Interqual		
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); $10.0\ \text{to}\ 50.0\ \text{sq}\ \text{cm}$	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	
	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance,		1/1/2023	
19105	each fibroadenoma Preparation of tumor cavity, with placement of a radiation therapy	Interqual	1/1/2023	
	applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary	Interqual	1/1/2023	
19294	procedure)	Interqual	1/1/2023	
	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		1/1/2023	
19296	Placement of radiotherapy afterloading balloon catheter into the breast for	Interqual	1/1/2023	
10207	interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)	Interqual		
19297	Placement of radiotherapy afterloading brachytherapy catheters (multiple	Interqual	1/1/2023	
	tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy,		1/1/2023	
19298	includes imaging guidance	Interqual	1/1/2022	
19300	Mastectomy for gynecomastia Mastectomy, partial (e.g., lumpectomy, tylectomy, quadrantectomy,	Interqual	1/1/2023 1/1/2023	Mastectomy/Breast Reconstruction for the following
19301	Mastectomy, partial (e.g., lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	Interqual	1/1/2023	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,C50.211,C50.212,C50.219,C50.221,C50.229,C50.229,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,C50.611,C50.612,C50.619,C50.621,C50.822,C50.829,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911,C50.912,C50.912,C50.912,C50.921,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,U72,S40.820,S40.810,S40.820,S40.820,S40.810,S40.820,S40.820,S40.810,S40.820,S40.820,S40.810,S40.820,S40.810,S40.820,S40.810,S50.821,C50.822,C50.820,C50.821,C50.822,C50.820,C50.811,C50.812,C50.812,C50.822,C50.822,C50.820,C50.811,C50.812,C50.812,C50.821,C50.822,C50.822,C50.820,C50.811,C50.812,C50.812,C50.822,C50.822,C50.822,C50.820,C50.811,C50.812,C50.812,C50.821,C50.822,C50.820,C50.911
19302	Mastectomy, simple, complete	Interqual	1/1/2023	,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, 197.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X 5,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.1 0,Z90.11,Z90.12,Z90.13 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,C50.29,C50.212,C50.211,C50.212,C50.219,C50.221,C50.222,C50.29,C50.211,C50.212,C50.219,C50.211,C50.212,C50.219,C50.221,C50.222,C50.211,C50.212,C50.219,C50.221,C50.222,C50.211,C50.212,C50.211,C50.212,C50.211,C50.212,C50.212,C50.222,C50.229,C50.311,C50.312,C50.312,C50.31
19303		Interqual		197.2,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X 5,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
	Mastectomy, radical, including pectoral muscles, axillary lymph nodes		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,C50.929, 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,
19305		Interqual		D48.62, 197.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X 5,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.1 0,Z90.11,Z90.12,Z90.13
	Mastectomy, radical, including pectoral muscles, axillary and internal		1/1/2023	Mastectomy/Breast Reconstruction for the following
	mammary lymph nodes (urban type operation)			Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C 50.111,C50.112,C50.0119,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,C50.322,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,C50.622,C50.621,C50.819,C50.812,C50.622,C50.622,C50.629,C50.811,C50.812,C50.819,C50.812,C50.812,C50.819,C50.812,C50.812,C50.819,C50.812,C50.812,C50.812,C50.819,C50.812,C5
19306		Interqual		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, 197.2,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
19306	Mastectomy, modified radical, including axillary lymph nodes, with or	Interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following
	without pectoralis minor muscle, but excluding pectoralis major muscle			Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C 50.111,C50.112,C50.119,C50.121,C50.022,C50.029,C 50.111,C50.112,C50.119,C50.121,C50.222,C50.229,C50.129,C50.211,C50.212,C50.212,C50.221,C50.222,C50.229,C50.311,C50.312,C50.319,C50.321,C50.322,C50.329,C50.411,C50.422,C50.429,C50.419,C50.512,C50.519,C50.521,C50.512,C50
19307		Interqual		S,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.1 0,Z90.11,Z90.12,Z90.13
	Mastopexy		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,C50.212,C50.212,C50.212,C50.212,C50.212,C50.212,C50.212,C50.212,C50.222,C50.229,C50.311,C50.312,C50.319,C50.321,C50.322,C50.329,C50.411,C50.422,C50.429,C50.419,C50.412,C50.419,C50.412,C50.419,C50.512,C
19316		Interqual	1/1/2023	0,Z90.11,Z90.12,Z90.13 Mastectomy/Breast Reconstruction for the following
	Reduction mammaplasty			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, C50.121,C50.211,C50.212,C50.212,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,C50.821,C50.822,C50.921 ,C50.912,C50.922,C50.911 ,C50.912,C50.910,C50
19318		Interqual		S,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3 0,Z90.11,Z90.12,Z90.13

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
Couc		- Control Control	1/1/2023	Mastectomy/Breast Reconstruction for the following
	Mammaplasty, augmentation; with prosthetic implant			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,C50.121,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,C50.912,C50.912,C50.919,C50.919,C50.912,C50.929,C79.81,D05.00,D05.01,D05.01,D05.11,D05.12,D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, D48.62, D57.2,N65.0,N65.1,Q79.8.785.43XA,T85.43XD,T85.43X S,242.1,245.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.1
19325		Interqual	1/1/2023	0,790.11,790.12,790.13
4000	Removal of intact mammary implant			Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C 50.111,C50.012,C50.119,C50.121,C50.122, C50.129,C50.211,C50.211,C50.212,C50.229,C50.229,C50.232,C50.231,C50.312,C50.511,C50.512,C50.522,C50.529,C50.511,C50.612,C50.619,C50.621,C50.822,C50.829,C50.811,C50.812,C50.812,C50.812,C50.822,C50.829,C50.911,C50.912,
19328		Interqual	1/1/2023	0,Z90.11,Z90.12,Z90.13 Mastectomy/Breast Reconstruction for the following
19330	Removal of mammary implant material	Interqual		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,C50.029,C 50.111,C50.112,C50.119,C50.121,C50.222,C50.229,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, 197.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X S,242.1,245.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.1 0,290.11,290.12,Z90.13
19330	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY,	interqual	1/1/2023	Mastectomy/Breast Reconstruction for the following
10240	MASTECTOMY OR IN RECONSTRUCTION			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, C50.121,C50.211,C50.212,C50.212,C50.222,C50.229,C50.212,C50.212,C50.212,C50.212,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,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.912,C50.911 ,C50.912,C50.910,C50.911,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, 197.2,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
19340	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY,	Interqual	1/1/2023	0,Z90.11,Z90.12,Z90.13 Mastectomy/Breast Reconstruction for the following
19342	MASTECTOMY OR IN RECONSTRUCTION	Interqual		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, C50.521,C50.512,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, 197.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X S,242.1,245.811,Z45.812,Z45.811,Z45.819,Z85.3,290.1 0,290.11,290.12,290.13

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
Code		Communication Critical	1/1/2023	Mastectomy/Breast Reconstruction for the following
19350	Nipple/areola reconstruction	Interqual		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,C50.212,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, 197.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X S,742.1,745.811,745.812,745.811,745.819,Z85.3,290.1 0,790.11,290.12,290.13
			1/1/2023	Prior Authorization not required for Mastectomy/Breast Reconstruction for the following
10055	Correction of inverted nipples			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, 197.2,N65.0,N65.1,Q79.8.785.43XA,785.43XD,785.43X 5,742.1,745.811,745.812,745.811,745.819,785.3,790.1
19355		Interqual	1/1/2023	Prior Authorization not required for
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	Interqual		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,C50.521,C50.529,C50.611,C50.612,C50.619,C 50.621.C50.622,C50.629,C50.611,C50.612,C50.619,C 50.621.C50.622,C50.629,C50.611,C50.812,C50.819,C5 0.821,C50.822,C50.829,C50.811,C50.812,C50.819,C5 0.821,C50.822,C50.829,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, 197.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X
	Breast reconstruction with latissimus dorsi flap		1/1/2023	Mastectomy/Breast Reconstruction for the following
19361		Interqual		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, C50.429,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,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, 197.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X ,X42.1,Z45.811,Z45.811,Z45.819,Z85.3,Z90.1 0,Z90.11,Z90.12,Z90.13
15501	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)		1/1/2023	Mastectomy/Breast Reconstruction for the following
19364		Interqual		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, C50.429,C50.511,C50.512,C50.519, C50.421,C50.522,C50.529,C50.611,C50.612,C50.619,C 50.621,C50.622,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.929, C79.81,D05.00,D05.01,D05.02,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61, D48.62, 197.2,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

14/2022 Material production for receive an end of decidence as media decidence	Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
Procedure Note TRAME for					Mastectomy/Breast Reconstruction for the following
1987		myocutaneous (TRAM) flap			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,
15127					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,
Department of Hotel Table Programme in contraction of mentioness	19367		Interqual		I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X 5,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.1 0,Z90.11,Z90.12,Z90.13
19316.05.037.0		myocutaneous (TRAM) flap, requiring separate microvascular anastomosis		1/1/2023	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,C50.449,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519,
### Read of reconstructions with bispedied transverse rectus abdomies ### Proportiseneous (TRAM) flap ### Read of reconstructions with pressure rectus abdomies ### Proportiseneous (TRAM) flap ### Read of reconstructions with pressure rectus abdomies ### Read of reconstruction of rectus rect					,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, 197.2,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
Interqual	19368	Breast reconstruction; with bipedicled transverse rectus abdominis	Interqual	1/1/2023	· · · · · · · · · · · · · · · · · · ·
19369 Revision of pert-implant capsule, breast, including capsulotomy, capsulormaphy, and/or partial capsulectomy 1/1/2023		myocutaneous (TRAM) flap			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, C50.112,C50.211,C50.212,C50.121,C50.222,C50.229,C50.212,C50.212,C50.212,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,C50.911 ,C50.912,C50.910,C50.911,C50.912,C50.919,C50.819,C50.819,C50.912,C50.919,C50.910,C50.9
Capsulorrhaphy, and/or partial capsulectomy Diagnosis codes: CS.0.011,CS.0.012,CS.0.022,CS.0.022,CS.0.011,CS.0.012,CS.0.022,CS.0.021,CS.0.022,CS.0.021,CS.0.022,CS.0.021,CS.0.022,CS.0.023,CS.0.021,CS.0.022,CS.0.023,CS.0.023,CS.0.031,CS.0.021,CS.0.032,CS.0.032,CS.0.031,CS.0.032,CS.0.031,CS.0.032,CS.0.031,CS.0.032,	19369		Interqual		
1/1/2023 Mastectomy/Breast Reconstruction for the for Diagnosis codes:	19270		Interqual	1/1/2023	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, B72,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X 5,742.1,745.811,745.812,745.811,745.819,Z85.3,290.1
Diagnosis codes:	19370		Interqual	1/1/2023	0,Z90.11,Z90.12,Z90.13 Mastectomy/Breast Reconstruction for the following
		Periprosthetic capsulectomy, breast			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,

Codo	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
Code		Chinical Review Cittella	1/1/2023	Mastectomy/Breast Reconstruction for the following
19380	Revision of reconstructed breast	Interqual		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,C50.029,C 50.112,C50.211,C50.212,C50.212,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,C50.929, 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, 197.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43X ,7242,1,745.811,745.812,745.811,745.819,Z85.3,290.1 0,290.11,290.12,290.13
	Preparation of moulage for custom breast implant		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,C50.211,C50.219,C50.221,C50.222,C50.129,C50.311,C50.312,C50.319,C50.321,C50.322,C50.329,C50.411,C50.412,C50.419,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,C50.812,C50.819,C50.812,C50.822,C50.829,C50.911,C50.922,C50.929,C79.81,D50.00,D50.01,D05.02,D05.10,D05.11,D05.12,D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62,U72,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,
19396		Interqual		S,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	
	Manual preparation and insertion of drug-delivery device(s), intra-articular		1/1/2023	
20704	(List separately in addition to code for primary procedure)	Interqual		
20910	Cartilage graft; costochondral	Interqual	1/1/2023	
20912	Cartilage graft; nasal septum	Interqual	1/1/2023	
20317	Allograft, morselized, or placement of osteopromotive material, for spine	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	
20930 20974	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative)	Interqual 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) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative)	Interqual	1/1/2023 1/1/2023 1/1/2023	
20930 20974	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive	Interqual Interqual	1/1/2023	
20930 20974 20975	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative)	Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023	
20930 20974 20975 20979	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary torus palatinus	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary torus palatinus Condylectomy, temporomandibular joint (TMJ)	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary torus palatinus	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary torus palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary torus palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary forus patientus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076 21077	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary rours palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; orbital prosthesis	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076 21077 21079	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary torus palatinus Condylectomy, partial or complete, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; orbital prosthesis	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076 21077 21079 21080	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary torus palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; interim obturator prosthesis	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076 21077 21077 21079 21080 21081	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary torus palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; inbital prostnesis Impression and custom preparation; interim obturator prosthesis Impression and custom preparation; definitive obturator prosthesis Impression and custom preparation; definitive obturator prosthesis	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076 21077 21079 21080 21081 21082	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary torus palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; interim obturator prosthesis	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076 21077 21077 21079 21080 21081	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (leg., for osteomylitis or bone abscess) mandible Excision of bone (leg., for osteomylitis or bone abscess) mandible Excision of maxility (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; intelrim obturator prosthesis Impression and custom preparation; intelrim obturator prosthesis Impression and custom preparation; definitive obturator prosthesis Impression and custom preparation; mandibular resection prosthesis Impression and custom preparation; mandibular resection prosthesis	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076 21077 21079 21080 21081 21082 21083	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary forus palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; interim obturator prosthesis Impression and custom preparation; definitive obturator prosthesis Impression and custom preparation; mandibular resection prosthesis Impression and custom preparation; mandibular resection prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; palatal augmentation prosthesis	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076 21077 21079 21080 21081 21082 21083 21084 21085 21086	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultirasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary torus palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; interim obturator prosthesis Impression and custom preparation; interim obturator prosthesis Impression and custom preparation; definitive obturator prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; palatal alift prosthesis Impression and custom preparation; palatal alift prosthesis Impression and custom preparation; palatal alift prosthesis Impression and custom preparation; palatal infrposthesis Impression and custom preparation; or al surgical splint Impression and custom preparation; or al surgical splint Impression and custom preparation; or al surgical splint	Interqual	1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076 21077 21079 21080 21081 21082 21083 21084 21085 21086 21087	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (le.g., for osteomelitis or bone abscess) mandible Excision of bone (le.g., for osteomelitis or bone abscess) mandible Excision of maxil, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; interim obturator prosthesis Impression and custom preparation; interim obturator prosthesis Impression and custom preparation; interim obturator prosthesis Impression and custom preparation; palatal alift prosthesis Impression and custom preparation; palatal alift prosthesis Impression and custom preparation; palatal impression in mandibular prosthesis Impression and custom preparation; palatal impression in mandibular prosthesis Impression and custom preparation; oral surgical splint Impression and custom preparation; oral surgical splint Impression and custom preparation; auricular prosthesis Impression and custom preparation; nasal prosthesis Impression and custom preparation; nasal prosthesis	Interqual	1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076 21077 21079 21080 21081 21082 21083 21084 21085 21085 21086 21087 21087	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary forus palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; interim obturator prosthesis Impression and custom preparation; definitive obturator prosthesis Impression and custom preparation; palatial argenetation prosthesis Impression and custom preparation; palatial argenetation prosthesis Impression and custom preparation; speech aid prosthesis Impression and custom preparation; oral surgical splint Impression and custom preparation; assal prosthesis Impression and custom preparation; assal prosthesis Impression and custom preparation; assal prosthesis	Interqual	1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076 21077 21079 21080 21081 21082 21083 21084 21085 21086 21087	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary torus palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; interim obturator prosthesis Impression and custom preparation; definitive obturator prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; palatal lift prosthesis Impression and custom preparation; palatal lift prosthesis Impression and custom preparation; palatal lift prosthesis Impression and custom preparation; oral surgical splint Impression and custom preparation; nasal prosthesis Impression and custom preparation; nasal prosthesis Impression and custom preparation; facial prosthesis Unlisted maxillofacial procedure	Interqual	1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076 21077 21079 21080 21081 21082 21083 21084 21085 21085 21086 21087 21087	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary forus palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; interim obturator prosthesis Impression and custom preparation; definitive obturator prosthesis Impression and custom preparation; palatial argenetation prosthesis Impression and custom preparation; palatial argenetation prosthesis Impression and custom preparation; speech aid prosthesis Impression and custom preparation; oral surgical splint Impression and custom preparation; assal prosthesis Impression and custom preparation; assal prosthesis Impression and custom preparation; assal prosthesis	Interqual	1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21077 21079 21080 21081 21082 21083 21084 21085 21086 21087 21088 21088 21089 21110 21120	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary torus palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; interim obturator prosthesis Impression and custom preparation; definitive obturator prosthesis Impression and custom preparation; palatla lift prosthesis Impression and custom preparation; palatla lift prosthesis Impression and custom preparation; palatal lift prosthesis Impression and custom preparation; oral surgical splint Impression and custom preparation; ansal prosthesis Impression and custom preparation; ansal prosthesis Impression and custom preparation; nasal prosthesis Impression and custom preparation; nasal prosthesis Impression and custom preparation; facial prosthesis Unlisted maxillofacial procedure Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure) Genioplasty; augmentation (autograft, allograft, prosthetic material)	Interqual	1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21077 21079 21080 21081 21082 21083 21084 21085 21086 21087 21088 21088 21089	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary torus palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; interim obturator prosthesis Impression and custom preparation; definitive obturator prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; speech aid prosthesis Impression and custom preparation; oral surgical splint Impression and custom preparation; auricular prosthesis Impression and custom preparation; nasal prosthesis Impression and custom preparation; nasal prosthesis Impression and custom preparation; facial prosthesis Impression and custom preparation; facial prosthesis Unlisted maxillofacial procedure Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure) Genioplasty, sliding osteotomy, single piece	Interqual	1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21077 21079 21080 21081 21082 21083 21084 21085 21086 21087 21088 21088 21089 21110 21120	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary forus palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; orbital prosthesis Impression and custom preparation; definitive obturator prosthesis Impression and custom preparation; mandibular agmentation prosthesis Impression and custom preparation; palatial argmentation prosthesis Impression and custom preparation; palatial argmentation prosthesis Impression and custom preparation; oral surgical splint Impression and custom preparation; oral surgical splint Impression and custom preparation; oral surgical splint Impression and custom preparation; nasal prosthesis Genioplasty, silding osteotomy, single piece Genioplasty, silding osteotomies, two or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)	Interqual	1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076 21077 21079 21080 21081 21082 21083 21084 21085 21086 21087 21088 21089 21110 21120 21121	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomelitis or bone abscess) mandible Excision of maxillary torus palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; inteit prosthesis Impression and custom preparation; inteit prosthesis Impression and custom preparation; definitive obturator prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; oral surgical splint Impression and custom preparation; oral surgical splint Impression and custom preparation; oral surgical splint Impression and custom preparation; nasal prosthesis Impression and custom preparation; nasal prosthesis Impression and custom preparation; facial prosthesis Impression and custom preparation; palatal augmentation, includes removal (separate procedure Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure) Genioplasty, silding osteotomies, two or more osteotomies (e.g., wedge	Interqual	1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076 21077 21079 21080 21081 21082 21083 21084 21085 21086 21087 21088 21089 21110 21120 21121	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (le.g., for osteomyelitis or bone abscess) mandible Excision of bone (le.g., for osteomyelitis or bone abscess) mandible Excision of may, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint (s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; orbital prosthesis Impression and custom preparation; interim obturator prosthesis Impression and custom preparation; definitive obturator prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; palatal alift prosthesis Impression and custom preparation; oral surgical splint Impression and custom preparation; aral surgical splint Impression and custom preparation; aral surgical splint Impression and custom preparation; facial prosthesis Impression and custom preparation; facial prosthesis Impression and custom preparation; and surgical splint Impression and custom preparation; and surgical splint Impression and custom preparation; palatal augmentation Genioplasty, silding osteotomy, single piece Genioplasty, silding osteotomy, single piece Genioplasty, silding osteotomy, single piece Genioplasty, silding osteotomies, two or more osteotomies (e.g., wedge excision or bone wedge reversal f	Interqual	1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076 21077 21079 21080 21081 21082 21083 21084 21085 21086 21087 21088 21089 21110 21120 21121 21122	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary torus palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; interim obturator prosthesis Impression and custom preparation; definitive obturator prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; spaech fild prosthesis Impression and custom preparation; oral surgical splint Impression and custom preparation; sauricular prosthesis Impression and custom preparation; nasal prosthesis Impression and custom preparation; nasal prosthesis Impression and custom preparation; facial prosthesis Impression and custom preparation; nasal prosthesis Unlisted maxillofacial procedure Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure) Genioplasty; sliding osteotomies, two or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin) Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts) Augmentation, mandibular body or angle; prosthetic material	Interqual	1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076 21077 21079 21080 21081 21082 21083 21084 21085 21086 21087 21088 21089 21110 21120 21121 21122 21123 21125	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary torus palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; orbital prosthesis Impression and custom preparation; interim obturator prosthesis Impression and custom preparation; definitive obturator prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; speech aid prosthesis Impression and custom preparation; oral surgical splint Impression and custom preparation; oral surgical splint Impression and custom preparation; nasal prosthesis Impression and custom preparation; nasal prosthesis Impression and custom preparation; facial prosthesis Impression and custom preparation; hasal prosthesis Impression and custom preparation; hasal prosthesis Impression and custom preparation; hasal prosthesis Impression and custom preparation; facial prosthesis Impression and custom preparation; hasal prosthesis Impression and custom preparat	Interqual	1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076 21077 21079 21080 21081 21082 21083 21084 21085 21086 21087 21088 21089 21110 21120 21121 21122	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary torus palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; interim obturator prosthesis Impression and custom preparation; definitive obturator prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; spaech fild prosthesis Impression and custom preparation; oral surgical splint Impression and custom preparation; sauricular prosthesis Impression and custom preparation; nasal prosthesis Impression and custom preparation; nasal prosthesis Impression and custom preparation; facial prosthesis Impression and custom preparation; nasal prosthesis Unlisted maxillofacial procedure Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure) Genioplasty; sliding osteotomies, two or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin) Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts) Augmentation, mandibular body or angle; prosthetic material	Interqual	1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076 21077 21079 21080 21081 21082 21083 21084 21085 21086 21087 21088 21089 21110 21120 21121 21122 21123 21125	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomelitis or bone abscess) mandible Excision of maxillary torus palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; orbital prosthesis Impression and custom preparation; orbital prosthesis Impression and custom preparation; definitive obturator prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; oral surgical splint Impression and custom preparation; oral surgical splint Impression and custom preparation; oral surgical splint Impression and custom preparation; auricular prosthesis Impression and custom preparation; nasal prosthesis Impression and custom preparation; facial prosthesis Impression and custom preparation; auricular prosthesis Impression and custom preparation; speech aid prosthesis Impression and custom preparation; spaech prosthesis Impression and custom preparation; spaech aid prosthesis Impression and custom preparation; oral surgical splint Impression and custom preparation; spaech aid prosthesis Impression and custom preparation; spaech aid prosthesis Impression and custom preparation; spaech aid prosthesis Impre	Interqual	1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076 21077 21079 21080 21081 21082 21083 21084 21085 21086 21087 21088 21089 21110 21120 21121 21122 21123 21127 21137	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomelitis or bone abscess) mandible Excision of bone (e.g., for osteomelitis or bone abscess) mandible Excision of formaxiliary fours palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; orbital prosthesis Impression and custom preparation; interim obturator prosthesis Impression and custom preparation; definitive obturator prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; palatal alift prosthesis Impression and custom preparation; oral surgical splint Impression and custom preparation; and surgical splint Impression and custom preparation; oral surgical splint Impressi	Interqual	1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21077 21077 21079 21080 21081 21082 21083 21084 21085 21086 21087 21080 21100 21120 21120 21121 21122 21123 21125 21137 21138	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary torus palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; orbital prosthesis Impression and custom preparation; orbital prosthesis Impression and custom preparation; in definitive obturator prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; palatal lift prosthesis Impression and custom preparation; oral surgical splint Impression and custom preparation; oral surgical splint Impression and custom preparation; nasal prosthesis Impression and custom preparation; palatal lift prosthesis Impression and custom preparation; nasal prosthesis Impression and custom preparation; palatal lift prosthe	Interqual	1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21073 21076 21077 21079 21080 21081 21082 21083 21084 21085 21086 21087 21088 21089 21110 21120 21121 21122 21123 21125 21127 21137	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxiliary torus platinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; orbital prosthesis Impression and custom preparation; orbital prosthesis Impression and custom preparation; palatal inferpostation prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; oral surgical splint Impression and custom preparation; oral surgical splint Impression and custom preparation; auricular prosthesis Impression and custom preparation; nasal prosthesis Impression and custom preparation; nasal prosthesis Impression and custom preparation; palatal inferposthesis Impression and custom preparation; auricular prosthesis Impression and custom preparation; palatal inferposthesis Impression and custom preparation; palatal prosthesis Impression and custom preparation; palatal inferposthesis Impression of halo type appliance for maxillofacial fixation, includes removal (separate procedure) Genioplasty, silding osteotomics, two or more osteotomics (e.g., wedge excision or bone wedge reversal for asymmetrical chin) Genioplasty, sildin	Interqual	1/1/2023 1/1/2023	
20930 20974 20975 20979 20999 21025 21032 21050 21060 21077 21077 21079 21080 21081 21082 21083 21084 21085 21086 21087 21080 21100 21120 21120 21121 21122 21123 21125 21137 21138	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) Electrical stimulation to aid bone healing; noninvasive (nonoperative) Electrical stimulation to aid bone healing; invasive (operative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) Unlisted procedure, musculoskeletal system, general Excision of bone (e.g., for osteomyelitis or bone abscess) mandible Excision of maxillary torus palatinus Condylectomy, temporomandibular joint (TMJ) Meniscectomy, partial or complete, temporomandibular joint (TMJ) Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) Impression and custom preparation; surgical obturator prosthesis Impression and custom preparation; orbital prosthesis Impression and custom preparation; orbital prosthesis Impression and custom preparation; in definitive obturator prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; palatal augmentation prosthesis Impression and custom preparation; palatal lift prosthesis Impression and custom preparation; oral surgical splint Impression and custom preparation; oral surgical splint Impression and custom preparation; nasal prosthesis Impression and custom preparation; palatal lift prosthesis Impression and custom preparation; nasal prosthesis Impression and custom preparation; palatal lift prosthe	Interqual	1/1/2023 1/1/2023	

Code	Code Description	Clinical Pavious Critaria	Effective Date	COMMENTS
Code	Reconstruction midface, LeFort I; three or more pieces, segment move in	Clinical Review Criteria	1/1/2023	COMMENTS
21143	any direction, without bone	Interqual		
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	Interqual	1/1/2023	
	Reconstruction midface, LeFort I; two pieces, segment movement in any		1/1/2023	
21146	direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)	Interqual		
21110	Reconstruction midface, LeFort I; three or more pieces, segment move in	inter-qual	1/1/2023	
21147	any direction, requiring bone grafts (includes obtaining autografts) (e.g.,	Interqual		
21147	ungrafted bilateral alveolar cleft or multiple osteotomies) Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins	interqual	1/1/2023	
21150	Syndrome)	Interqual		
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	Interqual	1/1/2023	
24454	Reconstruction midface, LeFort III (extracranial), any type, requiring bone		1/1/2023	
21154	grafts (includes obtaining autografts); without LeFort I Reconstruction midface, LeFort III (extracranial), any type, requiring bone	Interqual	1/1/2023	
21155	grafts (includes obtaining autografts) with LeFort I	Interqual		
	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc) requiring bone grafts (includes obtaining		1/1/2023	
21159	autografts); without LeFort I	Interqual		
	Reconstruction midface, LeFort III (extra and intracranial) with forehead		1/1/2023	
21160	advancement (e.g., mono bloc) requiring bone grafts (includes obtaining autografts); with LeFort I	Interqual		
	Reconstruction superior-lateral orbital rim and lower forehead,		1/1/2023	
21172	advancement or alteration, with or without grafts (includes obtaining	Interqual		
	autografts) Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead,	inter qual	1/1/2023	
	advancement or alteration (e.g., plagiocephaly, trigonocephaly,			
21175	brachycephaly), with or without grafts (includes obtaining autografts)	Interqual		
	Reconstruction, entire or majority of forehead and/or supraorbital rims;		1/1/2023	
21179	with grafts (allograft or prosthetic material) Reconstruction, entire or majority of forehead and/or supraorbital rims;	Interqual	1/1/2023	
21180	with autograft (includes obtaining grafts)	Interqual		
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	Interqual	1/1/2023	
21101	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex	interqual	1/1/2023	
	following intra- and extracranial excision of benign tumor of cranial bone			
21182	(e.g. fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	Interqual		
	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex	·	1/1/2023	
	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			
21183		Interqual	. / . /	
	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone		1/1/2023	
	(e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts);			
21184	Reconstruction midface, osteotomies (other than LeFort type) and bone	Interqual	1/1/2023	
21188	grafts (includes obtaining autografts)	Interqual	1/1/2023	
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy;	Intergual	1/1/2023	
21193	without bone graft Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy;	Interqual	1/1/2023	
21194	with bone graft (includes obtaining graft)	Interqual		
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	Interqual	1/1/2023	
	Reconstruction of mandibular rami and/or body, sagittal split; with internal		1/1/2023	
21196 21198	rigid fixation Osteotomy, mandible, segmental	Interqual 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	Interqual	1/1/2023	
21209	implant) 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	
	Arthroplasty, temporomandibular joint (TMJ), with or without autograft		1/1/2023	
21240 21242	(includes obtaining graft) Arthroplasty, temporomandibular joint (TMJ), with allograft	Interqual	1/1/2022	
21242	Arthroplasty, temporomandibular joint (TMJ), with allograft Arthroplasty, temporomandibular joint (TMJ), with prosthetic joint	Interqual	1/1/2023 1/1/2023	
21243	replacement	Interqual		
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	
24246	Reconstruction of mandible or maxilla, subperiosteal implant; complete		1/1/2023	
21246	Reconstruction of mandibular condyle with bone and cartilage autografts	Interqual	1/1/2023	
21247	(includes obtaining grafts) (e.g. for hemifacial microsomia)	Interqual		
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial	Interqual	1/1/2023	
	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade,		1/1/2023	
21249	cylinder); complete	Interqual		
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	Interqual	1/1/2023	
	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts	·	1/1/2023	
21256	(includes obtaining autografts) (e.g., micro-ophthalmia) Periorbital osteotomies for orbital hypertelorism, with bone grafts;	Interqual	1/1/2023	
21260	extracranial approach	Interqual		
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts;	Interqual	1/1/2023	
	combined intra- and extracranial approach Periorbital osteotomies for orbital hypertelorism, with bone grafts; with		1/1/2023	
21263	forehead advancement	Interqual		
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	Interqual	1/1/2023	
	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts;		1/1/2023	
21268	combined intra- and extracranial approach Secondary revision of orbitocraniofacial reconstruction	Interqual	1/1/2023	
21275 21280	Medial canthopexy (separate procedure)	Interqual Interqual	1/1/2023	
21282	Lateral canthopexy	Interqual	1/1/2023	
21202		J	-1 -1 -023	L

	Code Description			
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	
24205	Reduction of masseter muscle and bone (e.g., for treatment of benign	lata-al	1/1/2023	
21296 21299	masseteric hypertrophy); intraoral approach Unlisted craniofacial and maxillofacial procedure	Interqual 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	Internual	1/1/2023	
21555	fractured septum Open treatment of nasomaxillary complex fracture (LeFort II type); requiring	Interqual	1/1/2023	
21347	multiple open approaches	Interqual		
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	Interqual	1/1/2023	
21432	and/or internal fixation Open treatment of craniofacial separation (LeFort III type); complicated	interqual	1/1/2023	
21433	(e.g., comminuted or involving cranial nerve foramina), multiple surgical	Interqual	, ,	
21433	approaches Open treatment of craniofacial separation (LeFort III type); complicated,	interqual	1/1/2023	
21435	utilizing internal and/or external fixation Open treatment of craniofacial separation (LeFort III type); complicated,	Interqual	1/1/2022	
	utilizing internal and/or external fixation techniques (e.g., head cap, halo		1/1/2023	
21436	device, and/or intermaxillary fixation)	Interqual	4 /4 /2022	
21497 21499	Interdental wiring Unlisted musculoskeletal procedure, head	Interqual Interqual	1/1/2023 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	
	Reconstructive repair of pectus excavatum or carinatum; minimally invasive		1/1/2023	
21743 21899	approach (Nuss procedure) with thoracoscopy Unlisted procedure, neck or thorax	Interqual Interqual	1/1/2023	
21833	Partial excision of posterior vertebral component (e.g., spinous process,	interqual	1/1/2023	
22100	lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	Internal	, ,	
22100	Partial excision of posterior vertebral component (e.g., spinous process,	Interqual	1/1/2023	
22101	lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	Intersual	, ,	
22101	Double lougisian of nectoring workshop company to a spinous process	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	Intersual	, ,	
22102	Partial excision of posterior vertebral component (e.g., spinous process,	Interqual	1/1/2023	
	lamina or facet) for intrinsic bony lesion, single vertebral segment; each		_, _,	
22103	additional segment (List separately in addition to code for primary	Interqual		
	Partial excision of vertebral body, for intrinsic bony lesion, without	·	1/1/2023	
22110	decompression of spinal cord or nerve root(s), single vertebral segment; cervical	Interqual		
	Partial excision of vertebral body, for intrinsic bony lesion, without		1/1/2023	
22112	decompression of spinal cord or nerve root(s), single vertebral segment;	Interqual		
	Partial excision of vertebral body, for intrinsic bony lesion, without		1/1/2023	
22114	decompression of spinal cord or nerve root(s), single vertebral segment;	Interqual		
	Partial excision of vertebral body, for intrinsic bony lesion, without	·	1/1/2023	
	decompression of spinal cord or nerve root(s), single vertebral segment;			
22116	each additional vertebral segment (List separately in addition to code for primary procedure)	Interqual		
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (e.g., pedicle/vertebral body subtraction): thoracic	Interqual	1/1/2023	
	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1		1/1/2023	
22207	vertebral segment (e.g., pedicle/vertebral body subtraction): lumbar Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1	Interqual	1/1/2023	
	vertebral segment (e.g., pedicle/vertebral body subtraction); each		1/1/2023	
22208	additional vertebral segment (List separately in addition to code for primary	Interqual		
	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral	·	1/1/2023	
22210	segment; cervical Osteotomy of spine, posterior or posterolateral approach, 1 vertebral	Interqual	1/1/2023	
22212	segment; thoracic	Interqual		
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment: lumbar	Interqual	1/1/2023	
	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral	• • •	1/1/2023	
22216	segment; each additional vertebral segment (List separately in addition to	Interqual		
	Osteotomy of spine, including discectomy, anterior approach, single	·	1/1/2023	
22220	vertebral segment: cervical Osteotomy of spine, including discectomy, anterior approach, single	Interqual	1/1/2023	
22222	vertebral segment: thoracic	Interqual		
22224	Osteotomy of spine, including diskectomy, anterior approach, single vertebral segment; lumbar	Interqual	1/1/2023	
22227	Osteotomy of spine, including discectomy, anterior approach, single		1/1/2023	
22226	vertebral segment; each additional vertebral segment (List separately in	Interqual		
22220	addition to code for primary procedure) Open treatment and/or reduction of vertebral fracture(s) and/or		1/1/2023	
22325	dislocation(s), posterior approach, one fractured vertebrae or dislocated	Interqual		
22505	segment; lumbar Manipulation of spine requiring anesthesia, any region	Interqual	1/1/2023	
	Percutaneous vertebroplasty (bone biopsy included when performed), 1		1/1/2023	
22510	vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	Interqual		
	Percutaneous vertebroplasty (bone biopsy included when performed), 1	·	1/1/2023	
22511	vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	Interqual		
	Percutaneous vertebroplasty (bone biopsy included when performed), 1	• • •	1/1/2023	
	vertebral body, unilateral or bilateral injection, inclusive of all imaging			
	guidance; each additional cervicothoracic or lumbosacral vertebral body			
22512	(List separately in addition to code for primary procedure) Percutaneous vertebral augmentation, including cavity creation (fracture	Interqual	1/1/2023	
	reduction and bone biopsy included when performed) using mechanical		1/1/2023	
22513	device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral	Interqual		
22,13	cannulation, inclusive of all imaging guidance; thoracic	jirree, quai	<u> </u>	1

Code	Code Description	Clinical Paviano Critaria	Effective Date	COMMENTS
Code	Percutaneous vertebral augmentation, including cavity creation (fracture	Clinical Review Criteria	Effective Date 1/1/2023	COMMENTS
	reduction and bone biopsy included when performed) using mechanical		, -, -, -, -,	
22514	device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral	Interqual		
	cannulation, inclusive of all imaging guidance; lumbar Percutaneous vertebral augmentation, including cavity creation (fracture	,	1/1/2023	
	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			
22515	lumbar vertebral body (List separately in addition to code for primary	Interqual		
	Percutaneous vertebroplasty (bone biopsy included when performed), 1	·	1/1/2023	
22521	vertebral body, unilateral or bilateral injection; lumbar Percutaneous vertebral augmentation, including cavity creation (fracture	Interqual	1 /1 /2022	
	reduction and bone biopsy included when performed) using mechanical		1/1/2023	
22523	device, one vertebral body, unilateral or bilateral cannulation (eg,	Interqual		
22323	kyphoplasty); thoracic Percutaneous vertebral augmentation, including cavity creation (fracture	interqual	1/1/2023	
	reduction and bone biopsy included when performed) using mechanical			
22524	device, one vertebral body, unilateral or bilateral cannulation (eg, kvphoplasty): lumbar	Interqual		
	Percutaneous vertebral augmentation, including cavity creation (fracture		1/1/2023	
	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			
22525	separately in addition to code for primary procedure)	Interqual		
	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral	·	1/1/2023	
22526	including fluoroscopic guidance; single level Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral	Interqual	1/1/2023	
	including fluoroscopic guidance; one or more add'I levels (List separately in	L	1,1,2023	
22527	addition to code for primary procedure) Arthrodesis, lateral extracavitary technique, including minimal discectomy	Interqual	1/1/2023	
	to prepare interspace (other than for decompression); thoracic	L	1,1,2023	
22532		Interqual	1/1/2023	
	Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace (other than for decompression); lumbar		1/1/2023	
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy	Interqual	1/1/2022	
	to prepare interspace (other than for decompression); thoracic or lumbar,		1/1/2023	
22534	each additional vertebral segment (List separately in addition to code for	Interqual		
22334	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-	Interqual	1/1/2023	
22548	axis), with or without excision of odontoid process Arthrodesis, anterior interbody, including disc space preparation,	Interqual		
	discectomy, osteophytectomy and decompression of spinal cord and/or		1/1/2023	
22551	nerve roots; cervical below C2	Interqual		
	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or		1/1/2023	
22552	nerve roots; cervical below C2, each additional interspace (List separately in			
22552	addition to code for senarate procedure)	Interqual	1/1/2023	
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2		1, 1, 2023	
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to	Interqual	1/1/2023	
	prepare interspace (other than for decompression); thoracic	L	1, 1, 2023	
22556	<u> </u>	Interqual	1/1/2023	
	Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); lumbar	L	1, 1, 2023	
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to	Interqual	1/1/2023	
	prepare interspace (other than for decompression); each additional		1/1/2023	
22585	interspace (List separately in addition to code for primary procedure)	Interqual		
	Arthrodesis, pre-sacral interbody technique, including disc space		1/1/2023	
22586	preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	Interqual		
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	
	Arthrodesis, posterior or posterolateral technique, single interspace;		1/1/2023	
22610	thoracic (with lateral transverse technique, when performed) Arthrodesis, posterior or posterolateral technique, single interspace; lumbar	Interqual	1/1/2023	
22612	(with lateral transverse technique, when performed) Arthrodesis, posterior or posterolateral technique, single interspace; each	Interqual	1/1/2023	
	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary		1/1/2023	
22614	procedure)	Interqual		
	Arthrodesis, posterior interbody technique, including laminectomy and/or		1/1/2023	
22630	diskectomy to prepare interspace (other than for decompression), single interspace; lumbar	Interqual		
	Arthrodesis, posterior interbody technique, including laminectomy and/or		1/1/2023	
	diskectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for			
22632	primary procedure)	Interqual	1/1/2022	
	Arthrodesis, combined posterior or posterolateral technique with posterior		1/1/2023	
	interbody technique including laminectomy and/or discectomy sufficient to			
22633	prepare interspace (other than for decompression), single interspace; lumbar (List separately in addition to code for primary procedure)	Interqual		
-	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to	·	1/1/2023	
	prepare interspace (other than for decompression), single interspace; each			
	additional interspace and segment (List separately in addition to code for			
22634	primary procedure) Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6	Interqual	1/1/2023	
22800	vertebral segments	Interqual		
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Interqual	1/1/2023	
	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more	·	1/1/2023	
22804	vertebral segments Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3	Interqual	1/1/2023	
22808	vertebral segments	Interqual	1/1/2023	
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7	Interqual	1/1/2023	
	vertebral segments Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more		1/1/2023	
22812	vertebral segments	Interqual	1	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
Couc	Kyphectomy, circumferential exposure of spine and resection of vertebral	ennical neview enteria	1/1/2023	COMMENTS
22818	segment(s) (including body and posterior elements); single or 2 segments	Interqual		
	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments		1/1/2023	
22819		Interqual	. /. /2.22	
22830	Exploration of spinal fusion Posterior non-segmental instrumentation (e.g., Harrington rod technique,	Interqual	1/1/2023 1/1/2023	
	pedicle fixation across 1 interspace, atlantoaxial transarticular screw		'	
22840	fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	Interqual		
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	Interqual	1/1/2023	
	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List		1/1/2023	
22842	senarately in addition to code for primary procedure) Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with	Interqual	1/1/2022	
	multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List		1/1/2023	
22843	separately in addition to code for primary procedure) Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with	Interqual	1/1/2023	
22844	multiple hooks and sublaminar wires); 13 or more vertebral segments (List	Interqual	, , , , ,	
	Anterior instrumentation; 2 to 3 vertebral segments (List separately in		1/1/2023	
22845	addition to code for primary procedure) Anterior instrumentation; 4 to 7 vertebral segments (List separately in	Interqual	1/1/2023	
22846	addition to code for primary procedure) Anterior instrumentation; 8 or more vertebral segments (List separately in	Interqual	1/1/2023	
22847	addition to code for primary procedure)	Interqual		
	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for		1/1/2023	
22848 22849	nrimary procedure) Reinsertion of spinal fixation device	Interqual Interqual	1/1/2023	
	Removal of posterior nonsegmental instrumentation (e.g., Harrington rod)		1/1/2023	
22850 22852	Removal of posterior segmental instrumentation	Interqual Interqual	1/1/2023	
	Insertion of interbody biomechanical device(s) (e.g., synthetic cage, mesh)		1/1/2023	
	with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to intervertebral disc space in conjunction with			
22853	interbody arthrodesis, each interspace (List separately in addition to code	Interqual		
	Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g.,		1/1/2023	
	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			
22854 22855	Removal of anterior instrumentation	Interqual Interqual	1/1/2023	
22055	Total disc arthroplasty (artificial disc), anterior approach, including	merqua	1/1/2023	
	discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace,			
22856	cervical Total disc arthroplasty (artificial disc), anterior approach, including	Interqual	1/1/2023	
22857	discectomy to prepare interspace (other than for decompression), lumbar,	Interqual	1/1/2023	
22837	single interspace Total disc arthroplasty (artificial disc), anterior approach, including	interqual	1/1/2023	
	discectomy with end plate preparation (includes osteophytectomy for nerve			
22858	root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	Interqual		
22030	Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage,	inc. qua.	1/1/2023	
	mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List			
22859	Separately in addition to code for primary procedure) Total disc arthroplasty (artificial disc), anterior approach, including	Interqual	8/1/2023	
	discectomy to prepare interspace (other than for decompression); second		0/1/2023	
22860	interspace, lumbar (List separately in addition to code for primary procedure)	Interqual		
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	
	Removal of total disc arthroplasty (artificial disc), anterior approach, single		1/1/2023	
22864	interspace; cervical Removal of total disc arthroplasty (artificial disc), anterior approach, single	Interqual	1/1/2023	
22865	interspace; lumbar	Interqual	1/1/2023	
	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with		2, 1, 2023	
22867	open decompression, lumbar; single level	Interqual		
	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with		1/1/2023	
22868	open decompression, lumbar; second level (List separately in addition to	Interqual		
	code for primary procedure) Insertion of interlaminar/interspinous process stabilization/distraction	977	1/1/2023	
22869	device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Interqual		
	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance		1/1/2023	
22870	when performed, lumbar; second level (List separately in addition to code	Interqual		
22899	for primary procedure) Unlisted procedure, spine	Interqual	1/1/2023	
22999 23000	Unlisted procedure, abdomen, musculoskeletal system Removal of subdeltoid calcareous deposits, open	Interqual Interqual	1/1/2023 1/1/2023	
23000	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 1/1/2023	
23031	Incision and drainage, shoulder area; infected bursa Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	Interqual	1/1/2023	
23035	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal	Interqual	1/1/2023	
23040	of foreign body Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration,	Interqual		
23044	drainage, or removal of foreign body	Interqual	1/1/2023	
23065 23066	Biopsy, soft tissue of shoulder area; superficial Biopsy, soft tissue of shoulder area;deep	Interqual Interqual	1/1/2023 1/1/2023	
	, ,,		, , -, - 525	

	Code Description			
Code		Clinical Review Criteria	1/1/2023	COMMENTS
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater	Interqual		
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	
22077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less	Internal	1/1/2023	
23077	than 5 cm Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm	Interqual	1/1/2023	
23078	or greater	Interqual		
23100	Arthrotomy, glenohumeral joint, including biopsy Arthrotomy, acromioclavicular joint or sternoclavicular joint, including	Interqual	1/1/2023 1/1/2023	
23101	biopsy and/or excision of torn cartilage	Interqual		
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	
	Arthrotomy, glenohumeral joint, with joint exploration, with or without		1/1/2023	
23107 23120	removal of loose or foreign body Claviculectomy; partial	Interqual Interqual	1/1/2023	
23125	Claviculectomy; partial	Interqual	1/1/2023	
22120	Acromioplasty or acromionectomy, partial, with or without coracoacromial	Internal	1/1/2023	
23130	ligament release	Interqual	1/1/2023	
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; Excision or curettage of bone cyst or benign tumor of clavicle or	Interqual		
23145	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	
	Excision or curettage of bone cyst or benign tumor of proximal humerus;		1/1/2023	
23150	Excision or curettage of bone cyst or benign tumor of proximal numerus,	Interqual	1/1/2023	
23155	humerus; with autograft (includes obtaining graft)	Interqual		
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 Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to	Interqual	1/1/2023 1/1/2023	
23174	surgical neck	Interqual		
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	Interqual	1/1/2023	
	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg,		1/1/2023	
23182	osteomyelitis),scapula Partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	Interqual	1/1/2023	
23184	osteomyelitis),proximal humerus	Interqual		
23190 23195	Ostectomy of scapula, partial (eg, superior medial angle) Resection, humeral head	Interqual Interqual	1/1/2023 1/1/2023	
23200	Radical resection for tumor; clavicle	Interqual	1/1/2023	
23210	Radical resection for tumor;scapula	Interqual	1/1/2023	
23220 23330	Radical resection of bone tumor, proximal humerus; Removal of foreign body, shoulder; subcutaneous	Interqual Interqual	1/1/2023 1/1/2023	
23333	Removal of foreign body, shoulder, subcutaneous Removal of foreign body, shoulder; deep (subfascial or intramuscular)	Interqual	1/1/2023	
22224	Removal of prosthesis, includes debridement and synovectomy when	Internual	1/1/2023	
23334	performed; humeral or glenoid component Removal of prosthesis, includes debridement and synovectomy when	Interqual	1/1/2023	
23335 23395	performed; humeral and glenoid component	Interqual Interqual	1/1/2023	
23395	Muscle transfer, any type, shoulder or upper arm; single 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 Tenotomy, shoulder area; multiple tendons through same incision	Interqual	1/1/2023 1/1/2023	
23406 23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	Interqual Interqual	1/1/2023	
	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open;chronic	·	1/1/2023	
23412 23415	Coracoacromial ligament release, with or without acromioplasty	Interqual Interqual	1/1/2023	
	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic	·	1/1/2023	
23420 23430	(includes acromioplasty) Tenodesis of long tendon of biceps	Interqual 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	Interqual	1/1/2023	
23455	operation 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 1/1/2023	
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	Interqual		
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	
	Revision of total shoulder arthroplasty, including allograft when performed;	·	1/1/2023	
23473	humeral or glenoid component Revision of total shoulder arthroplasty, including allograft when performed;	Interqual	1/1/2023	
23474	humeral and glenoid component	Interqual		
23480	Osteotomy, clavicle, with or without internal fixation;	Interqual	1/1/2023 1/1/2023	
22.05	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	Internal	_, _, _, _	
23485	Prophylactic treatment (nailing, pinning, plating or wiring) with or without	Interqual	1/1/2023	
23490	methylmethacrylate; clavicle	Interqual		
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate;proximal humerus	Interqual	1/1/2023	
			1/1/2023	
23700	Manipulation under anesthesia, shoulder joint, including application of	Intergual	1, 1, 2020	
23700 23800	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded) Arthrodesis, glenohumeral joint;	Interqual Interqual	1/1/2023	
23800	fixation apparatus (dislocation excluded) Arthrodesis, glenohumeral joint; Arthrodesis, glenohumeral joint;with autogenous graft (includes obtaining	Interqual		
	fixation apparatus (dislocation excluded) Arthrodesis, glenohumeral joint;		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	
24302	Arthroplasty, elbow, with implant and rascia lata ligament reconstruction Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic	interqual	1/1/2023	
24363	replacement (eg, total elbow)	Interqual		
24365	Arthroplasty, radial head	Interqual	1/1/2023	
24366	Arthroplasty, radial head; with implant Revision of total elbow arthroplasty, including allograft when performed;	Interqual	1/1/2023	
24370	humeral or ulnar component	Interqual	1/1/2023	
	Revision of total elbow arthroplasty, including allograft when performed;		1/1/2023	
24371	humeral and ulnar component Open treatment of periarticular fracture and/or dislocation of the elbow	Interqual	4 /4 /2022	
	(fracture distal humerus and proximal ulna and/or proximal radius); with		1/1/2023	
24587	implant arthroplasty	Interqual		
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 Arthroplasty, wrist, with or without interposition, with or without external	Interqual	1/1/2023 1/1/2023	
25332	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 25445	Arthroplasty with prosthetic replacement; lunate Arthroplasty with prosthetic replacement; trapezium	Interqual Interqual	1/1/2023 1/1/2023	
23443	Arthroplasty with prosthetic replacement; distal radius and partial or entire	Interqual	1/1/2023	
25446	carpus (total wrist)	Interqual		
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 25907	Closed treatment of distal radioulnar dislocation with manipulation Forearm, through radius and ulna - secondary closure or scar revision	Interqual	1/1/2023 1/1/2023	
25907	Wrist- secondary closure or scar revision	Interqual 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	
20521	Authoroplack, material and all properties with process at a small and a selection	Internual	1/1/2023	
26531 26535	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint 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	
25000	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	Internal	1/1/2023	
26990 26991	Incision and drainage, pelvis or hip joint area;infected bursa	Interqual Interqual	1/1/2023	
20991	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone	Interqual	1/1/2023	
26992	abscess)	Interqual		
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)	Interqual	1/1/2023	
27001	Tenotomy, adductor of hip, open	Interqual	1/1/2023	
27003 27005	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy Tenotomy, hip flexor(s), open (separate procedure)	Interqual Interqual	1/1/2023 1/1/2023	
27003		interqual	1/1/2023	
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	Interqual		
27025	Fasciotomy, hip or thigh, any type Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg,	Interqual	1/1/2023	
	gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia		1/1/2023	
27027	lata muscle), unilateral	Interqual		
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	
	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of	·	1/1/2023	
27035	sciatic, femoral, or obturator nerves	Interqual	4 /4 /2022	
	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic		1/1/2023	
	bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)			
27036		Interqual	1/1/2022	
27040	Biopsy, soft tissue of pelvis and hip area; superficial	Interqual	1/1/2023 1/1/2023	
27041	Biopsy, soft tissue of pelvis and hip area;deep, subfascial or intramuscular	Interqual		
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous;3 cm or	Interqual	1/1/2023	
27043	greater Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg,	inter qual	1/1/2023	
27045	intramuscular);5 cm or greater	Interqual		
27047	Excision, tumor, pelvis and hip area; subcutaneous tissue	Interqual	1/1/2023	
27048	Excision, tumor, pelvis and hip area;deep, subfascial, intramuscular Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area;	Interqual	1/1/2023 1/1/2023	
27049	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 Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg,	Interqual	1/1/2023 1/1/2023	
	gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia		1/1/2023	
27057	lata muscle) with debridement of nonviable muscle, unilateral	Interqual		
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	
	Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis		1/1/2023	
27065	pubis, or greater trochanter of femur) with or without autograft	Interqual		
27066	Excision of bone cyst or benign tumor; deep, with or without autograft	Interqual	1/1/2023	
2705-	Excision of bone cyst or benign tumor; with autograft requiring separate		1/1/2023	
27067	incision Partial excision (craterization, saucerization) (eg, osteomyelitis or bone	Interqual	1/1/2023	
	abscess); superficial (eg, wing of ilium, symphysis pubis, or greater		1,1,2023	
27070	trochanter of femur)	Interqual	ļ	
27070	Partial excision (craterization, sauserization) (eg. esteemyelitis eg hans		1/4/2022	
27070	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess);deep (subfascial or intramuscular)	Interqual	1/1/2023	
	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess):deep (subfascial or intramuscular) Radical resection of tumor or infection; wing of ilium, one pubic or ischial ramus or symphysis pubis	Interqual Interqual	1/1/2023	

	Code Description			
Code		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	Interqual	1/1/2023	
27078	trochanter of femur Coccygectomy, primary	Interqual	1/1/2023	
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue	Interqual	1/1/2023	
27007	Removal of foreign body, pelvis or hip;deep (subfascial or intramuscular)	Internal	1/1/2023	
27087 27090	Removal of hip prosthesis; (separate procedure)	Interqual Interqual	1/1/2023	
	Removal of hip prosthesis;complicated, including total hip prosthesis,		1/1/2023	
27091	methylmethacrylate with or without insertion of spacer Injection procedure for sacroiliac joint, arthrography and/or	Interqual	1/1/2022	
27096	anesthetic/steroid	Interqual	1/1/2023	
27097	Release or recession, hamstring, proximal	Interqual	1/1/2023	
27098	Transfer, adductor to ischium Transfer external oblique muscle to greater trochanter including fascial or	Interqual	1/1/2023	
27100	tendon extension (graft)	Interqual	1/1/2023	
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	Interqual	1/1/2023	
27103	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	
	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total	·	1/1/2023	
27130	hip arthroplasty), with or without autograft or allograft Conversion of previous hip surgery to total hip arthroplasty, with or without	Interqual	1/1/2023	
27132	autograft or allograft	Interqual		
27134	Revision of total hip arthroplasty; both components, with or without	Interqual	1/1/2023	
2/134	autograft or allograft Revision of total hip arthroplasty;acetabular component only, with or	nice qua	1/1/2023	
27137	without autograft or allograft	Interqual		
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	Interqual	1/1/2023	
	Osteotomy and transfer of greater trochanter of femur (separate	·	1/1/2023	
27140 27146	procedure) Osteotomy, iliac, acetabular or innominate bone;	Interqual	1/1/2023	
2/146		Interqual	1/1/2023	
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	Interqual		
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	Interqual	1/1/2023	
	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	·	1/1/2023	
27156 27158	and with open reduction of hip Osteotomy, pelvis, bilateral (eg, congenital malformation)	Interqual	1/1/2023	
27161	Osteotomy, pelvis, bilateral (eg, congenital manormation) Osteotomy, femoral neck (separate procedure)	Interqual Interqual	1/1/2023	
	Osteotomy, intertrochanteric or subtrochanteric including internal or	·	1/1/2023	
27165	external fixation and/or cast	Interqual	4 /4 /2022	
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	
2/1/0	Open treatment of slipped femoral epiphysis; single or multiple pinning or	interqual	1/1/2023	
27177	bone graft (includes obtaining graft)	Interqual		
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	Interqual	1/1/2023	
	Open treatment of slipped femoral epiphysis;osteoplasty of femoral neck	·	1/1/2023	
27179	(Heyman type procedure) Open treatment of slipped femoral epiphysis;osteotomy and internal	Interqual	1/1/2023	
27181	fixation	Interqual	1/1/2023	
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	Interqual	1/1/2023	
27183	Prophylactic treatment (nailing, pinning, plating or wiring) with or without	interqual	1/1/2023	
27187	methylmethacrylate, femoral neck and proximal femur	Interqual		
	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis		1/1/2023	
	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			
27197	and/or superior/inferior rami, unilateral or bilateral; without manipulation	Interqual		
2/15/	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis		1/1/2023	
	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,			
27400	requiring more than local anesthesia (ie, general anesthesia, moderate	Intergual		
27198	sedation, spinal/epidural)	Interqual	1/1/2023	
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia	Interqual		
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	Interqual	1/1/2023	
27255	Manipulation, hip joint, requiring general anesthesia	Interqual	1/1/2023	
	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect		1/1/2023	
	visualization), with image guidance, includes obtaining bone graft when	Internual		
27279	performed and placement of transfixing device			į
27279	performed, and placement of transfixing device Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including	Interqual	1/1/2023	
	performed, and placement of transfixing device Arthrodesis, sacrolliac joint, open, includes obtaining bone graft, including instrumentation, when performed		1/1/2023	
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	Interqual		
	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including		1/1/2023 1/1/2023 1/1/2023	
27280 27282 27284	Arthrodesis, sacrolliac joint, open, includes obtaining bone graft, including instrumentation, when performed Arthrodesis, symphysis pubis (including obtaining graft) Arthrodesis, hip joint (including obtaining graft); Arthrodesis, hip joint (including obtaining graft);with subtrochanteric	Interqual Interqual Interqual	1/1/2023	
27280 27282 27284 27286	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed Arthrodesis, symphysis pubis (including obtaining graft) Arthrodesis, hip joint (including obtaining graft); Arthrodesis, hip joint (including obtaining graft);with subtrochanteric osteotomy	Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023	
27280 27282 27284	Arthrodesis, sacrolliac joint, open, includes obtaining bone graft, including instrumentation, when performed Arthrodesis, symphysis pubis (including obtaining graft) Arthrodesis, hip joint (including obtaining graft); Arthrodesis, hip joint (including obtaining graft);with subtrochanteric	Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023	
27280 27282 27284 27286	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed Arthrodesis, symphysis pubis (including obtaining graft) Arthrodesis, hip joint (including obtaining graft); Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy Unlisted procedure, pelvis or hip joint Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
27280 27282 27284 27286 27299 27301	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed Arthrodesis, symphysis pubis (including obtaining graft) Arthrodesis, hip joint (including obtaining graft); Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy Unlisted procedure, pelvis or hip joint Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region Incision, deep, with opening of bone cortex, femur or knee (eg,	Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023	
27280 27282 27284 27286 27299	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed Arthrodesis, symphysis pubis (including obtaining graft) Arthrodesis, hip joint (including obtaining graft); Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy Unlisted procedure, pelvis or hip joint Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
27280 27282 27284 27286 27299 27301 27303 27305	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed Arthrodesis, symphysis pubis (including obtaining graft) Arthrodesis, hip joint (including obtaining graft); Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy Unlisted procedure, pelvis or hip joint Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region Incision, deep, with opening of bone cortex, femur or knee (eg, osteonyelitis or bone abscess) Fasciotomy, lilotibial (tenotomy), open Tenotomy, percutaneous, adductor or hamstring; single tendon (separate	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
27280 27282 27284 27286 27299 27301 27303 27305 27306	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed Arthrodesis, symphysis pubis (including obtaining graft) Arthrodesis, hip joint (including obtaining graft); Arthrodesis, hip joint (including obtaining graft);with subtrochanteric osteotomy Unlisted procedure, pelvis or hip joint Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess) Fasciotomy, iliotibial (tenotomy), open Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
27280 27282 27284 27286 27299 27301 27303 27305	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed Arthrodesis, symphysis pubis (including obtaining graft) Arthrodesis, hip joint (including obtaining graft); Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy Unlisted procedure, pelvis or hip joint Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region Incision, deep, with opening of bone cortex, femur or knee (eg, osteonyelitis or bone abscess) Fasciotomy, lilotibial (tenotomy), open Tenotomy, percutaneous, adductor or hamstring; single tendon (separate	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	

	Code Description			
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	Interqual	1/1/2023	
	Excision, tumor, thigh or knee area;deep, subfascial, or intramuscular; less		1/1/2023	
27328	than 5 cm Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area;	Interqual	1/1/2023	
27329	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	
	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee;	mer qua	1/1/2023	
27332	medial OR lateral Arthrotomy, with excision of semilunar cartilage (meniscectomy)	Interqual	4 /4 /2022	
27333	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	
	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or	mer qua	1/1/2023	
27337	greater	Interqual		
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 27355	Patellectomy or hemipatellectomy Excision or curettage of bone cyst or benign tumor of femur;	Interqual Interqual	1/1/2023 1/1/2023	
			1/1/2023	
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft	Interqual		
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	Interqual	1/1/2023	
	Excision or curettage of bone cyst or benign tumor of femur; with internal		1/1/2023	
27358	fixation (List in addition to code for primary procedure)	Interqual	1/1/2023	
	Partial excision (craterization, saucerization, or diaphysectomy) bone,		1/1/2023	
27360	femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess) Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5	Interqual	4 /4 /2022	
27364	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	Intergual	1/1/2023	
27372	CT/MRI knee arthrographv Removal of foreign body, deep, thigh region or knee area	Interqual Interqual	1/1/2023	
27372	Suture of infrapatellar tendon; primary	Interqual	1/1/2023	
	Suture of infrapatellar tendon; secondary reconstruction, including fascial or		1/1/2023	
27381	tendon graft	Interqual	. /. /2.22	
27385	Suture of quadriceps or hamstring muscle rupture; primary Suture of quadriceps or hamstring muscle rupture; secondary	Interqual	1/1/2023	
27386	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 27394	Lengthening of hamstring tendon; single tendon Lengthening of hamstring tendon; multiple tendons, one leg	Interqual Interqual	1/1/2023 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	Interqual	1/1/2023	
27403	procedure) 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	
	Osteochondral autograft(s) , knee, open (eg, mosaicplasty) (includes		1/1/2023	
27416 27418	harvesting of autograft(s)) Anterior tibial tubercleplasty (eg, Maquet type procedure)	Interqual Interqual	1/1/2023	
27418	Reconstruction of dislocating patella; (eg, Hauser type procedure)	Interqual	1/1/2023	
2, .20	Reconstruction of dislocating patella; with extensor realignment and/or	greet	1/1/2023	
27/122	muscle advancement or release (eg, Campbell, Goldwaite type procedure)	Interqual		
27422 27424	Reconstruction of dislocating patella; with patellectomy	Interqual Interqual	1/1/2023	
27424	Lateral retinacular release, open	Interqual	1/1/2023	
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	Interqual	1/1/2023	
27420	Licementary reservation (supercretation) (secondary ortion)		1/1/2023	
1 / / 10	Ligamentous reconstruction (augmentation), knee;intra-articular (open)			1
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	
27429 27430	Ligamentous reconstruction (augmentation), knee;intra-articular (open) and extra-articular Quadricepsplasty (eg, Bennett or Thompson type)	Interqual Interqual	1/1/2023	
27429 27430 27435	Ligamentous reconstruction (augmentation), knee;intra-articular (open) and extra-articular Quadricepsplasty (eg, Bennett or Thompson type) Capsulotomy, posterior capsular release, knee	Interqual Interqual Interqual	1/1/2023 1/1/2023	
27429 27430 27435 27437	Ligamentous reconstruction (augmentation), knee;intra-articular (open) and extra-articular Quadricepsplasty (eg, Bennett or Thompson type) Capsulotomy, posterior capsular release, knee Arthroplasty, patella; without prosthesis	Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023	
27429 27430 27435	Ligamentous reconstruction (augmentation), knee;intra-articular (open) and extra-articular Quadricepsplasty (eg, Bennett or Thompson type) Capsulotomy, posterior capsular release, knee	Interqual Interqual Interqual	1/1/2023 1/1/2023	
27429 27430 27435 27437 27437 27438 27440	Ligamentous reconstruction (augmentation), knee;intra-articular (open) and extra-articular Quadricepsplasty (eg, Bennett or Thompson type) Capsulotomy, posterior capsular release, knee Arthroplasty, patella; without prosthesis Arthroplasty, patella; with prosthesis Arthroplasty, knee, tibial plateau Arthroplasty, knee, tibial plateau; with debridement and partial	Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023	
27429 27430 27435 27437 27438 27440	Ligamentous reconstruction (augmentation), knee;intra-articular (open) and extra-articular (upen) and extra-articular (upen) (upen) addicespslasty (eg, Bennett or Thompson type) (upen)	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
27429 27430 27435 27437 27437 27438 27440	Ligamentous reconstruction (augmentation), knee;intra-articular (open) and extra-articular Quadricepsplasty (eg, Bennett or Thompson type) Capsulotomy, posterior capsular release, knee Arthroplasty, patella; without prosthesis Arthroplasty, patella; with prosthesis Arthroplasty, knee, tibial plateau Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy Arthroplasty, femoral condyles or tibial plateau(s), knee	Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
27429 27430 27435 27437 27438 27440 27441 27442 27443	Ligamentous reconstruction (augmentation), knee;intra-articular (open) and extra-articular Quadricepsplasty (eg, Bennett or Thompson type) Capsulotomy, posterior capsular release, knee Arthroplasty, patella; without prosthesis Arthroplasty, patella; with prosthesis Arthroplasty, knee, tibial plateau Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy Arthroplasty, femoral condyles or tibial plateau(s), knee Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
27429 27430 27435 27437 27438 27440 27441 27442	Ligamentous reconstruction (augmentation), knee;intra-articular (open) and extra-articular (upen) and extra-articular (upen) gradicepsplasty (eg. Bennett or Thompson type) (apulotomy, posterior capsular release, knee Arthroplasty, patella; without prosthesis Arthroplasty, patella; with prosthesis Arthroplasty, knee, tibial plateau (arthroplasty, knee, tibial plateau; with debridement and partial synovectomy (arthroplasty, femoral condyles or tibial plateau(s), knee (arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement (arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement (arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement (arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement (arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement (arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement (arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement (arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement (arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement (arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement (arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement (arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement (arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement (arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement (arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement (arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement (arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement (arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement (arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement (arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement (arthroplasty, femoral condyles or t	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
27429 27430 27435 27437 27438 27440 27441 27442 27443	Ligamentous reconstruction (augmentation), knee;intra-articular (open) and extra-articular Quadricepsplasty (eg, Bennett or Thompson type) Capsulotomy, posterior capsular release, knee Arthroplasty, patella; without prosthesis Arthroplasty, patella; with prosthesis Arthroplasty, knee, tibial plateau Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy Arthroplasty, femoral condyles or tibial plateau(s), knee Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
27429 27430 27435 27437 27438 27440 27441 27442 27443 27443	Ligamentous reconstruction (augmentation), knee;intra-articular (open) and extra-articular (upen) (eg. Bennett or Thompson type) Capsulotomy, posterior capsular release, knee Arthroplasty, patella; without prosthesis Arthroplasty, patella; with prosthesis Arthroplasty, knee, tibial plateau Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy Arthroplasty, femoral condyles or tibial plateau(s), knee Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy Arthroplasty, knee, hinge prosthesis (e.g., Walldius type) Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
27429 27430 27435 27437 27438 27440 27441 27442 27442 27443 27445	Ligamentous reconstruction (augmentation), knee;intra-articular (open) and extra-articular Quadricepsplasty (eg. Bennett or Thompson type) Capsulotomy, posterior capsular release, knee Arthroplasty, patella; without prosthesis Arthroplasty, patella; with prosthesis Arthroplasty, knee, tibial plateau Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy Arthroplasty, femoral condyles or tibial plateau(s), knee Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy Arthroplasty, knee, hinge prosthesis (e.g., Walldius type)	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
27429 27430 27435 27437 27438 27440 27441 27442 27442 27443 27445	Ligamentous reconstruction (augmentation), knee;intra-articular (open) and extra-articular Quadricepsplasty (eg. Bennett or Thompson type) Capsulotomy, posterior capsular release, knee Arthroplasty, patella; without prosthesis Arthroplasty, patella; with prosthesis Arthroplasty, knee, tibial plateau Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy Arthroplasty, femoral condyles or tibial plateau(s), knee Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy Arthroplasty, knee, hinge prosthesis (e.g., Walldius type) Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	

O - d -	Code Description	Clinian Davison Criteria	Effective Date	CONANATAITS
Code 27450	Osteotomy, femur, shaft or supracondylar; with fixation	Clinical Review Criteria Interqual	1/1/2023	COMMENTS
27430	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft	merqua	1/1/2023	
27454	(eg, Sofield type procedure) Osteotomy, proximal tibia, including fibular excision or osteotomy (includes	Interqual		
	correction of genu varus (bowleg) or genu valgus (knock-knee)); before		1/1/2023	
27455	epiphyseal closure	Interqual		
	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee));after		1/1/2023	
27457	epiphyseal closure	Interqual		
27465	Osteoplasty, femur; shortening (excluding 64876)	Interqual	1/1/2023	
27466	Osteoplasty, femur;lengthening Osteoplasty, femur;combined, lengthening and shortening with femoral	Interqual	1/1/2023	
27468	segment transfer	Interqual	1/1/2023	
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft	laboration!	1/1/2023	
27470	(eg, compression technique) Repair, nonunion or malunion, femur, distal to head and neck; with iliac or	Interqual	1/1/2023	
27472	other autogenous bone graft (includes obtaining graft)	Interqual		
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	
	Arrest, epiphyseal, any method (eg, epiphysiodesis);combined distal femur,		1/1/2023	
27479	proximal tibia and fibula Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu	Interqual	1 /1 /2022	
27485	varus or valgus)	Interqual	1/1/2023	
27406	Revision of total knee arthroplasty, with or without allograft; one	laboration!	1/1/2023	
27486	component Revision of total knee arthroplasty, with or without allograft; femoral and	Interqual	1/1/2023	
27487	entire tibial component	Interqual		
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	Interqual	1/1/2023	
2/400	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without	c. quui	1/1/2023	
27495	methylmethacrylate, femur	Interqual		
27496	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);	Interqual	1/1/2023	
	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or		1/1/2023	
27497	extensor or adductor); with debridement of nonviable muscle and/or nerve	Interqual		
27437	December of secretary, think and for lines multiple compostments.	interqual	1/1/2023	
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;	Interqual		
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve	Interqual	1/1/2023	
	Manipulation of knee joint under general anesthesia (includes application of		1/1/2023	
27570 27580	traction or other fixation devices) Arthrodesis, knee, any technique	Interqual 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)) Extracorporeal shock wave, high energy, performed by a physician,	Interqual	1/1/2023	
	requiring anesthesia other than local, including ultrasound guidance,		1/1/2023	
28890	involving the plantar fascia	Interqual		
28899	Unlisted procedure, foot or toes	Interqual	1/1/2023	
29799	Unlisted procedure, casting or strapping Arthroscopy, temporomandibular joint (TMJ), diagnostic, with or without	Interqual	1/1/2023 1/1/2023	
29800	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		
20215		Interqual	1/1/2023	
70910	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body		1/1/2023 1/1/2023	
29819 29820		Interqual	1/1/2023	
29819 29820 29821	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete			
29820 29821 29822	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited	Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive	Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; distal claviculectomy including distal	Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822 29823 29824	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with	Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822 29823	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822 29823 29824	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with	Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822 29823 29824 29825 29826 29827	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release Arthroscopy, shoulder, surgical; with rotator cuff repair	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822 29823 29824 29825 29826 29827 29828	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation Arthroscopy, shoulder, surgical; without coracoacromial release Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; with rotator cuff repair	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822 29823 29824 29825 29826 29827	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release Arthroscopy, shoulder, surgical; with rotator cuff repair	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822 29823 29824 29825 29826 29827 29828 29848	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; biceps tenodesis Endoscopy, wrist, surgical, with release of transverse carpal ligament	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822 29823 29824 29825 29826 29827 29828	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; biceps tenodesis Endoscopy, wrist, surgical, with release of transverse carpal ligament 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 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822 29823 29824 29825 29826 29827 29828 29848	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; biceps tenodesis Endoscopy, wrist, surgical, with release of transverse carpal ligament Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822 29823 29824 29825 29826 29827 29828 29848	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; biceps tenodesis Endoscopy, wrist, surgical, with release of transverse carpal ligament 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) 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 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822 29823 29824 29825 29826 29827 29828 29848	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, wrist, surgical, with release of transverse carpal ligament 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) 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) Arthroscopically aided treatment of tibial fracture, proximal (plateau);	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822 29823 29824 29825 29826 29827 29828 29848	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; biceps tenodesis Endoscopy, wrist, surgical, with release of transverse carpal ligament 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) 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) Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy)	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822 29823 29824 29825 29826 29827 29828 29848 29850	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, wrist, surgical, with release of transverse carpal ligament 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) 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) Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy) Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopically aided treatment of tibial fracture, proximal (plateau);	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822 29823 29824 29825 29826 29827 29828 29848 29850	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, wrist, surgical, with release of transverse carpal ligament 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) 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) Arthroscopically aided treatment of bibal fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy) Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal or external fixation (includes	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822 29823 29824 29825 29826 29827 29828 29848 29850 29850 29851	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; biceps tenodesis Endoscopy, wrist, surgical, with release of transverse carpal ligament 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) 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) Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy) Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal or external fixation (includes arthroscopy) Arthroscopy, hip, diagnostic with or without synovial biopsy (separate	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822 29823 29824 29825 29826 29827 29828 29848 29850 29851 29856 29856 29860	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; biceps tenodesis Endoscopy, wrist, surgical, with release of transverse carpal ligament 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) 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) Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy) Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal or external fixation (includes arthroscopy) Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822 29823 29824 29825 29826 29827 29828 29848 29850 29850 29851	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; biceps tenodesis Endoscopy, wrist, surgical, with release of transverse carpal ligament 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) 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) Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy) Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure) Arthroscopy, hip, diagnostic with or without ploose body or foreign body	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822 29823 29824 29825 29826 29827 29828 29848 29850 29851 29856 29860 29861	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; with release of transverse carpal ligament 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) 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) Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy) Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal or external fixation (includes arthroscopy) Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure) Arthroscopy, hip, diagnostic with removal of loose body or foreign body Arthroscopy, hip, surgical; with removal of loose body or foreign body	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822 29823 29824 29825 29826 29827 29828 29848 29850 29851 29855 29856 29860 29861	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; with release of transverse carpal ligament 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) 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) Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy) Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal or external fixation (includes arthroscopy) Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure) Arthroscopy, hip, surgical; with removal of loose body or foreign body Arthroscopy, hip, surgical; with removal of loose body or foreign body Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
29820 29821 29822 29823 29824 29825 29826 29827 29828 29848 29850 29851 29856 29860 29861	Arthroscopy, shoulder, surgical; synovectomy, partial Arthroscopy, shoulder, surgical; synovectomy, complete Arthroscopy, shoulder, surgical; debridement, limited Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; debridement, extensive Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; with rotator cuff repair Arthroscopy, shoulder, surgical; with release of transverse carpal ligament 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) 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) Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy) Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal or external fixation (includes arthroscopy) Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure) Arthroscopy, hip, diagnostic with removal of loose body or foreign body Arthroscopy, hip, surgical; with removal of loose body or foreign body	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	

	Code Description			
Code	·	Clinical Review Criteria	Effective Date 1/1/2023	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	
	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate	·	1/1/2023	
29870 29871	procedure)	Interqual	1/1/2023	
29873	Arthroscopy, knee, surgical; for infection, lavage and drainage Arthroscopy, knee, surgical; with lateral release	Interqual Interqual	1/1/2023	
	Arthroscopy, knee, surgical;for removal of loose body or foreign body (eg,		1/1/2023	
29874	osteochondritis dissecans fragmentation, chondral fragmentation)	Interqual		
25071	Arthroscopy, knee, surgical;synovectomy, limited (eg, plica or shelf		1/1/2023	
29875	resection) (separate procedure) Arthroscopy, knee, surgical;synovectomy, major, two or more	Interqual	1/1/2023	
29876	compartments (eg, medial or lateral)	Interqual	1/1/2023	
29877	Arthroscopy, knee, surgical;debridement/shaving of articular cartilage (chondroplasty)	Interqual	1/1/2023	
	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty		1/1/2023	
29879	where necessary) or multiple drilling or microfracture Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral,	Interqual	1/1/2023	
29880	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	
	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone	4	1/1/2023	
29885	grafting, with or without internal fixation (including debridement of base of lesion)	Interqual		
	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans		1/1/2023	
29886	lesion Arthroscopy, knee, surgical;drilling for intact osteochondritis dissecans	Interqual	1/1/2023	
29887	lesion with internal fixation	Interqual		
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	Interqual	1/1/2023	
	Arthroscopically aided posterior cruciate ligament repair/augmentation or	merqua	1/1/2023	
29889	reconstruction	Interqual	1/1/2022	
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	Interqual	1/1/2023	
29916	lesion) 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 1/1/2023	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Interqual		
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)	Intergual	1/1/2023	
	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	·	1/1/2023	
30435		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	
	Rhinoplasty for nasal deformity secondary to congenital cleft lip an palate,		1/1/2023	
30462	including columellar lengthening; tip, septum, osteotomies Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall	Interqual	1/1/2023	
30465	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	
	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from		1/1/2023	
31253	frontal sinus, when performed	Interqual	41.7	
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	Interqual	1/1/2023	
	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and		1/1/2023	
31259	posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	Interqual		
	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg,		1/1/2023	
31295	balloon dilation), transnasal or via canine fossa Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg,	Interqual	1/1/2023	
31296	balloon dilation)	Interqual		
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	Interqual	1/1/2023	<u> </u>
	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus		1/1/2023	
31298 31299	ostia (eg, balloon dilation) Unlisted procedure, accessory sinuses	Interqual Interqual	1/1/2023	
31599	Unlisted procedure, larynx	Interqual	1/1/2023	
31643	Bronchoscopy (rigid or flexible), with placement of catheter for intracavitary	Interqual	1/1/2023	
31043	radioelement application Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when		1/1/2023	
31647	performed; with balloon occlusion, when performed, assessment of air leak,	Interqual		
3104/	airway sizing, and insertion of bronchial valve(s), initial lobe Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when	interqual	1/1/2023	
	performed; with balloon occlusion, when performed, assessment of air leak,			
	airway sizing, and insertion of bronchial valve(s), each additional lobe (List			
31651	separately in addition to code for primary procedure[s]) Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when	Interqual	4/4/2022	
31660	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	
-			•	

Section Section (Company)					
Section	Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
March Section March Ma				1/1/2023	
1975 Proceeding of the register of the company					
	32491		Interqual	1 /1 /2022	
1970 1970	32553		Interqual	1/1/2023	
1979 1979	32664		Interqual		
Description Company	32701	= 11	Interqual	1/1/2023	
Jackson Description and the control production property of the control of the con			•		
July Templane, control collection of membras of miles of the program of the progr					
Display of the registery is placed or follow and place or protecting the complete of the compl	32832		interqual		
The process of the control of the co	32853		Interqual	1/1/2022	
municipi kardining planes or scheet and their was necked by name sensitivity. 13:99.	32854	cardiopulmonary bypass	Interqual	1/1/2023	
12999 Control of States (Control of States) 12999 Control of States (Control of States) Control of States) Control of States (Control of States) Control of States) 13100 Control of States (Control of States) Control of States) Control of States (Control of States) Control of States) Control of States (Control of States) Control of States) Control of States (Control of States) Control of States) Control of States (Control of States) Control of States) Control of States (Control of States) Control of States) Control of States (Control of States) Control of States (Control of States) Control of States) Control of States (Control of S		tumor(s) including pleura or chest wall when involved by tumor extension,		1/1/2023	
secretarial groups decreased, confidence and systems, but all ventrollars in migrated and processing and processing processing processing processing and pro	32994		Interqual		
definition per la generation (including envisive of protects) and including and includ	32999	Insertion of pacing electrode, cardiac venous system, for left ventricular	Interqual		
instriction of pulsary descripts, contain or despitate, and destinate or appearation programming the section of pulsary description of pu		defibrillator pulse generator (including revision of pocket, removal,			
packing, at time of learning or direction of disriplication and packing and the packing packing service for (in fig. 10 per packing and search and packing packin	33224	insertion, and/or replacement of existing generator) Insertion of pacing electrode, cardiac venous system, for left ventricular	Interqual	1/1/2023	
more from the parties and control control control and parties and		pacing, at time of insertion of implantable defibrillator or pacemaker pulse		1/1/2023	
### Particular Service Control of purpose and other three deficience pulse generator and your water control of purpose and other deficience pulse generator and your water control of sight of that of samples packing and the control of sight of the dark samples packing and the control of sight of the dark samples and the control of sight of the dark samples and the control of sight of the dark samples and the control of sight of the dark samples and the control of sight of the dark samples and the control of sight of the dark samples and the control of sight of of sigh	33225		Interqual	1/1/2023	
### actions multiple beath ### actions of single or dual chamber pacing cardioverser definitions or publications or publications or replacement of permanent pacing cardioverser definitions or publications or replacement of permanent pacing cardioverser definitions or publications or pu	33230	existing dual leads	Interqual		
The state of a single or due of community prototy of community of the co	33231	existing multiple leads	Interqual	1/1/2023	
superior or replacement of personnel ground particles and control of the control		Insertion of single or dual chamber pacing cardioverter-defibrillator pulse		1/1/2023	
### The control beautiful product on the control beautiful product of the limited (e.g., more) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production (e.g., mass) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production and reconstruction of site, interesting (e.g., mass) ### Control beautiful production and reconstruction of site interesting (e.g			interqual	1/1/2023	
33254 mere procedural 33255 per control estates adalation and reconstruction of artis, extensive (e.g. maze historical) 33257 per control estates adalation and reconstruction of artis, performed at the time of other cardiac procedure), limited eig. modellen mane procedural, but before quality and control of the procedure of the time of other cardiac procedure), limited eig. modellen mane procedural, but before quality and control of the procedure of the time of other cardiac procedure), settinated eig. modellen mane procedural, without control of the procedure of the procedur	33249		Interqual		
33255 conceived without cardinguinneaury begans 1/1/2023 controlled in the control of th	33254		Interqual	1/1/2023	
Operative those ablation and reconstruction of atting, performed at the time of other cardiac protectively, limited (e.g., music procedure). 33259 of other cardiac protectively, limited (e.g., marper perceducy) and other cardiac protectively, extensively, generally (e.g., marper perceducy). 33259 of other cardiac protectively, extensive (e.g., marper perceducy). 10/1/2023 fladescept, surgical, operative issue ablation and reconstruction of aria, marper perceducy, extensively expensively and other cardiac protective, extensively expensively and other cardiac protective, extensive (e.g., marper). 10/1/2023 10/1/20	33255		Interqual	1/1/2023	
disparate that addition to code for similar procedure, without acrosphage of programming of certification and reconstruction of airs, performed at the time of certification certification and certification and reconstruction of airs, and and airsept and air	33233		merqua	1/1/2023	
operative issue ablation and reconstruction of affix, performed as the time of other cardiac procedurals), extensive, partners by assignmentally appearance of the control of the cardiac procedural p	33257		Interqual		
acordoparimonary bysass (lats separately in addition to code for primary concedural infections), surgical operative tissue ablation and reconstruction of articles, and interesting the interesting and intere		Operative tissue ablation and reconstruction of atria, performed at the time		1/1/2023	
1/1/2023 Intercual					
Interqual Interpretation of the factor of the control of the cont	33258		Interqual		
Endoccopy, surgical, operative tissue ablation and reconstruction of atria, enterous (e.g. maze procedure), without cardiopulmonary bypass (extensive (e.g. maze procedure)) (e.g. mare through a mare time or other strendon, or other box accomproportion (e.g. memory), excision, insulation via stapling, overewing, ligation, plication, (el) (list separately in addition to code for primary procedure) (e.g. my method (e.g. excision, insulation via stapling, overewing, ligation, plication, (el)) (list separately in insertion or replacement of permanent subcutaneous implantable definitiation system, with subcutaneous electrode, including definitiation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia remarkous, and programming of reprogramming of sensing or arrhythmia remarkous, when performed intergual inter				1/1/2023	
33266 Section of left afrill appending, up with the dearfoligation in National Action of the Control of the Programming of Section (1998) and the Control of	33265	limited (eg, modified maze procedure), without cardiopulmonary bypass	Interqual		
Secusion of left atrial appendage, open, any method (e.g. excision, solistion wis stapling, coverswing, ligation, plication, clip) Interrupt Int	33266		Interqual	1/1/2023	
Excussion or lest arran appendage, open, perromes a trie time of other sterontomy or chriscotopy procedure(s), any method (eg. excision), solition via stapling, oversewing, ligation, plication, chip) (List separately in addition to code for primary procedure)				1/1/2023	
sternotomy or thoractomy procedure(), any method (eg. excision, solution via stapline, oversewine, ligation, plication, city) (bit steparately in addition to code for primary procedure) szickiason of left atrial appendage, thoracsocopic, any method (eg. excision, isolation via stapline, oversewine, ligation, plication, clip) misertion or replacement of permanent subuctaneous implantable defibrillator behalf of semantial performed intergual	33267	Exclusion of left atrial appendage, open, performed at the time of other	Interqual	1/1/2023	
Exclusion of left atrial appendage, thoracoxopic, any method (eg. accision, isolation via stapling, were-sering, ligation, placiaton, clip) Interqual In		isolation via stapling, oversewing, ligation, plication, clip) (List separately in		,,,	
Interqual 1/1/2023 Interqual In	33268	Frank along a file for a trial and a substantial	Interqual	1/1/2023	
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 linterqual interqual interq	33269		Interqual		
arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed interqual interqual insertion of subcutaneous implantable defibrillator electrode interqual inte				1/1/2023	
### Interqual ##					
Interior of subcutaneous implantable defibrillator electrode Interqual 1/1/2023	33270		Interqual		
Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg., fluoroscopy, venous ultrasound, ventriculgraphy, femoral venography) and device evaluation (eg., interrogation or programming), when performed 33275 Transcatheter removal of permanent leadless pacemaker, right ventricular (assume the removal of permanent leadless pacemaker, right ventricular (assume the removal of permanent leadless pacemaker, right ventricular (assume the removal of permanent leadless pacemaker, right ventricular (assume the removal of permanent leadless pacemaker, right ventricular (assume the removal of permanent leadless pacemaker, right ventricular (assume the removal of permanent leadless pacemaker, right ventricular (assume the removal of permanent leadless pacemaker, right ventricular (assume the removal of permanent leadless pacemaker, right ventricular (assume the removal of permanent leadless pacemaker, right ventricular (assume the removal of permanent leadless pacemaker, right ventricular (assume the removal of permanent leadless pacemaker, right ventricular (assume the removal of permanent leadless pacemaker, right ventricular (assume the removal of permanent leadless pacemaker, right ventricular (assume the removal of permanent leadless pacemaker, right ventricular (assume the ventricular (assume			'	1/1/2023	
ultrasound, ventriculography, femoral venography) and device evaluation (eg. interrogation or programming), when performed interqual int				1/1/2023	
Interqual Inte					
Transcatheter removal of permanent leadless pacemaker, right ventricular 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 placement(s), left atrial anglography, left atrial appendage angiography, when performed, and radiological supervision and interpretation interqual Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach percutaneous femoral artery approach penoral	33274		Interqual		
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 aptroach when nonformed here trained appendage with endocardial implant, including fluoroscopy, transceptal puncture, catheter placement(s), left atrial appendage angiography, when performed, and radiological supervision and interpretation interqual in		Transcatheter removal of permanent leadless pacemaker, right ventricular		1/1/2023	
for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary atou analographu, when performed 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 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach Interqual Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach Interqual Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach Interqual Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach Interqual Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach Interqual Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach Interqual Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach Interqual Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; oranscatheter transapical replacement (TAVR/TAVI) with prosthetic valve; oranscatheter transapical replacement aortic valve replacement (TAVR/TAVI) with prosthetic valve; oranscatheter transapical replacement (TAVR/TAVI) with prosthetic valve; oranscatheter transapical replacement or transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; oranscatheter transapical replacement or to valve replacement (TAVR/TAVI) with prosthetic valve; oranscatheter transapical replacement or to valve replacement or to val	33275		Interqual		
catheterization, radiological supervision and interpretation, and pulmonary action angiography, when performed endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation interpretati				1/1/2023	
Interqual 1/1/2023		1 -			
endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial appendage angiography, when performed, and radiological supervision and interpretation Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open aillary artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open aillary artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open illac artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open illac artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open illac artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; associated and the proposed (e.g. median sternotomy, mediastinotomy) Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (e.g. femoral vessels) (List separately in addition to code	33289		Interqual		
placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; pen femoral artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; pen axillary artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; popen axillary artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; popen iliac artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; popen iliac artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg. median sternotomy, mediastinotomy) Transcatheter transapical replacement aortic valve cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg. femoral vessels) (List separately in addition to code				1/1/2023	
Sassantial approach					
Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; assassicatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; oradiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code	33340		Intergual		
Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iilac artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iilac artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg. median sternotomy, mediastinotomy) 33365 Transcatheter transapical replacement aortic valve Transcatheter transapical replacement aortic valve cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg. femoral vessels) (List separately in addition to code		Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve;		1/1/2023	
33362 open femoral artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open aillar artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open illac artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open illac artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg. median sternotomy, mediastinotomy) Transcatheter aortic valve replacement aortic valve Transcatheter aortic valve replacement aortic valve cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg. femoral vessels) (Lits separately in addition to code	33361		interqual	1/1/2023	
33363 open axillary artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; Interqual Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; Interqual 33365 transaortic approach (eg. median sternotomy, mediastinotomy) Interqual Transcatheter transapical replacement aortic valve Interqual Interqual 1/1/2023 Transcatheter aortic valve replacement aortic valve cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg. femoral vessels) (List separately in addition to code	33362	open femoral artery approach	Interqual		
Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; Interqual Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; Interqual Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; Interqual Transcatheter transapical replacement aortic valve Transcatheter transapical 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	33363	open axillary artery approach	Interqual	1/1/2023	
Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; 33365 transaortic approach (eg. median sternotomy, mediastinotomy) 33366 Transcatheter transapical replacement aortic valve 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		Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve;		1/1/2023	
33365 transaortic approach (eg. median sternotomy, mediastinotomy) Interqual 33366 Transcatheter transapical replacement aortic valve Interqual 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				1/1/2023	
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					
cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code	333bb		interqual		
33367 for primary procedure) Interqual	33367	for primary procedure)	Interqual		
Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous		Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve;		1/1/2023	
cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to					
33368 code for primary procedure) Interqual	33368		Interqual	L	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve;		1/1/2023	
	cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
33369	addition to code for primary procedure)	Interqual	1 /1 /2022	
	Transcatheter placement and subsequent removal of cerebral embolic		1/1/2023	
	protection device(s), including arterial access, catheterization, imaging, and			
33370	radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)	Interqual		
33370	Transcatheter mitral valve repair, percutaneous approach, including	interqual	1/1/2023	
33418	transseptal puncture when performed; initial prosthesis	Interqual	1, 1, 2020	
	Transcatheter mitral valve repair, percutaneous approach, including		1/1/2023	
	transseptal puncture when performed; additional prosthesis(es) during			
33419	same session (List separately in addition to code for primary procedure)	Interqual		
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Interqual	1/1/2023	
33477	Harvest of upper extremity artery, 1 segment, for coronary artery bypass	interqual	1/1/2023	
33509	procedure, endoscopic	Interqual		
	Surgical ventricular restoration procedure, includes prosthetic patch, when		1/1/2023	
33548	performed (eg, ventricular remodeling, SVR, SAVER, DOR procedures)	Interqual		
	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to		1/1/2023	
	create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park,			
33741	balloon, cutting balloon, blade)	Interqual		
	congenital cardiac anomalies to establish effective intracardiac flow,		1/1/2023	
	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,			
33745	Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt	Interqual		
33743	congenital cardiac anomalies to establish effective intracardiac flow,	c. quu	1/1/2023	
	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,			
33746	Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)	Interqual		
33740	Ascending aorta graft, with cardiopulmonary bypass, includes valve	interqual	1/1/2023	
33858	suspension, when performed; for aortic dissection	Interqual		
	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg,		1/1/2023	
33859	aneurysm)	Interqual		
	Transverse aortic arch graft, with cardiopulmonary bypass, with profound		1/1/2023	
	hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel			
33871	reimplantation)	Interqual		
	Endovascular repair of descending thoracic aorta (eg, aneurysm,		1/1/2023	
	pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin,			
33880	initial endoprosthesis plus descending thora	Interqual		
	Endovascular repair of descending thoracic aorta (eg, aneurysm,		1/1/2023	
	pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin,			
33881	initial endoprosthesis plus descending t Placement of proximal extension prosthesis for endovascular repair of	Interqual		
	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection,		1/1/2023	
	penetrating ulcer, intramural hematoma, or traumatic disruption); initial			
33883	extension	Interqual		
	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection,		1/1/2023	
	penetrating ulcer, intramural hematoma, or traumatic disruption); each			
33884	additional proximal extension (List separately)	Interqual		
33886	Placement of distal extension prosthesis(s) delayed after endovascular	Interqual	1/1/2023	
33353	repair of descending thoracic aorta Endovascular stent repair of coarctation of the ascending, transverse, or		1/1/2023	
22004	descending thoracic or abdominal aorta, involving stent placement; across	later and		
33894	major side branches Endovascular stent repair of coarctation of the ascending, transverse, or	Interqual	1/1/2023	
	descending thoracic or abdominal aorta, involving stent placement; not		1, 1, 2023	
33895	crossing major side branches Percutaneous transluminal angioplasty of native or recurrent coarctation of	Interqual	4 /2 /00	
33897	Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta	Interqual	1/1/2023	
	Implantation of a total replacement heart system (artificial heart) with		1/1/2023	
33927	recipient cardiectomy	Interqual		
33928	Removal and replacement of total replacement heart system (artificial heart)	Interqual	1/1/2023	
	Removal of a total replacement heart system (artificial heart) for heart		1/1/2023	
33929	transplantation (List separately in addition to code for primary procedure)	Interqual		
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 33981	Insertion VAD Implantable intracorporeal, single vent Replace extracorporeal VAD, single or bivent pump	Interqual	1/1/2023 1/1/2023	
22201	Insertion of ventricular assist device, percutaneous including radiological	Interqual	1/1/2023	
33990	supervision and interpretation; arterial access only	Interqual		
	Insertion of ventricular assist device, percutaneous including radiological		1/1/2023	
33991	supervision and interpretation; both arterial and venous access, with transseptal puncture	Interqual		
	Repositioning of percutaneous ventricular assist device with imaging		1/1/2023	
33993	guidance at separate and distinct session from insertion	Interqual		
	Insertion of ventricular assist device, percutaneous, including radiological		1/1/2023	
33995	supervision and interpretation; right heart, venous access only	Interqual		
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	
			, -, -323	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
	Delayed placement of distal or proximal extension prosthesis for		1/1/2023	
	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			
24711	separately in addition to code for primary procedure)	Intersual		
34711		Interqual	1/1/2022	
	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft		1/1/2023	
	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),			
34717	unilateral (List separately in addition to code for primary procedure)	Interqual	4 /4 /2022	
	aorto-iliac artery endograft at the same session, by deployment of an iliac		1/1/2023	
	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			
34718	ulcer), unilateral	Interqual		
<u> </u>	Transcatheter placement of wireless physiologic sensor in aneurysmal sac		1/1/2023	
]	during endovascular repair, including radiological supervision and			
34806	interpretation, instrument calibration, and collection of pressure data	Interqual		
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	
	Exploration not followed by surgical repair, artery; upper extremity (eg,		1/1/2023	
35702	axillary, brachial, radial, ulnar)	Interqual		
	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial,		1/1/2023	
35703	peroneal)	Interqual		
	Revision, femoral anastomosis of synthetic arterial bypass graft in groin,		1/1/2023	
35884	open; with autogenous vein patch graft	Interqual		
26260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy	Interval	1/1/2023	
36260	of liver)	Interqual	1 /1 /2022	
36299	Unlisted procedure, vascular injection Injection of non-compounded foam sclerosant with ultrasound compression	Interqual	1/1/2023 1/1/2023	
	maneuvers to guide dispersion of the injectate, inclusive of all imaging		1/1/2023	
	guidance and monitoring; single incompetent extremity truncal vein (eg,			
36465	great sanhenous vein accessory sanhenous vein)	Interqual		
	Injection of non-compounded foam sclerosant with ultrasound compression		1/1/2023	
	maneuvers to guide dispersion of the injectate, inclusive of all imaging			
36466	guidance and monitoring; multiple incompetent truncal veins (eg, great	Interqual		
	Single or multiple injections of sclerosing solutions, spider veins		1/1/2023	
36468	(telangiectasia); limb or trunk	Interqual	4 /4 /2022	
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	
	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all	•	1/1/2023	
	imaging guidance and monitoring, percutaneous, mechanochemical; first		. ,	
36473	vein treated	Interqual	4/- /	
	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all		1/1/2023	
	imaging guidance and monitoring, percutaneous, mechanochemical;			
	subsequent vein(s) treated in a single extremity, each through separate			
36474	access sites (List separately in addition to code for primary procedure)	Interqual		
	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all		1/1/2023	
36475	imaging guidance and monitoring, percutaneous, radiofrequency; first vein	Interqual		
33,73	treated Endovenous ablation therapy of incompetent vein, extremity, inclusive of all		1/1/2023	
	imaging guidance and monitoring, percutaneous, radiofrequency; second		_, _, _5_5	
	and subsequent veins treated in a single extremity, each through separate			
36476	access sites (List separately in addition to code for primary procedure)	Interqual		
304/0		ince. qual	1/1/2023	
	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all		1, 1, 2023	
36478	imaging guidance and monitoring, percutaneous, laser; first vein treated	Interqual		
	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all		1/1/2023	
	imaging guidance and monitoring, percutaneous, laser; second and			
	subsequent veins treated in a single extremity, each through separate			
36479	access sites (List separately in addition to code for primary procedure)	Interqual		
	Endovenous ablation therapy of incompetent vein, extremity, by		1/1/2023	
	transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote			
	from the access site, inclusive of all imaging guidance and monitoring,	Interqual		
36482		i -		
36482	nercutaneous: first vein treated Endovenous ablation therapy of incompetent vein, extremity, by		1/1/2023	
36482	nercutaneous: first vein treated		1/1/2023	
36482	nercutaneous: first vein treated 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,		1/1/2023	
36482	nerrutaneous: first vein treated 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		1/1/2023	
36482	nercutaneous: first vein treated 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,	Interqual	1/1/2023	
	nerrutaneous: first vein treated 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	Interqual Interqual	1/1/2023	
36483 36514	nerrutaneous: first vein treated 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 Therapeutic apheresis; for plasmapheresis Therapeutic apheresis; with extracorporeal selective adsorption or	Interqual		
36483	nerrutaneous: first vein treated 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 Therapeutic apheresis; for plasmapheresis		1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
	Percutaneous arteriovenous fistula creation, upper extremity, single access		8/1/2023	
	of both the peripheral artery and peripheral vein, including fistula		-, ,	
	maturation procedures (eg, transluminal balloon angioplasty, coil			
36836	embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Interqual		
	Percutaneous arteriovenous fistula creation, upper extremity, separate		8/1/2023	
	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			
36837	guidance and radiologic supervision and interpretation	Interqual		
37241	Vascular embolization or occlusion venous rs&i	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	
37301	Ligation and division long saphenous vein at saphenofemoral junction, or	interqual	1/1/2023	
37700	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	Interqual	1/1/2023	
37722	saphenofemoral junction to knee or below	interqual	1/1/2023	
	Ligation and division and complete stripping of long or short saphenous		1/1/2023	
	veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg with excision of deep fascia			
37735		Interqual		
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	
3,,,,,			1/1/2023	
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	Interqual		
27760	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	Internual	1/1/2023	
37766		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	
	Management of recipient hematopoietic progenitor cell donor search and	to the second	1/1/2023	
38204	cell acquisition Blood-derived hematopoietic progenitor cell harvesting for transplantation,	Interqual	1 /1 /2022	
38205	per collection; allogenic	Interqual	1/1/2023	
	Blood-derived hematopoietic progenitor cell harvesting for transplantation,	·	1/1/2023	
38206	per collection; autologous	Interqual		
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation	Interqual	1/1/2023	
36207	and storage Transplant preparation of hematopoietic progenitor cells; thawing of	interqual	1/1/2023	
38208	previously frozen harvest, without washing	Interqual	1/1/2023	
	Transplant preparation of hematopoietic progenitor cells; thawing of		1/1/2023	
38209	previously frozen harvest, with washing Transplant preparation of hematopoietic progenitor cells; specific cell	Interqual	1 /1 /2022	
38210	depletion within harvest, T-cell depletion	Interqual	1/1/2023	
	Transplant preparation of hematopoietic progenitor cells; tumor cell	·	1/1/2023	
38211	depletion	Interqual		
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell	Interqual	1/1/2023	
30212	removal	interqual	1/1/2023	
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	Interqual	-, -,	
20244	Transplant preparation of hematopoietic progenitor cells; plasma (volume)	Interval	1/1/2023	
38214	depletion Transplant preparation of hematopoietic progenitor cells; cell concentration	Interqual	1/1/2023	
38215	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	
	Bone marrow or blood derived peripheral stem cell transplantation,		1/1/2023	
38240	allogenic Bone marrow or blood derived peripheral stem cell, transplantation	Interqual	4 /4 /2022	
38241	autologous	Interqual	1/1/2023	
	Bone marrow or blood-derived peripheral stem cell transplantation;	1***	1/1/2023	
38242	allogenic donor lymphocyte infusion	Interqual		
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 Unlisted procedure, lips	Interqual	1/1/2023 1/1/2023	
40799 40899	Unlisted procedure, lips Unlisted procedure, vestibule of mouth	Interqual Interqual	1/1/2023	
40077	Placement of needles, catheters, and other devices into the head and/or	merquai	1/1/2023	
41019	neck region	Interqual	1/1/2023	
41512	TONGUE SUSPENSION	Interqual	1/1/2023	
41530	TONGUE BASE VOL REDUCTION	Interqual	1/1/2023	
		I	1 /1 /2022	
41599	Unlisted procedure, tongue, floor of mouth	Interqual	1/1/2023	
41820	Gingivectomy, excision gingiva, each quadrant	Interqual	1/1/2023	
41820 41874	Gingivectomy, excision gingiva, each quadrant Alveoloplasty, each quadrant (specify)	Interqual Interqual	1/1/2023 1/1/2023	
41820 41874 41899	Gingivectomy, excision gingiva, each quadrant Alveoloplasty, each quadrant (specify) Unlisted procedure, dentoalveolar structures	Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023	
41820 41874	Gingivectomy, excision gingiva, each quadrant Alveoloplasty, each quadrant (specify) Unlisted procedure, dentoalveolar structures EXCISION OF UVULA	Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023	
41820 41874 41899 42140	Gingivectomy, excision gingiva, each quadrant Alveoloplasty, each quadrant (specify) Unlisted procedure, dentoalveolar structures EXCISION OF UVULA Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty,	Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023	
41820 41874 41899 42140 42145	Gingivectomy, excision gingiva, each quadrant Alveoloplasty, each quadrant (specify) Unlisted procedure, dentoalveolar structures EXCISION OF UVULA Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)	Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
41820 41874 41899 42140	Gingivectomy, excision gingiva, each quadrant Alveoloplasty, each quadrant (specify) Unlisted procedure, dentoalveolar structures EXCISION OF UVULA Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty,	Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
41820 41874 41899 42140 42145 42160	Gingivectomy, excision gingiva, each quadrant Alveoloplasty, each quadrant (specify) Unlisted procedure, dentoalveolar structures EXCISION OF UVULA Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty) Destruction of lesion, palate or uvula (thermal, cryo or chemical)	Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
41820 41874 41899 42140 42145 42160 42299	Gingivectomy, excision gingiva, each quadrant Alveoloplasty, each quadrant (specify) Unlisted procedure, dentoalveolar structures EXCISION OF UVULA Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty) Destruction of lesion, palate or uvula (thermal, cryo or chemical) Unlisted procedure, palate, uvula Unlisted procedure, salivary glands or ducts Pharyngoplasty (plastic or reconstructive operation on pharynx)	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
41820 41874 41899 42140 42145 42160 42299 42699	Gingivectomy, excision gingiva, each quadrant Alveoloplasty, each quadrant (specify) Unlisted procedure, dentoalveolar structures EXCISION OF UVULA Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty) Destruction of lesion, palate or uvula (thermal, cryo or chemical) Unlisted procedure, palate, uvula Unlisted procedure, salivary glands or ducts Pharyngoplasty (plastic or reconstructive operation on pharynx) Drug-Induced sleep endoscopy, with dynamic evaluation of velum, pharynx,	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
41820 41874 41899 42140 42145 42160 42299 42699 42950	Gingivectomy, excision gingiva, each quadrant Alveoloplasty, each quadrant (specify) Unlisted procedure, dentoalveolar structures EXCISION OF UVULA Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty) Destruction of lesion, palate or uvula (thermal, cryo or chemical) Unlisted procedure, palate, uvula Unlisted procedure, salivary glands or ducts Pharyngoplasty (plastic or reconstructive operation on pharynx) Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing,	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
41820 41874 41899 42140 42145 42160 42299 42699 42950	Gingivectomy, excision gingiva, each quadrant Alveoloplasty, each quadrant (specify) Unlisted procedure, dentoalveolar structures EXCISION OF UVULA Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty) Destruction of lesion, palate or uvula (thermal, cryo or chemical) Unlisted procedure, palate, uvula Unlisted procedure, salivary glands or ducts Pharyngoplasty (plastic or reconstructive operation on pharynx) 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 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
41820 41874 41899 42140 42145 42160 42299 42699 42950	Gingivectomy, excision gingiva, each quadrant Alveoloplasty, each quadrant (specify) Unlisted procedure, dentoalveolar structures EXCISION OF UVULA Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty) Destruction of lesion, palate or uvula (thermal, cryo or chemical) Unlisted procedure, palate, uvula Unlisted procedure, salivary glands or ducts Pharyngoplasty (plastic or reconstructive operation on pharynx) Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic Unlisted procedure, pharynx, adenoids, or tonsils	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
41820 41874 41899 42140 42145 42160 42299 42699 42950	Gingivectomy, excision gingiva, each quadrant Alveoloplasty, each quadrant (specify) Unlisted procedure, dentoalveolar structures EXCISION OF UVULA Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty) Destruction of lesion, palate or uvula (thermal, cryo or chemical) Unlisted procedure, palate, uvula Unlisted procedure, salivary glands or ducts Pharyngoplasty (plastic or reconstructive operation on pharynx) 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 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	

	Code Description			
Code	Upper gastrointestinal endoscopy including esophagus, stomach, and either	Clinical Review Criteria	Effective Date 1/1/2023	COMMENTS
	the duodenum and/or jejunum as appropriate; with delivery of thermal		1/1/2023	
43257	energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	Interqual		
	Laparoscopy, surgical, esophageal sphincter augmentation procedure,	·	1/1/2023	
43284	placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Interqual		
43285	Removal of esophageal sphincter augmentation device	Interqual	1/1/2023	
43289	Unlisted laparoscopy procedure, esophagus Esophagogastroduodenoscopy, flexible, transoral; with deployment of	Interqual	1/1/2023 8/1/2023	
43290	intragastric bariatric balloon	Interqual		
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	Interqual	1/1/2023	
43499	Unlisted procedure, esophagus	Interqual	1/1/2023	
43631 43632	Gastrectomy, partial, distal; with gastroduodenostomy Gastrectomy, partial, distal; with gastrojejunostomy	Interqual	1/1/2023 1/1/2023	
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	Interqual 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	
42645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and		1/1/2023	
43645	small intestine reconstruction to limit absorption Laparoscopy, surgical; implantation or replacement of gastric	Interqual	1/1/2023	
43647	neurostimulator electrodes, antrum Laparoscopy, surgical; revision or removal of gastric neurostimulator	Interqual		
43648	electrodes, antrum	Interqual	1/1/2023	
43659	Unlisted laparoscopy procedure, stomach Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable	Interqual	1/1/2023	
1	gastric restrictive device (eg, gastric band and subcutaneous port		1/1/2023	
43770	components Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable	Interqual	1/1/2023	
43771	gastric restrictive device component only	Interqual		
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	
43773		птенциан	1/1/2023	
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	Interqual		
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	
	Gastric restrictive procedure, without gastric bypass, for morbid obesity;		1/1/2023	
43843	other than vertical-banded gastroplasty Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and	Interqual	1/1/2023	
43844	Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	Interqual		
	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving		1/1/2023	
43845	duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	Interqual		
	Gastric restrictive procedure, with gastric bypass for morbid obesity; with		1/1/2023	
43846	short limb (less than 100 cm) Roux-en-Y gastroenterostomy Gastric restrictive procedure, with gastric bypass for morbid obesity; with	Interqual	1/1/2023	
43847	small intestine reconstruction to limit absorption	Interqual		
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	Interqual	1/1/2023	
	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection;		1/1/2023	
43860	without vagotomy	Interqual		
	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection;		1/1/2023	
43865	with vagotomy	Interqual		
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	
42007	Gastric restrictive procedure, open; removal of subcutaneous port component only	Integral	1/1/2023	
43887	Gastric restrictive procedure, open; removal and replacement of	Interqual	1/1/2023	
43888 43999	subcutaneous port component only Unlisted procedure, stomach	Interqual Interqual	1/1/2023	
44132	Donor enterectomy, open; from cadaver donor	Interqual Interqual	1/1/2023	
44133	Donor enterectomy, open; partial, from living donor	Interqual	1/1/2023	
44135 44136	Intestinal allotransplantation; from cadaver donor Intestinal allotransplantation; from living donor	Interqual	1/1/2023 1/1/2023	
44136	Unlisted laparoscopy procedure, intestine (except rectum)	Interqual Interqual	1/1/2023	
44705	Preparation of fecal microbiota for instillation, including assessment of	Interqual	1/1/2023	
44703	donor specimen Backbench standard preparation of cadaver or living donor intestine	mice qual	1/1/2023	
44715	allograft prior to transplantation, including mobilization and fashioning of	Interqual		
	the superior mesenteric artery and vein Backbench standard preparation of cadaver or living donor intestine		1/1/2023	
44720	allograft prior to transplantation, venous anastomosis, each Backbench standard preparation of cadaver or living donor intestine	Interqual	1/1/2023	
44721	allograft prior to transplantation, arterial anastomosis each	Interqual		
44799 44899	Unlisted procedure, intestine Unlisted procedure, Meckel's diverticulum and the mesentery	Interqual Interqual	1/1/2023 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 1/1/2023	
	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement,		_, _, _, _	
46601	including collection of specimen(s) by brushing or washing, when performed	Interqual		
	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single		1/1/2023	
46607	or multiple	Interqual		
46707 46999	Repair anorectal fist w/plug Unlisted procedure, anus	Interqual Interqual	1/1/2023 1/1/2023	
40222	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living	interqual	1/1/2023	
47135		Interqual		

	Code Description			
Code	Donor hepatectomy, with preparation and maintenance of allograft, from	Clinical Review Criteria	Effective Date 1/1/2023	COMMENTS
47140	living donor; left lateral segment only (segments II and III)	Interqual	1/1/2023	
47141	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total left lobectomy (segments II, III and IV)	Interqual	1/1/2023	
	Donor hepatectomy, with preparation and maintenance of allograft, from		1/1/2023	
47142	living donor; total right lobectomy (segments V, VI, VII and VIII) Backbench standard preparation of cadaver donor whole liver graft prior to	Interqual	1/1/2023	
	allotransplantation, including cholecystectomy, if necessary, and dissection		1,1,2025	
	and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without tri			
47143	segment or lobe solit Backbench standard preparation of cadaver donor whole liver graft prior to	Interqual		
	allotransplantation, including cholecystectomy, if necessary, and dissection		1/1/2023	
	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			
47144	segment [segments II and III] and right tri segment [segments I and IV	Interqual		
	Backbench standard preparation of cadaver donor whole liver graft prior to	mer quar	1/1/2023	
	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,			
47145	and IV] and right lobe [segments I and V through VIII])	Interqual		
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	Interqual	1/1/2023	
47147	Backbench reconstruction of cadaver or living donor liver graft prior to	Interqual	1/1/2023	
47379	allotransplantation; arterial anastomosis, each Unlisted laparoscopic procedure, live	Interqual	1/1/2023	
47399	Unlisted procedure, liver	Interqual	1/1/2023	
47579 47999	Unlisted laparoscopy procedure, biliary tract Unlisted procedure, biliary tract	Interqual Interqual	1/1/2023 1/1/2023	
48160	PANCREAS REMOVAL/TRANSPLANT	Interqual	1/1/2023	
10550	Donor pancreatectomy (including cold preservation), with or without		1/1/2023	
48550	duodenal segment for transplantation Backbench standard preparation of cadaver donor pancreas allograft prior	Interqual	1/1/2023	
	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			
48551	superior mesenteric artery and to splenic artery	Interqual	. /. /2.22	
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	Interqual	1/1/2023	
48554	Transplantation of pancreatic allograft	Interqual	1/1/2023	
48556 48999	Removal of transplanted pancreatic allograft Unlisted procedure, pancreas	Interqual Interqual	1/1/2023 1/1/2023	
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	Interqual	1/1/2023	
	Placement of interstitial device(s) for radiation therapy guidance, Open, Intra-abdominal, Intra-pelvic and/or retroperitoneum, including image		1/1/2023	
49411	guidance, single or multiple	Interqual		
	Placement of interstitial device(s) for radiation therapy guidance (eg,		1/1/2023	
	fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple			
49412	(List separately in addition to code for primary procedure)	Interqual		
40650	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy		1/1/2023	
49659 49999	Unlisted procedure, abdomen, peritoneum and omentum	Interqual Interqual	1/1/2023	
50000	Donor nephrectomy, open from living donor (excluding preparation and		1/1/2023	
50320	maintenance of allograft) Backbench standard preparation of living donor renal allograft (open or	Interqual	1/1/2023	
	laparoscopic) prior to transplantation, including dissection and removal of		, ,	
50325	perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	Interqual		
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	Interqual	1/1/2023	
	Backbench reconstruction of cadaver or living donor renal allograft prior to	·	1/1/2023	
50328	transplantation; arterial anastomosis, each Backbench reconstruction of cadaver or living donor renal allograft prior to	Interqual	1/1/2023	
50329	transplantation; ureteral anastomosis, each	Interqual		
50340	Recipient nephrectomy (separate procedure) Renal allotransplantation, implantation of graft; excluding donor and	Interqual	1/1/2023 1/1/2023	
50360	recipient nephrectomy	Interqual		
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 Laparoscopy, surgical; donor nephrectomy from living donor (excluding	Interqual	1/1/2023	
50547	preparation and maintenance of allograft)	Interqual	1/1/2023	
50549	Unlisted laparoscopy procedure, renal	Interqual	1/1/2023	
50949	Unlisted laparoscopy procedure, ureter Cystourethroscopy, with insertion of permanent adjustable transprostatic	Interqual	1/1/2023 1/1/2023	
52441	implant; single implant	Interqual		
	Cystourethroscopy, with insertion of permanent adjustable transprostatic		1/1/2023	
52442	implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	Interqual		
	Periurethral transperineal adjustable balloon continence device; bilateral		1/1/2023	
53451	insertion, including cystourethroscopy and imaging guidance	Interqual	1/1/2023	
1	Periurethral transperineal adjustable balloon continence device; unilateral		1/1/2023	
53452	insertion, including cystourethroscopy and imaging guidance Periurethral transperineal adjustable balloon continence device; removal,	Interqual	1/1/2023	
53453	each balloon	Interqual		
53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	Interqual	1/1/2023	
	Transurethral destruction of prostate tissue; by radiofrequency generated		1/1/2023	
53854	water vapor thermotherapy Transurethral radiofrequency micro-remodeling of the female bladder neck	Interqual	1/1/2023	
53860	and proximal urethra for stress urinary incontinence	Interqual		
53899 54125	Unlisted procedure, urinary system Amputation of penis; complete	Interqual Interqual	1/1/2023 1/1/2023	
37123	production of parity complete	process and all the second sec	-, -, -, -, -, -,	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
	Circumcision, surgical excision other than clamp, device or dorsal slit; older		1/1/2023	
54161 54400	than 28 days Insertion of penile prosthesis; non-inflatable (semi-rigid)	Interqual Interqual	1/1/2023	
54401	Insertion of penile prostnesis; inflatable (self-contained)	Interqual	1/1/2023	
	Insertion of multi-component, inflatable penile prosthesis, including	·	1/1/2023	
54405	placement of pump, cylinders, and reservoir	Interqual	1/1/2022	
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,	Internual	1/1/2023	
34410	inflatable penile prosthesis at the same operative session Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-	Interqual	1/1/2023	
54416	contained) penile prosthesis at the same operative session	Interqual		
	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-		1/1/2023	
	contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue			
54417		Interqual	1/1/2023	
54660 54699	Insertion of testicular prosthesis (separate procedure) Unlisted laparoscopy procedure, testis	Interqual Interqual	1/1/2023	
34099	Laparoscopy, surgical prostatectomy, simple subtotal (including control of	Interqual	8/1/2023	
	postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or		0, 2, 2020	
55867	dilation, and internal urethrotomy), includes robotic assistance, when performed	Interqual		
33007	Transperineal placement of biodegradable material, peri-prostatic, single or	- The square	1/1/2023	
FF074	multiple injection(s), including image guidance, when performed	Internual		
55874	Transperineal placement of needles or catheters into prostate for interstitial	Interqual	1/1/2023	
55875	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 Placement of needles, catheters, or other device(s) into the head and/or	Interqual	1/1/2023	
	neck region (percutaneous, transoral, or transnasal) for subsequent		1/1/2023	
55920	interstitial radioelement application	Interqual	L	
55970	Intersex surgery; male to female	Interqual	1/1/2023	
55980 56620	Intersex surgery; female to male	Interqual Interqual	1/1/2023 1/1/2023	
56620 56805	Vulvectomy simple; partial Clitoroplasty for intersex state	Interqual	1/1/2023	
57110	Vaginectomy, complete removal of vaginal wall	Interqual	1/1/2023	
	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	·	1/1/2023	
57155	Insertion of a vaginal radiation afterloading apparatus for clinical	Interqual	1/1/2023	
57156	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 58346	Cerclage of uterine cervix, nonobstetrical Insertion of Heyman capsules for clinical brachytherapy	Interqual Interqual	1/1/2023 1/1/2023	
58578	Unlisted laparoscopy procedure, uterus	Interqual	1/1/2023	
58579	Unlisted hysteroscopy procedure, uterus	Interqual	1/1/2023	
	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative		1/1/2023	
58674 58679	ultrasound guidance and monitoring, radiofrequency	Interqual	1/1/2023	
58999	Unlisted laparoscopy procedure, oviduct, ovary Unlisted procedure, female genital system (nonobstetrical)	Interqual 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	
	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr	4	1/1/2023	
61736	hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Interqual		
01730	trajectory for 1 simple lesion	Interqual	1/1/2023	
	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr		_,_,_,	
61737	hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Interqual		
	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator);		1/1/2023	
61798	1 complex cranial lesion	Interqual		
	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code		1/1/2023	
61799	for primary procedure)	Interqual		
61800	Application of sterotactic headframe for sterotactic radiosurgery (List	Interqual	1/1/2023	
01000	separately in addition to code for primary procedure) Twist drill, burr hole, craniotomy, or craniectomy with stereotactic	c. quu	1/1/2023	
	implantation of neurostimulator electrode array in subcortical site (eg,		, _, _5_5	
	thalamus, globus pallidus, subthalamic nucleus, periventricular,			
61863	periaqueductal gray), without use of intraoperative microelectrode recording: first array	Interqual		
	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic		1/1/2023	
	implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular,			
	periaqueductal gray), with use of intraoperative microelectrode recording;			
61867	first array	Interqual	1/1/2000	
61880	Revision or removal of intracranial neurostimulator electrodes Insertion or replacement of cranial neurostimulator pulse generator or	Interqual	1/1/2023 1/1/2023	
	receiver, direct or inductive coupling; with connection to a single electrode		1,1,2023	
61885	array Insertion or replacement of cranial neurostimulator pulse generator or	Interqual	1/1/2000	
	receiver, direct or inductive coupling; with connection to two or more		1/1/2023	
61886	electrode arrays	Interqual		
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	Interqual	1/1/2023	
01000	Percutaneous lysis of epidural adhesions using solution injection (eg,	Interqual	1/1/2023	
	hypertonic saline, enzyme) or mechanical means (eg, catheter) including		, _, _5_5	
62263	radiologic localization (includes contrast when administered), multiple	Interqual		
02203	adhesiolysis sessions; 2 or more days Percutaneous lysis of epidural adhesions using solution injection (eg,		1/1/2023	
	hypertonic saline, enzyme) or mechanical means (eg, catheter) including			
62264	radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	Interqual		
	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline	·	1/1/2023	
62280	solutions), with or without other therapeutic substance; subarachnoid	Interqual		
02200		Interqual	1	l

Section of the company of the compan		Code Description			
Section (Control of the Control of t	Code	Code Description Injection/infusion of neurolytic substance (eg. alcohol. phenol. iced saline	Clinical Review Criteria		COMMENTS
Special Control of the Control of th		, , , , , , , , , , , , , , , , , , , ,		1/1/2023	
Account of the control of the contro	62281		Interqual	1/1/2023	
Segment and intermediate presenting presentation of the last purposes. 1979 1979 1970 1970 1970 1970 1970 197	50000	solutions), with or without other therapeutic substance;epidural, lumbar,		1/1/2023	
of the control of the July on mortion, daily are mining to freely control or the July of t	62282	Aspiration or decompression procedure, percutaneous, of nucleus pulposus	Interqual	1/1/2023	
Georgia de la company de la co				, ,	
Total process instantion for disruptions of the strong of the control of the cont	62287		Interqual		
Interest of the control of the contr					
postparrode, coloral provide one valued in involvating controlled in con	02291		interqual		
entropy of the control of the contro		antispasmodic, opioid, steroid, other solution), not including neurolytic			
protection of improved protection of the protect	62220		Intergual		
debtacker, including vedeo or other prospects, standarding control or other prospects, standarding control or other prospects and standarding control or o	02320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic,	interqual	1/1/2023	
extraction of the control of the con					
protection() of agreeds or thereased activation (a procedure) or transported, copies during control or allegating control or submitted activation procedure or allegating control or allegating contro	62224	or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy	Internal		
antisperonalis, special, senotal, rother values of the time regulary or substantial to the control (account) which was properties of the control (account) which	62321		Interqual	1/1/2023	
system when the control control is already and several processing an					
seguinable, of adequated or between the solution of solution and solut					
sentingenode, copied, activity, developed and controlled generalized generalized and controlled generalized generaliz	62322		Interqual	1/1/2023	
or solventended, furniture or start (catalogy, with imaging guidance, it., serimitation tables, of illigencois or the respects's solventered, in exemplers, solventered, and solventered in exemplers, solventered, of the solventer, or industry and solventered in exemplers, solventered, of the solventered in continuous influence or solventered in the solventered in continuous influence or solventered in the solventered in solventered in solventered in the solventered in solventered i				.,	
Specialists, filt influential parameter, continuous misconics of the property studency of the property studency of the property studency of the property studency of the property of the prope					
Intermittent to Nacy, of Bagonitis on the regarding conductive generalises, and an extensive control of better in the control of the control	62323	fluoroscopy or CT) Injection(s), including indwelling catheter placement, continuous infusion or	Interqual	1/1/2023	
substances, interfamiliare optional or aborancesia, convicual or thoraciscs interfamiliare optional pulsamente, conclusions inflation or experimental processing control or pulsamente, conclusion inflation or experimental processing control or pulsamente, conclusion inflation or experimental processing control or pulsamente, conclusion or processing control or pulsamente, conclusion processing control or pulsamente, control or		intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic,		_, _, _, _	
opcomotion, fundament continues in the continue of the continues of the co					
intermetent bolu, of diagnetics or therapeutic publicance (a) consistent or undergread in challenge enables, with common cap of control intermetent bolus, of diagnetic or therapeutic substances (a) testing neutrons (a) control intermetent bolus, of diagnetic or therapeutic substances (a) (a) executed intermetent bolus, of diagnetic or therapeutic substances (a) (a) executed intermetent bolus, of diagnetic or therapeutic substances (a) (a) executed intermetent bolus, of diagnetic or therapeutic substances (a) (a) executed intermetent bolus, of diagnetic or therapeutic substances (a) (a) executed intermetent bolus, of diagnetic or therapeutic substances (a) (a) executed intermetent intermetent bolus, of diagnetic or therapeutic substances (a) (a) executed intermetent intermetent bolus, of diagnetic or therapeutic substances (a) (a) executed intermetent intermetent bolus, of diagnetic or therapeutic substances (a) (a) executed intermetent intermetent bolus, of diagnetic or therapeutic substances (a) (a) executed intermetent intermetent intermetent expland or substances (a) executed intermetent intermetent intermetent expland or substances (a) executed intermetent int	62324		Interqual	1/1/2023	
intringancia, opodi, chronic, chronic, chronic, chronic, chronic chronic, chronic chro				1/1/2023	
margine guitance (in, fluoroscopy or CT) referenced policy), including resolventy (arbitect placement, continuous infosors or intermeted biols, of diagnostic or the respect of substance(s) (see, aesched), and including respectively. 6276 (arbitect littlatud imagine guidance for the respect of substance(s) (see, aesched), and including respectively. 6276 (arbitect), including investigate placement, continuous infosors or intermittent biols, of diagnostic or the respect of substance(s) (see, aesched). 6277 (arbitect), including investigate placement, continuous infosors or intermittent biols, of diagnostic or the respect of substance(s) (see, aesched). 6277 (arbitect), including respectively (see, deschedule). 6277 (arbitect), including substance (see, log, aeschedule). 6278 (arbitect), including substance (see, log, aeschedule). 6279 (arbitect), including substance (see, log, aeschedule). 6270 (arbitect), including substance (see, log, aeschedule). 6271 (arbitect), including substance (see, log, aeschedule). 6271 (arbitect), including substance (see, log, aeschedule). 6272 (arbitect), including substance (see, log, aeschedule). 6273 (arbitect), incl					
specially, including indeeding officiency instructions of interespecial	62325		Interqual		
antispasmodic, opiolis, streolis, arterolis, britoris orazionia (controllare), not including esemolytic controllares (controllares) (controll	02323	Injection(s), including indwelling catheter placement, continuous infusion or	interqual	1/1/2023	
substances, inferiormiser epidurial or substanchoid, lumbar or sucral injection(s), including inducelling cultienter potential or substances (single members, microsoft, including inducelling cultienter potential or substances) (single members, substances, inferiormiser epidurial or substances) (single members) substances, inferiormiser epidurial or substances) substances, inferiormiser epidurial or substances (single members) substances (single me		· · · · · · · · · · · · · · · · · ·			
International controls, including indeveling camber placement, continuous infraston or international controls, steroid, other solution), not including neurolytic substances, interfacional epidemia of substances, interfacional epidemia carbeter, for fore term medication administration via an enternal pump or implication, revision or repositioning of tunneed intrathecal or epidural carbeter, for fore term medication administration via an enternal pump or implication, revision or repositioning of tunneed intrathecal or epidural carbeter, for fore term medication administration via an enternal pump or implication, revision or repositioning of tunneed intrathecal or epidural carbeter, for increase in medication administration via an enternal pump or implication, revision or repositioning implication interfacion or epidural carbeter in medication administration via an enternal pump or implication or repositioning implication interfacion or epidural carbeter. Interfacion of epidural carbeter interfacion or epidural carbeter interfacion or epidural carbeter. Interfacion or epidural carbeter interfacion or epidural carbeter. Interfacion or epidural carbeter interfacion or epidural carbeter interfacion or epidural carbeter. Interfacion or epidural carbeter interfacion o	62226		Interqual		
Infernition bobs, of diagnostic or therapeutic substance(s) (e.g. amethetic, substances), steed chemical content of substances), interferinare registeral or substances, interferinare registeral or substances or repositioning of tunneed untrathecal or epitural carbiters, for long-term medication administration via an external pump or implantation, received or repositioning of tunneed branches can be produced and the carbiters of long-term medication administration via an external pump or interqual carbiters for long-term medication administration via an external pump or interqual carbiters for long-term medication administration via an external pump or interqual carbiters for long-term medication administration via an external pump or interqual carbiters of long-term medication administration via an external pump or interqual carbiters of previously implanted intrathecal or epidural drug interpretation or prepatural or previously implanted intrathecal or epidural drug interpretation or prepatural drug interpretation or pr	02320		interqual	1/1/2023	
substances, interfaminar epidural or substanctional, united or serial (caudil-, with inappe guidance (e. fin.coroscope or CT) mighantation, mission or repositioning of tuneeded intrathecal or epidural catheter, for long-term emidication authoristation via an external pump or implantable reservoir/influsion pump, without, laminisation via an external pump or implantable reservoir/influsion pump, without, laminisation via an external pump or the properties of		intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic,			
implantation, revision or repositioning of tumerida intrathecal or epidural catheter, for long-term medication administration via an external pump or intergral and pulphatation, revision or repositioning of tumerida intrathecal or epidural catheter, for long-term medication administration via an external pump or intergral catheter, for long-term medication administration via an external pump or intergral catheter, for long-term medication administration via an external pump or intergral catheter, for long-term medication administration via an external pump or intergral catheter, for long-term medication administration via an external pump or intergral catheter, for long-term medication administration via an external pump or intergral catheter, for long-term medication administration via an external pump or intergral catheter, for long-term medication administration via an external pump or intergral catheter interpretation of pump or intrahecal or epidural drug influence intergral catheter intrahecal or epidural drug influence intrahecal via pedural drug influence intergral influence intrahecal via pedural drug influence intrahecal via pedural drug influence intergral influence intrahecal via pedural drug influence intergral intrahecal via pedural drug influence intergral intergra					
mighatable reservoir/infusion pump; without amenetomy interqual interqual interpretation administration via an external pump or interqual interpretation of previously implantation respectation administration via an external pump or interqual interpretation of previously implantation or replacement of evere for intrathecal or epidural drug influence interpretation of previously implantation or replacement of evere for intrathecal or epidural drug influence interpretation of interpretation or replacement of device for intrathecal or epidural drug influence interpretation or replacement of device for intrathecal or epidural drug influence interpretation or replacement of device for intrathecal or epidural drug interpretation or replacement of device for intrathecal or epidural drug interpretation or replacement of device for intrathecal or epidural drug interpretation or replacement of device for intrathecal or epidural drug interpretation or replacement of device for intrathecal or epidural drug interpretation or promps interpretation or replacement of device for intrathecal or epidural drug interpretation and/or extension of spinal cord, evere events, including interpretation and/or extension of spinal cord, evere events, including interpretation and/or extension of spinal cord and/or caude equina, without facetectomy, foraminotomy or discectomy (e.g., or interpretation and/or extension of spinal cord and/or caude equina, without facetectomy, foraminotomy or discectomy (e.g., or interpretation and/or extension of spinal cord and/or caude equina, without facetectomy, foraminotomy or discectomy (e.g., or interpretation and/or extension of spinal cord and/or caude equina, without facetectomy, foraminotomy or discectomy (e.g., or interpretation and/or extension and/or decompression of spinal cord and/or caude equina, without fa	62327	· · · · · · · · · · · · · · · · · · ·	Interqual		
mplantable reservoir/infusion pump, without harmectomy mplantable reservoir/infusion pump, without transferal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump, with imminectomy molecular developer in the programment of the				1/1/2023	
Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long term medication administration via an external pump or implantation recognized intrathecal or epidural catheter integral int	62250		Intergual		
catheter, for long-term medication administration via an external pump or implantable reservoir/finision pumposith laminectomy with the production of the pr	02330	Implantation, revision or repositioning of tunneled intrathecal or epidural	interqual	1/1/2023	
Court of previously implanted in crathecal or epidural catheter interrogal implantation registered for decide for intrahecal or epidural drug influsion, non-programmable pump. Interrogal interrogal interrogal influsion, non-programmable pump, including preparation of pump, with or without programmable pump, including preparation of pump, with or without programmable pump, including preparation of pump, with or without programmable pump, including preparation of pump, with or without programmable pump, including preparation of pump, with or without programmable pump, including preparation of pump, with or without programmable pump, including preparation of pump, with or without programmable pump, including preparation of pump, with or without programmable pump, including preparation of pump, with or without programmable pump, including preparation of pump, with or without programmable pump, including preparation of pump, with or without programmable pump, including preparation or spinal cord and/or unstanced or guidal infections. In the programmable pump, including preparation or spinal cord and/or cause quality, without facetectomy, foraminotomy or discectomy (e.g., causal strenois). In 22 yearhold suppers spinal cord and/or caude equina, without facetectomy, foraminotomy or discectomy (e.g., spinal strenois). In 22 yearhold suppersion of spinal cord and/or caude equina, without facetectomy, foraminotomy or discectomy (e.g., spinal strenois). In 22 year with programmable prog					
implantation or replacement of device for intrathecal or epidural drug infusion, subcaraceous reservoir or intrathecal or epidural drug infusion, not programmable pump, including preparation of pump, with or intrathecal or epidural drug infusion, rougharmable pump, including preparation of pump, with or intrathecal or epidural infusion interqual interq			·	1/1/2022	
implantation or replacement of device for intrathecal or epidural drug infusion, programmable pump. Interqual interqual infusion, programmable pump. Including preparation of pump, with or without programmable pump. Including preparation of pump, with or without programmable pump. Including preparation of pump, with or without programmable pump, including preparation of pump, with or without programmable pump, including preparation of pump, with or without programmable pump, including pump and pump interqual interqual interqual interpretation or spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or writion of harmstaid interpretation and/or decompression of spinal cord and/or caude equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis). In 2 particular interpretation and/or decompression of spinal cord and/or caude equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis). In 2 particular interpretation spinal cord and/or caude equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis). In 2 particular interpretation spinal cord and/or caude equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis). In 2 particular interpretation and/or decompression of spinal cord and/or caude equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis). In 2 particular interpretation and/or decompression of spinal cord and/or caude equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis). In 2 particular interpretation and/or decompression of spinal cord and/or caude equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; thoraccc interpretation and/or decompression of spinal cord and/or caude equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; thoraccc interpretation and/or decompression of spinal cord and/or caude equina, without f					
migratation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or migration or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, previously implanted for intrathecal or epidural Infusion. 62362 Michoe Programming Michoe Programmable pump, including programmable pump, previously implanted for intrathecal or epidural Infusion. 62363 Endoscopic decompression of spinal cord, enever cost(s), including interrugual	62360		Interqual	1/1/2022	
Interqual Associated programmable pump, including preparation of pump, with or without programming without programming interqual Associated product in interqual interqual Associated product in interqual interqual Associated product interpretation of pump, previously implanted for intrathead or politural intition or politural	62361	infusion; non programmable pump	Interqual		
Removal of subcutaneous reservoir or pump, previously implanted for intratheact on epigural infusion or pigural infusion or pi		1		1/1/2023	
Interqual Inte	62362		Interqual	1/1/2023	
laminotomy, partial facetectomy, foraminotomy, discectomy and/or oxician of herasitant interventerbrackine: I parts present unbare and proceedings of the procession of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., sinial stensisk). I no? verterlar segments: rendral Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stensisk). I no? verterlar segments: harafac Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stensisk), noer or two verterlar segments; lumbar, expert for sonotivolomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stensisk), noer or two verterlar segments; lumbar, expert for sonotivolomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stensisk). In or verterlar segments; cervical laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and ever roots for spondyloisthesis. Bamilectomy with removal of abnormal facets and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stensisk), more than 2 vertebral segments; cervical linterqual linter	62365	intrathecal or epidural infusion	Interqual		
Interqual				1/1/2023	
cauda equina, without facetectomy, foraminotomy or discectomy (e.g., laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), nor experience segments; thoraric laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (e.g., spinal stenosis), one or two vertebral segments; thurbar (authority), spinal stenosis, one or two vertebral segments; thurbar (authority), spinal stenosis, one or two vertebral segments; thurbar (authority), spinal stenosis, one or two vertebral segments; carcial canda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), or cauda equina and nerve roots for spondylolisthesis, lumbar (gill type procedure) Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; carcial latering and spinal stenosis, more than 2 vertebral segments; carcial latering and spinal stenosis, more than 2 vertebral segments; carcial latering and spinal stenosis, more than 2 vertebral segments; carcial latering and spinal stenosis, more than 2 vertebral segments; carcial latering and spinal stenosis, more than 2 vertebral segments; carcial latering and spinal stenosis, more than 2 vertebral segments; carcial latering and spinal stenosis, more than 2 vertebral segments; carcial latering and spinal stenosis, more than 2 vertebral segments; carcial latering and spinal stenosis, more than 2 vertebral segments; carcial latering and spinal stenosis, more than 2 vertebral segments; carcial latering and spinal stenosis, more than 2 vertebral segments; carcial latering and spinal stenosis, more than 2 vertebral segments; lumbar latering and spinal stenosis, more than 2 vertebral segments; lumbar latering and spinal stenosis, more than 2 vertebral segments; lumbar latering and spinal stenosis,	62380	excision of herniated intervertehral disc. 1 interspace lumbar	Interqual	1/1/2023	
Laminectomy with exploration and/or decompression of spinal cord and/or cada equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis). In cry cyrethral segments; lumbar, except for cada equina, without facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis), one or two vertebral segments; lumbar, except for sandyloilisthesis. Interqual 1/1/2023	62001	cauda equina, without facetectomy, foraminotomy or discectomy (e.g.,	Interqual	_, _, _, _	
Canala stenosis 1 or 2 vertebral segments: thoracic Interqual Interqua	03001	Laminectomy with exploration and/or decompression of spinal cord and/or		1/1/2023	
Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), one or two vertebral segments; lumbar, except for spondy/olisthesis Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis). 1 or 2 vertebral segments: castral Laminectomy with exploration and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondy/olisthesis, lumbar (Gill type procedure) Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; cervical Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; thoracic Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; thoracic Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis), more than 2 vertebral segments; lumbar Laminotomy (hemilaminectomy), or decompression of reverver vertebral segments; lumbar Laminotomy (hemilaminectomy), or decompression of nerver vertebral segments; lumbar (lump partial facetectomy, foraminotomy or diskectomy, (e.g., including partial facetectomy, foraminotomy or diskectomy, fo	63003		Interqual		
spinal stenosis), one or two vertebral segments; lumbar, except for sonody/olisthesis Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., coinal stenosis). 1 or 2 varrabral carmants carral laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondy/olisthesis, lumbar (Gill type procedure) Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; cervical Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; thoracic Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; thoracic Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; thoracic Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis), more than 2 vertebral segments; tumbar Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated				1/1/2023	
Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenoics). Interqual 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) Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; cervical Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; thoracic Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; thoracic Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis), more than 2 vertebral segments; umbar Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated					
cauda equina, without facetectomy, foraminotomy or discectomy (e.g., sinal stenosis). 1 or 2 vertebral segments: sacral 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) Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; cervical Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; thoracic interqual Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis), more than 2 vertebral segments; thoracic interqual Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis), more than 2 vertebral segments; lumbar Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated	63005		Interqual	1/1/2023	
Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, linterqual Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; cervical Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; thoracic Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; thoracic Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis), more than 2 vertebral segments; lumbar Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated	63011	cauda equina, without facetectomy, foraminotomy or discectomy (e.g.,	Interqual	_, _, _, _	
Interqual Inte	03011	Laminectomy with removal of abnormal facets and/or pars inter-articularis		1/1/2023	
Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; cervical Interqual Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; thoracic Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis), more than 2 vertebral segments; lumbar Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated	63012		Interqual		
spinal stenosis), more than 2 vertebral segments; cervical Interqual Interqu		Laminectomy with exploration and/or decompression of spinal cord and/or		1/1/2023	
Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; thoracic Interqual Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis), more than 2 vertebral segments; lumbar Interqual Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated					
cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; thoracic Interqual Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis), more than 2 vertebral segments; lumbar Interqual Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated	63015	Laminectomy with exploration and/or decompression of spinal cord and/or	Interqual	1/1/2023	
Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis), more than 2 vertebral segments; lumbar Interqual Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated		cauda equina, without facetectomy, foraminotomy or discectomy (e.g.,		.,	
cauda equina, without facetectomy, foraminotomy or diskectomy, (e.g., 63017 spinal stenosis), more than 2 vertebral segments; lumbar Interqual Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated	63016	spirial stenosis), more than 2 vertebral segments; thoracic	Interqual		
spinal stenosis), more than 2 vertebral segments; lumbar Interqual Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated				1/1/2023	
Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated	63017		Intergual		
	55517		4	1/1/2023	
	63020	including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc: 1 interspace, cervical	Interqual	<u>L</u>	

	Code Description			
Code	Laminotomy (hemilaminectomy), with decompression of nerve root(s),	Clinical Review Criteria	Effective Date	COMMENTS
	including partial facetectomy, foraminotomy and/or excision of herniated		1/1/2023	
63030	intervertebral disk; one interspace, lumbar (including open or	Interqual		
03030	endoscopically-assisted approach) Laminotomy (hemilaminectomy), with decompression of nerve root(s),	interqual	1/1/2023	
	including partial facetectomy, foraminotomy and/or excision of herniated			
63035	intervertebral disc; each additional interspace, cervical or lumbar (List	Interqual		
	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated		1/1/2023	
	intervertebral disc, reexploration, single interspace; cervical			
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s),	Interqual	1/1/2023	
62042	including partial facetectomy, foraminotomy and/or excision of herniated	later and	1/1/2023	
63042	intervertebral disk, reexploration, single interspace; lumbar Laminotomy (hemilaminectomy), with decompression of nerve root(s),	Interqual	1/1/2023	
	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)			
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s),	Interqual	1/1/2023	
	including partial facetectomy, foraminotomy and/or excision of herniated		1/1/2023	
	intervertebral disc, reexploration, single interspace; each additional lumbar			
63044	interspace (List separately in addition to code for primary procedure)	Interqual		
	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g.,		1/1/2023	
62045	spinal or lateral recess stenosis]), single vertebral segment; cervical	later and		
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with	Interqual	1/1/2023	
	decompression of spinal cord, cauda equina and/or nerve root[s], [e.g.,			
63046	spinal or lateral recess stenosis]), single vertebral segment; thoracic	Interqual		
	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with		1/1/2023	
	decompression of spinal cord, cauda equina and/or nerve root(s), (e.g., spinal or lateral recess stenosis)), single vertebral segment; lumbar			
63047	Laminectomy, racetectomy and foraminotomy (unitateral or bilateral with	Interqual	1/1/2023	
	decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal		1/1/2023	
	or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition			
63048	to code for primary procedure)	Interqual		
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments	Interqual	1/1/2023	
	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more	·	1/1/2023	
	vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non- segmental fixation			
63051	devices [e.g., wire, suture, mini-plates], when performed)	Interqual		
03031	caminectomy, racetectomy, or roraminotomy (unitateral or bilateral with	interqual	1/1/2023	
	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			
63052	procedure) Laminectomy, racetectomy, or foraminotomy (unilateral or bilateral with	Interqual	1/1/2023	
	decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal		1/1/2023	
	or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary			
63053	procedure)	Interqual		
	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disk), single segment; lumbar		1/1/2023	
63056	(including transfacet, or lateral extraforaminal approach) (e.g., far lateral	Interqual		
03030	herniated intervertebral disk) Transpedicular approach with decompression of spinal cord, equina and/or	interqual	1/1/2023	
	nerve root(s) (e.g., herniated intervertebral disk), single segment; each additional segment, thoracic or lumbar (List separately in addition to code			
63057	for primary procedure)	Interqual		
63064	Costovertebral approach with decompression of spinal cord or nerve root(s), (e.g., herniated intervertebral disk), thoracic; single segment	Interqual	1/1/2023	
	Costovertebral approach with decompression of spinal cord or nerve		1/1/2023	
63066	root(s), (e.g., herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)	Interqual		
	Discectomy, anterior, with decompression of spinal cord and/or nerve		1/1/2023	
63075	root(s). including osteophytectomy: cervical, single interspace Discectomy, anterior, with decompression of spinal cord and/or nerve	Interqual	1/1/2023	
63076	root(s), including osteophytectomy; cervical, each additional interspace (List	Interqual		
	separately in addition to code for primary procedure) Discectomy, anterior, with decompression of spinal cord and/or nerve		1/1/2023	
63077	root(s), including osteophytectomy; thoracic, single interspace Discectomy, anterior, with decompression of spinal cord and/or nerve	Interqual	1/1/2023	
	root(s), including osteophytectomy; thoracic, each additional interspace		1,1,2023	
63078	(List separately in addition to code for primary procedure) Vertebral corpectomy (vertebral body resection), partial or complete,	Interqual	1/1/2023	
C2004	anterior approach with decompression of spinal cord and/or nerve root(s);	Intergual	2, 1, 2023	
63081	cervical single segment Vertebral corpectomy (vertebral body resection), partial or complete,	Interqual	1/1/2023	
	anterior approach with decompression of spinal cord and/or nerve root(s);			
63082	cervical, each additional segment (List separately in addition to code for	Interqual		
	Vertebral corpectomy (vertebral body resection), partial or complete,		1/1/2023	
63085	transthoracic approach with decompression of spinal cord and/or nerve root(s): thoracic, single segment	Interqual	<u> </u>	
	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve		1/1/2023	
	root(s); thoracic, each additional segment (List separately in addition to	landa annual		
63086	code for primary procedure)	Interqual	1/1/2023	
	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord,		_, _, _, _	
63087	cauda equina or nerve root(s), lower thoracic or lumbar; single segment	Interqual	<u>L</u>	
	Vertebral corpectomy (vertebral body resection), partial or complete,		1/1/2023	
	combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional			
63088	segment (List separately in addition to code for primary procedure)	Interqual		
	1		1	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
	Vertebral corpectomy (vertebral body resection), partial or complete,		1/1/2023	
	transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single			
63090	segment	Interqual		
	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal		1/1/2023	
	cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each			
62004	additional segment (List separately in addition to code for primary	Internal		
63091	procedure) Vertebral corpectomy (vertebral body resection), partial or complete, latera	Interqual	1/1/2023	
	extracavitary approach with decompression of spinal cord and/or nerve	'	1/1/2023	
62404	root(s) (e.g., for tumor or retropulsed bone fragments); thoracic, single	Internal		
63101	Segment Vertebral corpectomy (vertebral body resection), partial or complete, latera	Interqual	1/1/2023	
	extracavitary approach with decompression of spinal cord and/or nerve		1,1,2023	
63102	root(s) (e.g., for tumor or retropulsed bone fragments); lumbar, single	Interqual		
03102	Segment Vertebral corpectomy (vertebral body resection), partial or complete, latera	Interqual	1/1/2023	
	extracavitary approach with decompression of spinal cord and/or nerve		1,1,2023	
	root(s) (e.g., for tumor or retropulsed bone fragments); thoracic or lumbar,			
63103	each additional segment (List separately in addition to code for primary	Interqual		
	Laminectomy with myelotomy (e.g., Bischof or DREZ type), cervical,	·	1/1/2023	
63170	thoracic, or thoracolumbar	Interqual	1/1/0000	
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid	Interqual	1/1/2023	
	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or		1/1/2023	
63173	pleural space	Interqual		
63185	Laminectomy with rhizotomy; 1 or 2 segments	Interqual	1/1/2023	
63190 63191	Laminectomy with rhizotomy; more than 2 segments Laminectomy with section of spinal accessory nerve	Interqual Interqual	1/1/2023 1/1/2023	
03131	Laminectomy with section of spinal accessory herve Laminectomy with cordotomy, with section of both spinothalamic tracts, 1		1/1/2023	<u> </u>
63197	stage: thoracic	Interqual		
63200	Laminectomy, with release of tethered spinal cord, lumbar	Interqual	1/1/2023	
63250	Laminectomy for excision or occlusion of arteriovenous malformation of	Interqual	1/1/2023	
55250	spinal cord: cervical Laminectomy for excision or occlusion of arteriovenous malformation of		1/1/2023	
63251	spinal cord; thoracic	Interqual		
63252	Laminectomy for excision or occlusion of arteriovenous malformation of	Interqual	1/1/2023	
00202	spinal cord; thoracolumbar Laminectomy for excision or evacuation of intraspinal lesion other than	me que	1/1/2023	
63265	neoplasm. extradural: cervical	Interqual		
63266	Laminectomy for excision or evacuation of intraspinal lesion other than	Interqual	1/1/2023	
03200	neoplasm. extradural: thoracic Laminectomy for excision or evacuation of intraspinal lesion other than	merqua	1/1/2023	
63267	neoplasm. extradural: lumbar	Interqual		
63268	Laminectomy for excision or evacuation of intraspinal lesion other than	Interqual	1/1/2023	
03200	neoplasm, extradural; sacral Laminectomy for excision of intraspinal lesion other than neoplasm,	merqua	1/1/2023	
63270	intradural; cervical	Interqual		
63271	Laminectomy for excision of intraspinal lesion other than neoplasm,	Interqual	1/1/2023	
03271	intradural: thoracic Laminectomy for excision of intraspinal lesion other than neoplasm,	interqual	1/1/2023	
63272	intradural: lumbar	Interqual		
63273	Laminectomy for excision of intraspinal lesion other than neoplasm,	Interqual	1/1/2023	
03273	intradural: sacral Laminectomy for biopsy/excision of intraspinal neoplasm; extradural,	interqual	1/1/2023	
63275	cervical	Interqual		
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural,	Interqual	1/1/2023	
03270	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural,	interqual	1/1/2023	
63277	cervical	Interqual		
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	Interqual	1/1/2023	
03270	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,	merqua	1/1/2023	
63280	extramedullary, cervical	Interqual		
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,	Interqual	1/1/2023	
03201	extramedullary, thoracic Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,	erquui	1/1/2023	
63282	extramedullary, lumbar	Interqual		
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,	Interqual	1/1/2023	
03203	extramedullarv. sacral Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,	merquai	1/1/2023	<u> </u>
63285	extramedullary, lumbar	Interqual		
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,	Interqual	1/1/2023	
03200	intramedullary, thoracic Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,	Interqual	1/1/2023	<u> </u>
63287	intramedullary, thoracolumbar	Interqual		
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined	Interqual	1/1/2023	
03270	extradural-intradural lesion, any level Osteoplastic reconstruction of dorsal spinal elements, following primary	merquai	1/1/2023	
	intraspinal procedure (List separately in addition to code for primary		1, 1, 2023	
63295	procedure)	Interqual	, Is Inna-	
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	Interqual	1/1/2023	
	Vertebral corpectomy (vertebral body resection), partial or complete, for	·	1/1/2023	
63301	excision of intraspinal lesion, single segment; extradural, thoracic by	Interqual		
02301	transthoracic approach Vertebral corpectomy (vertebral body resection), partial or complete, for	merquai	1/1/2023	
	excision of intraspinal lesion, single segment; extradural, thoracic by	l	1/1/2023	
63302	thoracolumbar approach	Interqual		
	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by	,	1/1/2023	
63303	excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	Interqual		
C2204	Vertebral corpectomy (vertebral body resection), partial or complete, for	Intergual	1/1/2023	
63304	excision of intraspinal lesion, single segment; intradural, cervical Vertebral corpectomy (vertebral body resection), partial or complete, for	Interqual	1/1/2023	
	excision of intraspinal lesion, single segment; intradural, thoracic by		1/1/2023	
63305	transthoracic approach	Interqual		
	Vertebral corpectomy (vertebral body resection), partial or complete, for		1/1/2023	
63306	excision of intraspinal lesion, single segment; intradural, thoracic by	Interqual		
	Vertebral corpectomy (vertebral body resection), partial or complete, for		1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
couc	Vertebral corpectomy (vertebral body resection), partial or complete, for	elimed Review Citeria	1/1/2023	COMMENTS
63308	excision of intraspinal lesion, single segment; each additional segment (List senarately in addition to codes for single segment) Creation of lesion of spinal cord by stereotactic method, percutaneous, any	Interqual		
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		1/1/2023	
	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator);	Interqual	1/1/2023	
63620	1 spinal lesion Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator);	Interqual	1/1/2023	
63621	each additional spinal lesion (List separately in addition to code for primary procedure)	Interqual	=, =, ====	
	Percutaneous implantation of neurostimulator electrode array, epidural		1/1/2023	
63650	Laminectomy for implantation of neurostimulator electrodes, plate/paddle,	Interqual	1/1/2023	
63655	epidural Removal of spinal neurostimulator electrode percutaneous array(s),	Interqual	1/1/2023	
63661	including fluoroscopy, when performed	Interqual		
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Interqual	1/1/2023	
	Revision including replacement, when performed, of spinal neurostimulator	·	1/1/2023	
63663	electrode percutaneous array(s), including fluoroscopy, when performed	Interqual		
	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including		1/1/2023	
63664	fluoroscopy, when performed Insertion or replacement of spinal neurostimulator pulse generator or	Interqual	1/1/2023	
63685	receiver, direct or inductive coupling	Interqual		
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	Interqual	1/1/2023	
	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed		1/1/2023	
64451	tomography) Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches,	Interqual	1/1/2022	
64454	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	
	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level (List separately in addition to code for		1/1/2023	
64480	primary procedure)	Interqual	. /. /2.22	
64483	Injection, anesthetic agent and/or steroid, transforaminal epidural;lumbar or sacral, single level	Interqual	1/1/2023	
	Injection, anesthetic agent and/or steroid, transforaminal epidural;lumbar or sacral, each additional level (List separately in addition to code for		1/1/2023	
64484	primary procedure) Injection(s), diagnostic or therapeutic agent, paravertebral facet	Interqual	1/1/2023	
64400	(zygapophyseal) joint (Ir nerves innervating that joint) with image guidance	Internal	1/1/2023	
64490	(fluoroscopy or CT), cervical or thoracic; single level Injection(s), diagnostic or therapeutic agent, paravertebral facet	Interqual	1/1/2023	
	(zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in			
64491	addition to code for primary procedure)	Interqual	1/1/2022	
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance		1/1/2023	
	(fluoroscopy or CT), cervical or thoracic; third and any additional level(s)			
64492	(List separately in addition to code for primary procedure) Injection(s), diagnostic or therapeutic agent, paravertebral facet	Interqual	1/1/2023	
64493	(zygapophyseal) joint (or nerves innervating that joint) with image guidance	Interqual	1/1/2023	
04433	(fluoroscopy or CT), lumbar or sacral; single level Injection(s), diagnostic or therapeutic agent, paravertebral facet	interqual	1/1/2023	
	(zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in			
64494	addition to code for primary procedure)	Interqual	1/1/2023	
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance		1/1/2023	
	(fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)			
64495 64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	Interqual Interqual	1/1/2023	
64520	Injection, anesthetic agent;lumbar or thoracic (paravertebral sympathetic)	Interqual	1/1/2023	
	Percutaneous implantation of neurostimulator electrode array; cranial		1/1/2023	
64553	nerve Percutaneous implantation of neurostimulator electrode array; peripheral	Interqual	1/1/2023	
64555	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	
64561	Percutaneous implantation of neurostimulator electrodes; neuromuscular	Interqual 	1/1/2023	
64565	Posterior tibial neurostimulation, percutaneous needle electrode, single	Interqual	1/1/2023	
64566	treatment, includes programming Open implantation of cranial nerve (eg, vagus nerve) neurostimulator	Interqual Interqual	1/1/2023	
64568	electrode array and pulse generator	Interqual		
	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator		1/1/2023	
64569	Open implantation of neurostimulator electrode array; peripheral nerve	Interqual	1/1/2023	
64575	(excludes sacral nerve)	Interqual		
64581	Open implantation of neurostimulator electrode array; neuromuscular Open implantation of hypoglossal nerve neurostimulator array, pulse	Interqual	1/1/2023 1/1/2023	
64582	generator, and distal respiratory sensor electrode or electrode array Revision or replacement of hypoglossal nerve neurostimulator array and	Interqual		
C	distal respiratory sensor electrode or electrode array, including connection		1/1/2023	
64583	to existing pulse generator Removal of hypoglossal nerve neurostimulator array, pulse generator, and	Interqual	1/1/2023	
64584	distal respiratory sensor electrode or electrode array Insertion or replacement of peripheral or gastric neurostimulator pulse	Interqual		
64590	generator or receiver, direct or inductive coupling	Interqual	1/1/2023	
	Rev or Removal of peripheral or gastric neurostimulator pulse generator or	Interqual	1/1/2023	
64595	receiver		1/1/2023	

	Code Description			
Code	Code Description Chamodeneryation of muscle(s): muscle(s) innervated by facial perve (e.g.	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	
	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal,		1/1/2023	
64615	cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	Interqual		
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	
04024	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image	interqual	1/1/2023	
64625	guidance (ie, fluoroscopy or computed tomography) Thermal destruction of intraosseous basivertebral nerve, including all	Interqual	. /. /2.22	
64628	imaging guidance; first 2 vertebral bodies, lumbar or sacral	Interqual	1/1/2023	
5.4500	Thermal destruction of intraosseous basivertebral nerve, including all		1/1/2023	
64629	imaging guidance; each additional vertebral body, lumbar or sacral	Interqual	1/1/2023	
64622	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint		1, 1, 2020	
64633		Interqual	1/1/2023	
	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional		1, 1, 2020	
64634	facet joint (List separately in addition to code for primary procedure)	Interqual		
	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with		1/1/2023	
64635	imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Interqual		
	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with		1/1/2023	
	imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional			
64636	facet joint (List separately in addition to code for primary procedure)	Interqual		
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 65765	Keratomileusis Keratophakia	Interqual Interqual	1/1/2023 1/1/2023	
		interqual	1/1/2023	
65772	Corneal relaxing incision for correction of surgically induced astigmatism	Interqual		
65781 65785	Limbal stem cell allograft (eg. Cadaveric or living donor) Implantation of intrastromal corneal ring segments	Interqual Interqual	1/1/2023 1/1/2023	
03703	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without	interqual	1/1/2023	
66174	retention of device or stent	Internual		
00174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with	Interqual	1/1/2023	
	retention of device or stent		, ,	
66175	Aqueous shunt to extraocular equatorial plate reservoir, external approach;	Interqual	1/1/2023	
66179	without graft	Interqual		
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Interqual	1/1/2023	
55404	Revision of aqueous shunt to extraocular equatorial plate reservoir; without		1/1/2023	
66184 66999	graft Unlisted procedure, anterior segment of eye	Interqual 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	Internual	1/1/2023	
07901	material Repair of blepharoptosis; frontalis muscle technique with fascial sling	Interqual	1/1/2023	
67902	(includes obtaining fascia)	Interqual		
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	Interqual	1/1/2023	
67004	Repair of blepharoptosis; (tarso) Levator resection or advancement,		1/1/2023	
67904	external approach Repair of blepharoptosis; superior rectus technique with fascial sling	Interqual	1/1/2023	
67906	(includes obtaining fascia)	Interqual		
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 67915	Repair of ectropion Repair of ectropion; thermocauterization	Interqual Interqual	1/1/2023 1/1/2023	
67916	Repair of ectropion; thermocauterization 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; excision tarsal wedge	Interqual	1/1/2023 1/1/2023	
67923	Repair of entropion; excision tarsal wedge Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia	Interqual	1/1/2023	
67924	repairs operation)	Interqual		
67950 67999	Canthoplasty Unlisted procedure, evelids	Interqual	1/1/2023 1/1/2023	
67999	Unlisted procedure, eyelids Insertion of drug-eluting implant, including punctal dilation when	Interqual	1/1/2023	
68841	performed, into lacrimal canaliculus, each	Interqual		
68899	Unlisted procedure, lacrimal system	Interqual	1/1/2023	
69399	Unlisted procedure, external ear Implantation or replacement of an electromagnetic bone conduction	Interqual	1/1/2023 1/1/2023	
69710	hearing device in the temporal bone.	Interqual		
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	Interqual	1/1/2023	
	impiantation, osseointegrated impiant, skull; with magnetic transcutaneous		1/1/2023	
	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			
1	the outer cranial cortex			
69716	1	Interqual		

	Code Description			
Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
	Replacement (including removal of existing device), osseointegrated		1/1/2023	
69717	implant, skull; with percutaneous attachment to external speech processor	Interqual		
09/1/	Darley was the study of the state of the sta	interqual	1/1/2023	
	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			
69719	sq mm surface area of bone deep to the outer cranial cortex	Interqual		
03713	Removal, entire osseointegrated implant, skull; with percutaneous	merqua	1/1/2023	
69726	attachment to external speech processor	Interqual		
05720	kemovai, entire osseointegrated impiant, skuii; with magnetic	mer qua	1/1/2023	
	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			
69727	Removal, entire osseointegrated implant, skull; with magnetic	Interqual	8/1/2023	
	transcutaneous attachment to external speech processor, outside the		0/1/2025	
69728	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		
	Implantation, osseointegrated implant, skull; with magnetic transcutaneous	·	8/1/2023	
	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			
69729	bone deep to the outer cranial cortex	Interqual	0/4/2022	
	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech		8/1/2023	
	processor, outside the mastoid and involving a bony defect greater than or			
69730	equal to 100 sq mm surface area of bone deep to the outer cranial cortex	Interqual		
69799	Unlisted procedure, middle ear	Interqual	1/1/2023	
69930 69949	Cochlear device implantation, with or without mastoidectomy Unlisted procedure, inner ear	Interqual Interqual	1/1/2023 1/1/2023	
69979	Unlisted procedure, inner ear 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 70460	Computed tomography (CT), head or brain; without contrast material	Interqual	1/1/2023 1/1/2023	
70460	Computed tomography (CT), head or brain; with contrast material(s) Computed tomography (CT), head or brain; without contrast material,	Interqual	1/1/2023	
70470	followed by contrast material(s) and further sections Computed tomography (CT), orbit, sella, or posterior fossa or outer, middle,	Interqual		
70480	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	
70401	Computed tomography (CT), orbit, sella, or posterior fossa or outer, middle,	interqual	1/1/2023	
70482	or inner ear; without contrast material, followed by contrast material(s) and	Interqual		
	further sections Computed tomography (CT), maxillofacial area; without contrast material		1/1/2023	
70486		Interqual	1/1/2023	
70487	Computed tomography (CT), maxillofacial area; with contrast material(s)	Interqual		
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) Computed tomography (CT), soft tissue neck; without contrast material	Interqual	1/1/2023	
70492	followed by contrast material(s) and further sections	Interqual	1/1/2023	
	Computed tomographic angiography, head, with contrast material(s),		1/1/2023	
70496	including noncontrast images, if performed, and image post processing	Interqual		
	Computed tomographic angiography, neck, with contrast material(s),		1/1/2023	
70498	including noncontrast images, if performed, and image post processing	Interqual		
70540	MRI orbit, face, neck, without contrast materials	Interqual	1/1/2023	
70542	MRI, orbit, face and neck, with contrast materials MRI, orbit, face and neck, without contrast material(s), followed by contrast	Interqual	1/1/2023 1/1/2023	
70543	material(s) and further sequences	Interqual		
70544 70545	MRA, head; without contrast materials MRA, head; with contrast material(s)	Interqual Interqual	1/1/2023 1/1/2023	
	MRA, head; without contrast material(s), followed by contrast material(s)		1/1/2023	
70546 70547	and further sequences MRA, neck; without contrast material(s)	Interqual	1/1/2023	
70547	MRA, neck; with contrast material(s) MRA, neck; with contrast material(s)	Interqual Interqual	1/1/2023	
	MRA, neck; without contrast material(s), followed by contrast material(s)		1/1/2023	
70549 70551	and further sequences MRI, brain, including brainstem; without contrast material(s)	Interqual 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	
.0333	Magnetic resonance imaging, brain, functional MRI; including test selection		1/1/2023	
	and administration of repetitive body part movement and / or visual			
70554	stimulation, not requiring physician or psychologist administration	Interqual		
	Magnetic resonance imaging, brain, functional MRI; requiring physician or		1/1/2023	
70555	psychologist administration of entire neurofunctional testing	Interqual		
71250 71260	Computed tomography (CT), thorax; without contrast material Computed tomography (CT), thorax; with contrast material(s)	Interqual	1/1/2023 1/1/2023	
	Computed tomography (CT), thorax; with contrast material(s) Computed tomography (CT), thorax; without contrast material, followed by	Interqual	1/1/2023	
71270	contrast material(s) and further sections Computed tomographic angiography, chest (noncoronary), with contrast	Interqual		
	material(s), including noncontrast images, if performed, and image post		1/1/2023	
71275	processing MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy);	Interqual	1/1/2023	
71550	without contrast material(s)	Interqual		
71551	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	Interqual	1/1/2023	
,1331	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy);	4077	1/1/2023	
71552	without contrast material(s), followed by contrast material(s) and further sequences	Interqual		
	MRA, chest (excluding myocardium), with or without contrast materials		1/1/2023	
71555 72125	Computed tomography (CT), cervical spine; without contrast material	Interqual Interqual	1/1/2023	
	1 P	j	-, -, -, -, -,	i

	and a Description			
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,	Internal	1/1/2023	
72127 72128	followed by contrast material(s) and further sections	Interqual Interqual	1/1/2023	
72128	Computed tomography (CT), thoracic spine; without contrast material Computed tomography (CT), thoracic spine; with contrast material	Interqual	1/1/2023	
72129	Computed tomography (CT), thoracic spine, with contrast material,	Interqual	1/1/2023	
72130	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	
70400	Computed tomography (CT), lumbar spine; without contrast material,	Lanca de la constantina della	1/1/2023	
72133	followed by contrast material(s) and further sections	Interqual	4 /4 /2022	
72141 72142	MRI, spinal canal and contents, cervical; without contrast material MRI, spinal canal and contents, cervical; with contrast material(s)	Interqual Interqual	1/1/2023 1/1/2023	
72142	MRI, spinal canal and contents, tervical, 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	
	MRI, spinal canal and contents, without contrast material, followed by		1/1/2023	
72156	contrast material(s) and further sequences; cervical	Interqual		
72157	MRI, spinal canal and contents, without contrast material, followed by	Interqual	1/1/2023	
72137	contrast material(s) and further sequences; thoracic MRI, spinal canal and contents, without contrast material, followed by	interqual	1/1/2023	
72158	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	
	Computed tomographic angiography, pelvis, with contrast material(s),		1/1/2023	
72101	including noncontrast images, if performed, and image post processing	Interqual		
72191 72192	Computed tomography (CT), pelvis; without contrast material	Interqual Intergual	1/1/2023	
72192	Computed tomography (CT), pelvis; without contrast material Computed tomography (CT), pelvis; with contrast material(s)	Interqual	1/1/2023	
12133	Computed tomography (CT), pelvis, with contrast material, followed by	ince qua	1/1/2023	<u> </u>
72194	contrast material(s) and further sections	Interqual		
72195	MRI, pelvis; without contrast material(s)	Interqual	1/1/2023	
72196	MRI, pelvis; with contrast material(s)	Interqual	1/1/2023	
72407	MRI, pelvis; without contrast material(s), followed by contrast material(s)	Internual	1/1/2023	
72197	and further sequences	Interqual	4 /4 /2022	
72198	MRA, pelvis, with or without contrast material(s)	Interqual	1/1/2023 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	
	Computed tomography (CT), upper extremity; without contrast material,		1/1/2023	
73202	followed by contrast material(s) and further sections Computed tomographic angiography, upper extremity, with contrast	Interqual	4 /4 /2022	
	material(s), including noncontrast images, if performed, and image post		1/1/2023	
73206	processing	Interqual		
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	
72220	MRI, upper extremity, other than joint; without contrast material(s),	Lanca de la constantina della	1/1/2023	
73220 73221	followed by contrast material(s) and further sequences	Interqual Interqual	1/1/2023	
73222	MRI, any joint of upper extremity; without contrast material(s) MRI, any joint of upper extremity; with contrast material(s)	Interqual	1/1/2023	
73222	MRI, any joint of upper extremity, with contrast material(s), followed by	Interqual	1/1/2023	
73223	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,	Interqual	1/1/2023	
73702	followed by contrast material(s) and further sections Computed tomographic angiography, lower extremity, with contrast	Interqual	1/1/2023	
	material(s), including noncontrast images, if performed, and image post		1/1/2023	
73706	processing	Interqual		
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),	Interqual	1/1/2023	
73721	followed by contrast material(s) and further sequences 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	
	MRI, any joint of lower extremity; without contrast material(s), followed by		1/1/2023	
73723	contrast material(s) and further sequences	Interqual		
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	
	Computed tomographic angiography, abdomen and pelvis, with contrast		1/1/2023	
=	material(s), including noncontrast images, if performed, and image post	Interval		
74174	processing	Interqual	1/1/2000	
	Computed tomographic angiography, abdomen, with contrast material(s),		1/1/2023	
		Interqual	1	
74175	including noncontrast images, if performed, and image post processing	interqual	<u> </u>	
74175 74176	including noncontrast images, if performed, and image post processing Computed tomography, abdomen and pelvis; without contrast material	Interqual	1/1/2023	
	Computed tomography, abdomen and pelvis; without contrast material Computed tomography, abdomen and pelvis; with contrast material(s)	·	1/1/2023 1/1/2023	
74176	Computed tomography, abdomen and pelvis; without contrast material Computed tomography, abdomen and pelvis; with contrast material(s) Computed tomography, abdomen and pelvis; without contrast material in	Interqual		
74176 74177	Computed tomography, abdomen and pelvis; without contrast material Computed tomography, abdomen and pelvis; with contrast material(s) Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further	Interqual Interqual	1/1/2023	
74176 74177 74178	Computed tomography, abdomen and pelvis; without contrast material Computed tomography, abdomen and pelvis; with contrast material(s) 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 Interqual Interqual	1/1/2023 1/1/2023	
74176 74177 74178 74181	Computed tomography, abdomen and pelvis; without contrast material Computed tomography, abdomen and pelvis; with contrast material(s) 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 MRI, abdomen; without contrast material(s)	Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023	
74176 74177 74178	Computed tomography, abdomen and pelvis; without contrast material Computed tomography, abdomen and pelvis; with contrast material(s) 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 Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023	
74176 74177 74178 74181	Computed tomography, abdomen and pelvis; without contrast material Computed tomography, abdomen and pelvis; with contrast material(s) 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 MRI, abdomen; without contrast material(s) MRI, abdomen; with contrast material(s)	Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023	
74176 74177 74178 74181 74182 74183 74183	Computed tomography, abdomen and pelvis; without contrast material Computed tomography, abdomen and pelvis; with contrast material(s) 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 MRI, abdomen; without contrast material(s) MRI, abdomen; with contrast material(s) MRI, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences MRA, abdomen, with or without contrast material(s)	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
74176 74177 74178 74181 74182 74183 74185 74261	Computed tomography, abdomen and pelvis; without contrast material Computed tomography, abdomen and pelvis; with contrast material(s) 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 MRI, abdomen; without contrast material(s) MRI, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences MRA, abdomen, with or without contrast material(s) Ct colonography, w/o dye	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
74176 74177 74178 74181 74182 74183 74183 74185 74261 74262	Computed tomography, abdomen and pelvis; without contrast material Computed tomography, abdomen and pelvis; with contrast material(s) 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 MRI, abdomen; without contrast material(s) MRI, abdomen; with contrast material(s) MRI, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences MRA, abdomen, with or without contrast material(s) Ct colonography, w/o dye Ct colonography, w/dye	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
74176 74177 74178 74181 74182 74183 74185 74261	Computed tomography, abdomen and pelvis; without contrast material Computed tomography, abdomen and pelvis; with contrast material(s) Computed tomography, abdomen and pelvis; with contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions MRI, abdomen; without contrast material(s) MRI, abdomen; with contrast material(s) MRI, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences MRA, abdomen, with or without contrast material(s) Ct colonography, w/o dye Ct colonography, w/o ye Ct colonography, screen	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
74176 74177 74178 74181 74182 74183 74185 74261 74262 74263	Computed tomography, abdomen and pelvis; without contrast material Computed tomography, abdomen and pelvis; with contrast material(s) Computed tomography, abdomen and pelvis; with contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions MRI, abdomen; without contrast material(s) MRI, abdomen; with contrast material(s) MRI, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences MRA, abdomen, with or without contrast material(s) Ct colonography, w/o dye Ct colonography, w/o dye Ct colonography, screen Magnetic resonance (eg, proton) imaging, fetal, including placental and	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
74176 74177 74178 74181 74182 74183 74183 74185 74261 74262	Computed tomography, abdomen and pelvis; without contrast material Computed tomography, abdomen and pelvis; with contrast material(s) Computed tomography, abdomen and pelvis; with contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions MRI, abdomen; without contrast material(s) MRI, abdomen; with contrast material(s) MRI, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences MRA, abdomen, with or without contrast material(s) Ct colonography, w/o dye Ct colonography, w/o ye Ct colonography, screen	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
74176 74177 74178 74181 74182 74183 74185 74261 74262 74263	Computed tomography, abdomen and pelvis; without contrast material Computed tomography, abdomen and pelvis; with contrast material(s) Computed tomography, abdomen and pelvis; with contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions MRI, abdomen; without contrast material(s) MRI, abdomen; without contrast material(s) MRI, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences MRA, abdomen, with or without contrast material(s) Ct colonography, w/o dye Ct colonography, w/o dye Ct colonography, screen Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	

	Cada Dassinkian			
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	
	Cardiac magnetic resonance imaging for morphology and function without	·	1/1/2023	
75559	contrast material; with stress imaging Cardiac magnetic resonance imaging for morphology and function without	Interqual	1 /1 /2022	
75561	contrast material(s) and further sequences	Interqual	1/1/2023	
	Cardiac magnetic resonance imaging for morphology and function without		1/1/2023	
75563	contrast material(s) and further sequences; with stress imaging	Interqual		
	Cardiac magnetic resonance imaging for velocity flow mapping (List		1/1/2023	
75565	separately in addition to code for primary procedure) Computed tomography, heart, without contrast material, with quantitative	Interqual	1/1/2023	
75571	evaluation of coronary calcium	Interqual	1/1/2023	
	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing,		1/1/2023	
	assessment of cardiac function, and evaluation of venous structures, if			
75572	performed)	Interqual	1/1/2022	
	Computed tomography, heart, with contrast material, for evaluation of		1/1/2023	
	cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of LV cardiac function, RV			
75573	structure and function and evaluation of venous structures, if performed)	Interqual		
	Computed tomographic angiography, heart, coronary arteries and bypass	4:	1/1/2023	
	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			
75574	nerformed) Computed tomographic angiography, abdominal aorta and bilateral	Interqual	4 /4 /2022	
	iliofemoral lower extremity runoff, with contrast material(s), including		1/1/2023	
75635	noncontrast images, if performed, and image post processing	Interqual	4/- /00	
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	Interqual	1/1/2023	
1.22.0	3D rendering with interpretation and reporting of computed tomography,	• • •	1/1/2023	
	magnetic resonance imaging, ultrasound, or other tomographic modality;			
76377	requiring image post processing on an independent workstation	Interqual		
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 1/1/2023	
76497	Unlisted computed tomography procedure (e.g., diagnostic, interventional)	Interqual		
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 77014	Computed Tomography Guidance for Stereotactic Localization CT guidance for placement of radiation therapy fields	Interqual Interqual	1/1/2023 1/1/2023	
77014	Magnetic resonance imaging, breast, without contrast material; unilateral	interqual	1/1/2023	
77046		Interqual		
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Interqual	1/1/2023	
	Magnetic resonance imaging, breast, without and with contrast material(s),		1/1/2023	
	including computer-aided detection (CAD real-time lesion detection,			
77048	characterization and pharmacokinetic analysis), when performed; unilateral	Interqual		
	Magnetic resonance imaging, breast, without and with contrast material(s),		1/1/2023	
	including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral			
77049		Interqual	. /. /2.22	
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 Trabecular bone score (185), structural condition of the bone	Interqual	1/1/2023	
	microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging		1/1/2023	
	data on gray-scale variogram, calculation, with interpretation and report on			
77089	fracture-risk Trabecular bone score (TBS), structural condition of the bone	Interqual	. /. /2222	
	microarchitecture; technical preparation and transmission of data for		1/1/2023	
77090	analysis to be performed elsewhere	Interqual		
77091	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only	Interqual	1/1/2023	
,,,,,,1	Trabecular bone score (TBS), structural condition of the bone		1/1/2023	
77092	microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional	Interqual		
77092	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 77290	Therapeutic Radiology Simulation; intermediate Therapeutic Radiology Simulation; complex	Interqual Interqual	1/1/2023 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 77301	Basic Radiation Dosimetry	Interqual	1/1/2023 1/1/2023	
77301	IMRT Planning Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a	Interqual	1/1/2023	
77306	single area of interest), includes basic dosimetry calculation(s)	Interqual		
	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam		1/1/2023	
77307	considerations), includes basic dosimetry calculation(s)	Interqual		
	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4		1/1/2023	
77316	sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	Interqual		
	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10		1/1/2023	
77317	sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	Interqual		
	Brachytherapy isodose plan; complex (calculation[s] made from over 10	·	1/1/2023	
77318	sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	Interqual		
77321	Special Teletherapy port plan, particles, hemibody, total body	Interqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
	Brachytherapy isodose plan; simple (calculation made from single plane, one to four sources/ribbon application, remote afterloading brachytherapy,		1/1/2023	
77326	1 to 8 sources) Brachytherapy isodose plan; intermediate (multiplane dosage calculations,	National Comprehensive Cancer Network	4 /4 /2022	
	application involving 5 to 10 sources/ribbons, remote afterloading		1/1/2023	
77327	brachytherapy, 9 to 12 sources)	National Comprehensive Cancer Network	1/1/2022	
	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial		1/1/2023	
77328	reconstruction, remote afterloading brachytherapy, over 12 sources)	National Comprehensive Cancer Network		
77331	Special radiation dosimetry	Interqual	1/1/2023	
77332	Treatment Devices; simple	Interqual	1/1/2023	
77333 77334	Treatment Devices; intermediate Treatment Devices; complex	Interqual Interqual	1/1/2023 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	Internual	1/1/2023	
77370	IMRT plan Special medical physics consultation	Interqual Interqual	1/1/2023	
	Stereotactic radiosurgery treatment delivery, complete course of treatment	·	1/1/2023	
77371	of cerebral lesion(s) 1 session, multi-source Cobalt 60 based	Interqual		
77372	Stereotactic radiosurgery treatment delivery, complete course of treatment	Interqual	1/1/2023	
77372	of cerebral lesion(s) 1 session, linac based Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or	interqual	1/1/2023	
77373	more lesions, including image guidance, entire course not to exceed 5 fractions	Interqual		
	Intensity modulated radiation treatment delivery (IMRT), includes guidance	·	1/1/2023	
77385	and tracking, when performed; simple Intensity modulated radiation treatment delivery (IMRT), includes guidance	Interqual	1/1/2023	
77386	and tracking, when performed; complex	Interqual		
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	National Comprehensive Cancer Network	1/1/2023	
77404	opposed ports, simple blocks or no blocks; 6-10 MeV Radiation treatment delivery; two separate treatment areas, three or more	INALIGNAL COMPLETENSIVE CANCEL NELWORK	1/1/2023	
77407	ports on a single treatment area use of multiple blocks; up to 5 MeV	Interqual	1	
77407	Radiation treatment delivery; three or more separate treatment areas;	interqual	1/1/2023	
77412	custom blocking, tangential ports wedges, rotational beam, compensators,	Interqual		
77412	electron beam; up to 5 MeV High energy neutron radiation treatment delivery; single treatment area	interqual	1/1/2023	
77422	using a single port or parallel-opposed ports with no blocks or simple blocking	National Comprehensive Cancer Network		
77,122	High energy neutron radiation treatment delivery; 1 or more isocenter(s)	Tradicial comprehensive dancer receivers	1/1/2023	
77423	with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	National Comprehensive Cancer Network		
	Intraoperative radiation treatment delivery, x-ray, single treatment session		1/1/2023	
77424	Intraoperative radiation treatment delivery, electrons, single treatment	Interqual	1/1/2023	
77425	session	Interqual		
77427	Radiation treatment management, five treatments Radiation treatment management, with complete course of therapy	National Comprehensive Cancer Network	1/1/2023 1/1/2023	
77431	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	
	Stereotactic body radiation therapy, treatment management, per treatment		1/1/2023	
77435	course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions	Interqual		
77469	Intraoperative radiation treatment management	Interqual	1/1/2023	
	Special treatment procedure (eg, total body irradiation, hemibody radiation,		1/1/2023	
77470	per oral or endocavitary irradiation) Updated description (January 2012)	Interqual		
77499	Unlisted procedure, therapeutic radiology treatment management	National Comprehensive Cancer Network	1/1/2023	
77520 77522	Proton treatment delivery; simple, without compensation Proton treatment delivery; simple, with compensation	Interqual Interqual	1/1/2023 1/1/2023	
77523	Proton treatment delivery; intermediate	Interqual	1/1/2023	
77525	Proton treatment delivery; complex	Interqual	1/1/2023	
77600 77605	Hyperthermia treatment; externally generated, deep Hyperthermia treatment; externally generated, superficial	National Comprehensive Cancer Network National Comprehensive Cancer Network	1/1/2023 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) Infusion or instillation of radioelement solution (includes 3-month follow-up	National Comprehensive Cancer Network	1/1/2023	
77750	care)	National Comprehensive Cancer Network	1/1/2023	
77761	Intracavitary radiation source application; simple	Interqual	1/1/2023	
77762 77763	Intracavitary radiation source application; intermediate Intracavitary radiation source application; complex	Interqual Interqual	1/1/2023 1/1/2023	
///03	acavitary radiation source application, complex	interqual		
	Remote afterloading high dose rate radionuclide skin surface		1/1/2023	
77767	brachytherapy, includes basic dosimetry, when performed; lesion diameter	Interqual	1/1/2023	
77767	brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel Remote afterloading high dose rate radionuclide skin surface	Interqual	1/1/2023	
	brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter			
77767 77768	brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel 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 Interqual		
	brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter	Interqual	1/1/2023	
77768	brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel 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 Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel		1/1/2023	
77768 77770	brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel 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 Remote afterloading high dose rate radionuclide interstitial or intracavitary	Interqual Interqual	1/1/2023	
77768	brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel 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 Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	Interqual	1/1/2023	
77768 77770 77771	brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel 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 Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel Remote afterloading high dose rate radionuclide interstitial or intracavitary	Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023	
77768 77770	brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel 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 Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels Remote afterloading high dose rate radionuclide interstitial or intracavitary	Interqual Interqual	1/1/2023 1/1/2023 1/1/2023	
77768 77770 77771 77772 77778 77789	brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel 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 Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels Interstitial radiation source application; complex Apply surface radiation	Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
77768 77770 77771 77772 77778 77789 77790	brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel 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 Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels interstitial radiation source application; complex Apply surface radiation Radio Isotope Supervision, Handling, Loading	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
77768 77770 77771 77772 77778 77789	brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel 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 Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels Interstitial radiation source application; complex Apply surface radiation	Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	

	Code Description			
Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine Myocardial imaging, positron emission tomography (PET), metabolic	Interqual	1/1/2023 1/1/2023	
	evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired		2, 1, 2020	
78429	computed tomography transmission scan	Interqual		
	Myocardial imaging, positron emission tomography (PET), perfusion study		1/1/2023	
	(including ventricular wall motion[s] and/or ejection fraction[s], when			
78430	performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Interqual		
	Myocardial imaging, positron emission tomography (PET), perfusion study		1/1/2023	
	(including ventricular wall motion[s] and/or ejection fraction[s], when			
78431	performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Interqual		
	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall	·	1/1/2023	
	motion[s] and/or ejection fraction[s], when performed), dual radiotracer			
78432	(eg, myocardial viability) https://www.myocardial.maging.positron.emission.tomography (PET), combined	Interqual	1/1/2023	
	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			
78433	transmission scan Absolute quantitation of myocardial blood flow (AQMBF), positron emission	Interqual	1/1/2023	
70424	tomography (PET), rest and pharmacologic stress (List separately in addition	Intergual	1,1,2023	
78434	to code for primary procedure) Myocardial perfusion imaging, tomographic (SPECT) (including attenuation	Interqual	1/1/2023	
	correction, qualitative or quantitative wall motion, ejection fraction by first			
78451	pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Interqual		
/0431	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation	Interqual	1/1/2023	
	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			
78452	redistribution and/or rest reinjection	Interqual		
	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional		1/1/2023	
70452	quantification, when performed); single study, at rest or stress (exercise or	Intergual		
78453	pharmacologic) Myocardial perfusion imaging, planar (including qualitative or quantitative	Interqual	1/1/2023	
	wall motion, ejection fraction by first pass or gated technique, additional			
78454	quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Index and I		
78456	Acute venous thrombosis imaging, peptide	Interqual Interqual	1/1/2023	
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	Interqual	1/1/2023	
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	Interqual	1/1/2023	
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	Interqual	1/1/2023	
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without	Interqual	1/1/2023	
70403	quantification Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or	interqual	1/1/2023	
78472	stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	Interqual		
	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or		1/1/2023	
78473	pharmacologic), with or without additional quantification	Interqual		
	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus		1/1/2023	
78481	ejection fraction, with or without quantification Cardiac blood pool imaging (planar), first pass technique; multiple studies,	Interqual	1/1/2023	
70.00	at rest and with stress (exercise and/or pharmacologic), wall motion study	La constant	1/1/2023	
78483	plus ejection fraction, with or without quantification Myocardial imaging, positron emission tomography (PET), perfusion; single	Interqual	1/1/2023	
78491	study at rest or stress Myocardial imaging, positron emission tomography (PET), perfusion;	Interqual	1/1/2023	
78492	multiple studies at rest and/or stress	Interqual		
	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing		1/1/2023	
78494	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with	Interqual	1/1/2023	
78496	right ventricular ejection fraction by first pass technique (List separately in	Interqual	2, 1, 2023	
78499 78499	addition to code for primary procedure) Unlisted cardiovascular procedure, diagnostic nuclear medicine	Interqual	1/1/2023	
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	Interqual	1/1/2023	
	Brain imaging, positron emission tomography (PET); perfusion evaluation	·	1/1/2023	
78609	Positron emission tomography (PET) imaging; limited area (eg, chest,	Interqual	1/1/2023	
78811 78812	head/neck) Positron emission tomography (PET) imaging; skull base to mid-thigh	Interqual Interqual	1/1/2023	
78813	Positron emission tomography (PET) imaging; whole body	Interqual	1/1/2023	
	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization		1/1/2023	
78814	imaging; limited area (eg., chest, head/neck) Positron emission tomography (PET) with concurrently acquired computed	Interqual	1/4/2022	
	tomography (CT) for attenuation correction and anatomical localization		1/1/2023	
78815	imaging; skull base to mid-thigh Positron emission tomography (PET) with concurrently acquired computed	Interqual	1/1/2023	
78816	tomography (CT) for attenuation correction and anatomical localization	Interqual	2, 1, 2020	
70010	imaging; whole body Radiopharmaceutical localization of tumor, inflammatory process or	c. quui	1/1/2023	
	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,			
78830	single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	Interqual		

78831 F	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	Clinical Review Criteria	1/1/2023	
78831 F	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			
78831 F	(eg, lung ventilation and perfusion), single day imaging, or single area or			
78831 F				
78831 F				
c c a r	acquisition over 2 or more days	Interqual		
k c a r	Radiopharmaceutical localization of tumor, inflammatory process or		1/1/2023	
c a r	distribution of radiopharmaceutical agent(s) (includes vascular flow and			
a r	blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for			
r	anatomical review, localization and determination/detection of pathology,			
l-	minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate			
	acquisitions (eg, lung ventilation and perfusion), single day imaging, or			
78832	single area or acquisition over 2 or more days	Interqual		
	Radiopharmaceutical quantification measurement(s) single area (List	inter qual	1/1/2023	
	separately in addition to code for primary procedure) DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion	Interqual	1111000	
	analysis, and duplication analysis, if performed	Interqual	1/1/2023	
E	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian		1/1/2023	Dries Authorization and accurred for the following
04460	cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	Interqual		Prior Authorization not required for the following Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair		1/1/2023	
01162	associated) (eg, hereditary breast and ovarian cancer) gene analysis; full	Interqual		Prior Authorization not required for the following Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
	Sequence analysis BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair	interqual	1/1/2023	Diag(103)3 COUC3. 200.3, 200.41, 203.3, 203.43
ā	associated) (eg, hereditary breast and ovarian cancer) gene analysis; full			Prior Authorization not required for the following
81164	duplication/deletion analysis (ie, detection of large gene rearrangements)	Interqual		Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
E	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian		1/1/2023	Prior Authorization not required for the following
	cancer) gene analysis; full sequence analysis BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian	Interqual	1/1/2022	Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
c	cancer) gene analysis; full duplication/deletion analysis (ie, detection of		1/1/2023	Prior Authorization not required for the following
81166	large gene rearrangements)	Interqual		Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of		1/1/2023	Prior Authorization not required for the following
81167	large gene rearrangements)	Interqual		Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the		1/1/2023	
	kinase domain	Interqual		
	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation		1/1/2023	
81171	2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Interqual		
	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation		1/1/2023	
04473	2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Interqual		
	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy		1/1/2023	
81173	disease, X chromosome inactivation) gene analysis; full gene sequence	Interqual		
	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy		1/1/2023	
81174	disease, X chromosome inactivation) gene analysis; known familial variant	Intergual		
	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg,	Interqual	1/1/2023	
	myelodysplastic syndrome, myeloproliferative neoplasms, chronic	Internual		
	myelomonocytic leukemia), gene analysis; full gene seguence ASXL1 (additional sex combs like 1, transcriptional regulator) (eg,	Interqual	1/1/2023	
r	myelodysplastic syndrome, myeloproliferative neoplasms, chronic		_, _,	
81176	myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg,	Interqual		
Ä	exon 12) ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis,	Interqual	1/1/2023	
	evaluation to detect abnormal (eg. expanded) alleles ATXN1 (ataxin 1) (eg. spinocerebellar ataxia) gene analysis, evaluation to	Interqual	1/1/2023	
	detect abnormal (eg, expanded) alleles	interqual	1/1/2023	
	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to	Interqual	1/1/2023	
	detect abnormal (eg. expanded) alleles ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene	Interqual	1/1/2023	
á	analysis, evaluation to detect abnormal (eg, expanded) alleles		_, _,	
81180	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to	Interqual	1/1/2023	
81181	detect abnormal (eg, expanded) alleles	·		
	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar	Interqual	1/1/2023	
81182	ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles			
	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to	Interqual	1/1/2023	
	detect abnormal (eg, expanded) alleles CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg,	Interqual	1/1/2023	
94494	spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg,			
	expanded) alleles CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg,	Interqual	1/1/2023	
81185 s	spinocerebellar ataxia) gene analysis: full gene sequence	·		
	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	Interqual	1/1/2023	
	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic		1/1/2023	
	dystrophy type 2) gene analysis, evaluation to detect abnormal (eg,	Interqual		
Ċ	expanded) alleles CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis;	·	1/1/2023	
81188 e	evaluation to detect abnormal (eg. expanded) alleles	Interqual		
	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	Interqual	1/1/2023	
01100	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known	Interqual	1/1/2023	
	familial variant(s) APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis		1/1/2023	
	[FAP], attenuated FAP) gene analysis; full gene sequence	Interqual		
	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis		1/1/2023	
l r	[FAP], attenuated FAP) gene analysis; known familial variants	Interqual		
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis		1/1/2023	
81202	[FAP], attenuated FAP) gene analysis; duplication/deletion variants	Interqual		
81202			F	
81202 A 81203 [AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy	Interqual	1/1/2023	
81202 A 81203 [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)	ınterqual	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
Coue	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian	Cilifical Neview Citteria	1/1/2023	COMMENTS
	cancer) gene analysis; full sequence analysis and common			
04244	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)			
81211	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian	Interqual	1/1/2023	Prior Authorization not required for the following
81212	cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	Interqual		Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian		1/1/2023	
81213	cancer) gene analysis; uncommon duplication/deletion variants BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene	Interqual	4/4/2020	
	analysis; full sequence analysis and common duplication/deletion variants		1/1/2023	
81214	(ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del	Interqual		
01214	510bp. exon 8-9 del 7.1kb) BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene	Interqual	1/1/2023	Prior Authorization not required for the following
81215	analysis; known familial variant BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene	Interqual	4 /4 /2022	Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43 Prior Authorization not required for the following
81216	analysis; full sequence analysis	Interqual	1/1/2023	Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
01217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene	Intergral	1/1/2023	Prior Authorization not required for the following
81217	analysis; known familial variant CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis,	Interqual	1/1/2023	Diagnosis Codes: Z80.3, Z80.41, Z85.3, Z85.43
81219	common variants in exon 9 CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug	Interqual		
	metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9,		1/1/2023	
81226	*10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	Interqual	4 /4 /2022	
	Cytogenomic (genome-wide) analysis for constitutional chromosomal		1/1/2023	
81228	abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis	Interqual		
01220	Cytogenomic (genome-wide) analysis for constitutional chromosomal	interqual	1/1/2023	
	abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism variants, comparative genomic hybridization			
81229	[CGH] microarray analysis	Interqual		
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug	Interqual	1/1/2023	
01230	metabolism). gene analysis, common variant(s) (eg. *2, *22) CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug	c. quui	1/1/2023	
81231	metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	Interqual		
01251	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and	The region	1/1/2023	
81232	capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4 *5 *6)	Interqual		
	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene	Interqual	1/1/2023	
81233	analysis. common variants (eg. C481S. C481R. C481F) DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis;		1/1/2023	
81234	evaluation to detect abnormal (expanded) alleles	Interqual		
	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M,		1/1/2023	
81235	G719A, G719S, L861Q)	Interqual		
	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, ful	Interqual	1/1/2023	
81236	gene sequence	'		
	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon	Interqual	1/1/2023	
81237	646)			
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	Interqual	1/1/2023	
04240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability)		1/1/2023	
81240	gene analysis, 20210G>A variant F5 (coagulation Factor V) (eg, hereditary hypercoagulability) gene analysis,	Interqual	1/1/2023	
81241	Leiden variant	Interqual		
	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation)		1/1/2023	
81243	gene analysis; evaluation to detect abnormal (eg, expanded) alleles FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation)	Interqual	4 /4 /2022	
	gene analysis; characterization of alleles (eg, expanded size and methylation		1/1/2023	
81244	status) FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene	Interqual	4 /4 /2022	
81246	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	
	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic	·	1/1/2023	
81253	hearing loss) gene analysis; known familial variants GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic	Interqual	1/1/2023	
04577	hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-		1/1/2023	
81254	D13S1830)] and 232kb [del(GJB6-D13S1854)]) HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to	Interqual	1/1/2023	
81271	detect abnormal (eg. expanded) alleles	Interqual		
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	Interqual	1/1/2023	
	alleles (eg. expanded size) (Ytogenomic neoplasia (genome-wide) microarray analysis, interrogation of		1/1/2023	
81277	genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Hayes Technologies		
	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major	Interqual	1/1/2023	
81278	breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative			
	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence	Intergual	1/1/2023	
81279	analysis (eg, exons 12 and 13) IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860	Interqual Interqual	1/1/2023	
81283	variant			
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	Interqual	1/1/2023	
	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of	Interqual	1/1/2023	
81285 81286	alleles (eg. expanded size) FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	Interqual	1/1/2023	
81287	Mgmt methylation analysis	Interqual	1/1/2023	
-	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary		1/1/2023	
81288	non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	Interqual		
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	Interqual	1/1/2023	
31207	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary		1/1/2023	
81292	non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full	Interqual		
01434	sequence analysis	merquai	1/1/2023	
	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary		1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
Code	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary	Cilital Review Citeria	1/1/2023	COMMENTS
81294	non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Interqual		
	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary	·	1/1/2023	
81295	non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Interqual		
	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known		1/1/2023	
81296	familial variants MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary	Interqual	. /. /2.22	
	non-polyposis colorectal cancer, Lynch syndrome) gene analysis;		1/1/2023	
81297	duplication/deletion variants	Interqual	1/1/2023	
01200	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Internal	1,1,2020	
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal	Interqual	1/1/2023	
81299	cancer, Lynch syndrome) gene analysis; known familial variants	Interqual		
	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal	4	1/1/2023	
81300	cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Interqual		
	Microsatellite instability analysis (eg, hereditary nonpolyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg,		1/1/2023	
01201	BAT25, BAT26), includes comparison of neoplastic and normal tissue, if	Internal		
81301	performed MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis;	Interqual	1/1/2023	
81302	full sequence analysis MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis;	Interqual	1/1/2023	
81304	duplication/deletion variants	Interqual		
	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis,	Interqual	1/1/2023	
81305	n.leu/265Pro (1265P) variant NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common		1/1/2023	
81306	variant(s) (eg. *2, *3, *4, *5, *6)	Interqual		Drier Authorization and required for the follows
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
81308	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit	interqual	1/1/2023	Diagnosis Codes. 200.3, 200.41, 203.3, 203.43
81309	alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	Interqual		
01303	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular	Interqual	1/1/2023	
81312	dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded)			
	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-		1/1/2023	
81313	related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	Interqual		
	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full		1/1/2023	
81317	sequence analysis PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary	Interqual	. /. /2.22	
	non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known		1/1/2023	
81318	familial variants PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary	Interqual	1/1/2023	
81319	non-polyposis colorectal cancer, Lynch syndrome) gene analysis;	Internal	1/1/2023	
	duplication/deletion variants PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene	Interqual Interqual	1/1/2023	
81320	analysis. common variants (eg. R665W. S707F. L845F) PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN		1/1/2023	
81321	hamartoma tumor syndrome) gene analysis; full sequence analysis	Interqual		
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Interqual	1/1/2023	
	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN		1/1/2023	
81323	hamartoma tumor syndrome) gene analysis; duplication/deletion variant PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary	Interqual	. /. /2.22	
	neuropathy with liability to pressure palsies) gene analysis;		1/1/2023	
81324	duplication/deletion analysis PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary	Interqual	1/1/2023	
01225	neuropathy with liability to pressure palsies) gene analysis; full sequence	Internal	1/1/2023	
81325	analysis PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary	Interqual	1/1/2023	
81326	neuropathy with liability to pressure palsies) gene analysis; known familial variant	Interqual		
81327	SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis	Interqual	1/1/2023	
	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg,	Interqual	1/1/2023	
81328	adverse drug reaction), gene analysis, common variant(s) (eg, *5) SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy)		1/1/2022	
	gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2		1/1/2023	
81329	(survival of motor neuron 2, centromeric) analysis, if performed	Interqual		
	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome),		1/1/2023	
81331	methylation analysis	Interqual		
	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis,		1/1/2023	
81332	common variants (eg, *S and *Z)	Interqual	1/1/2022	
	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	Interqual	1/1/2023	
81333	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia,		1/1/2023	
01224	familial platelet disorder with associated myeloid malignancy), gene	Interqual	_, _, _, _	
81334	analysis, targeted sequence analysis (eg. exons 3-8) TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene	Interqual	1/1/2023	
81335	analysis, common variants (eg, *2, *3) SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy)	Interqual	1/1/2023	
81336	gene analysis; full gene sequence	Interqual		
81337	SMM1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis: known familial sequence variant(s) MPL (MPL proto-oncogene, thrombopoletin receptor) (eg,	Interqual	1/1/2023	
_	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A,		1/1/2023	
81338	W515K, W515L, W515R)	Interqual	4 /4 /2022	
	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg,		1/1/2023	
81339	myeloproliferative disorder) gene analysis; sequence analysis, exon 10	Interqual	1	

	Code Description			
Code	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg,	Clinical Review Criteria Interqual	Effective Date 1/1/2023	COMMENTS
81343	spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg,	·		
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis,	Interqual	1/1/2023	
01311	evaluation to detect abnormal (eg. expanded) alleles TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma,		1/1/2023	
81345	glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region) SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute	Interqual		
	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D,		1/1/2023	
81347	L833F, R625C, R625L) [SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic	Interqual	1/1/2022	
21212	syndrome, acute myeloid leukemia) gene analysis, common variants (eg,		1/1/2023	
81348	P95H, P95L) Cytogenomic (genome-wide) analysis for constitutional chromosomal	Interqual	1/1/2023	
81349	abnormalities; interrogation of genomic regions for copy number and loss- of-heterozygosity variants, low-pass sequencing analysis	Interqual		
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	
	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known		1/1/2023	
81353	familial variant U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic	Interqual Interqual	1/1/2023	
81357	syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	·		
	TREES (since finance CCCI) to the DNIA binding motifying continuous sink 3)	Interqual	1/1/2023	
81360	common variant(s) (eg, E65fs, E122fs, R448fs)			
	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)		1/1/2023	
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia,	Interqual	1/1/2023	
81362	hemoglobinopathy); known familial variant(s) HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia,	Interqual	1/1/2023	
81363	hemoglobinopathy): duplication/deletion variant(s)	Interqual		
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy): full gene sequence	Interqual	1/1/2023	
	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt		1/1/2023	
81400	curve analysis)ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg. medium chain ac	Interqual		
	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using non sequencing target variant	·	1/1/2023	
91401	analysis], or detection of a dynamic mutation disorder/triplet repeat) ABL (c-	Intergual		
81401	abl oncogene 1, receptor tyrosine Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated	Interqual	1/1/2023	
	variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements,			
81402	duplication/deletion variants 1 exon Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA	Interqual	1/1/2023	
	sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or		1/1/2023	
81403	more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ABL1 (c-abl on Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA	Interqual		
	sequence analysis, mutation scanning or duplication/deletion variants of 6-		1/1/2023	
81404	10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) BTD with the patients of the patients o	Interqual		
	sequence analysis, mutation scanning or duplication/deletion variants of 11-		1/1/2023	
	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			
81405	COX15 (COX15 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence	Interqual		
	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-		1/1/2023	
21.12-	50 exons, cytogenomic array analysis for neoplasia) CAPN3 (Calpain 3) (eg,			
81406	limb-girdle muscular dystroph Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA	Interqual	1/1/2023	
	sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) SCN1A			
81407	(sodium channel, voltage-gated, type Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single	Interqual	1/1/2022	
	gene by DNA sequence analysis) FBN1 (fibrillin 1) (eg, Marfan syndrome),		1/1/2023	
81408	full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence RYR1 (rvano	Interqual		

	Code Description			
Code	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome,	Clinical Review Criteria	Effective Date	COMMENTS
	Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic		1/1/2023	
	sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10,			
81410	SMAD3, and MYLK	Interqual		
	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome);		1/1/2023	
81411	duplication/deletion analysis panel, must include analyses for TGFBR1,	Interqual		
81411	TGFBR2, MYH11, and COL3A1 Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan	interqual	1/1/2023	
	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,			
81412	FANCC. GBA. HEXA. IKBKAP. MCOLN1. and SMPD1 Exome (eg, unexplained constitutional or heritable disorder or syndrome);	Interqual	1/1/2023	
81415	sequence analysis Exome (eg, unexplained constitutional or heritable disorder or syndrome);	Interqual		
	sequence analysis, each comparator exome (eg, parents, siblings) (List		1/1/2023	
81416	separately in addition to code for primary procedure) Exome (eg, unexplained constitutional or heritable disorder or syndrome);	Interqual	1/1/2023	
01417	re-evaluation of previously obtained exome sequence (eg, updated	Internal	1/1/2023	
81417	knowledge or unrelated condition/syndrome) Drug metabolism (eg, pharmacogenomics) genomic sequence analysis	Interqual	8/1/2023	
81418	panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	Interqual		
01410	Epilepsy genomic sequence analysis panel, must include analyses for	interqual	1/1/2023	
	ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6,			
81419	STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	Interqual		
	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood,		1/1/2023	
81420	must include analysis of chromosomes 13. 18. and 21 Fetal chromosomal microdeletion(s) genomic sequence analysis (eg,	Interqual	1/1/2022	
	DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA		1/1/2023	
81422	in maternal blood Genome (eg, unexplained constitutional or heritable disorder or syndrome);	Interqual	1/1/2023	
81425	sequence analysis Genome (eg, unexplained constitutional or heritable disorder or syndrome);	Interqual		
	sequence analysis, each comparator genome (eg, parents, siblings) (List		1/1/2023	
81426	separately in addition to code for primary procedure) Genome (eg, unexplained constitutional or heritable disorder or syndrome);	Interqual	1/1/2023	
04.427	re-evaluation of previously obtained genome sequence (eg, updated	later and later	1/1/2023	
81427	knowledge or unrelated condition/syndrome) Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred	Interqual	1/1/2023	
	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,			
81430	USH2A, and WES1	Interqual	1/1/2023	
	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number		, ,	
81431	analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	Interqual		
	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic		1/1/2023	
	sequence analysis panel, must include sequencing of at least 14 genes,			
81432	including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2. PTEN. RAD51C. STK11. and TP53	Interqual		
	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer);		1/1/2023	
81433	duplication/deletion analysis panel, must include analyses for BRCA1,	Intergual		
81433	BRCA2, MLH1, MSH2, and STK11 Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital	Interqual Interqual	1/1/2023	
	amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1,			
04424	EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR,			
81434	and USH2A Hereditary colon cancer syndromes (eg, Lynch syndrome, familial		1/1/2023	
	adenomatosis polyposis); genomic sequence analysis panel, must include		, ,	
81435	analysis of at least 7 genes, including APC, CHEK2, MLH1, MSH2, MSH6, MUTYH. and PMS2	Interqual		
	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); duplication/deletion gene analysis panel, must		1/1/2023	
81436	include analysis of at least 8 genes, including APC, MLH1, MSH2, MSH6,	Interqual		
01430	PMS2. EPCAM. CHEK2. and MUTYH Hereditary neuroendocrine tumor disorders (eg, medullary thyroid		1/1/2023	
	carcinoma, parathyroid carcinoma, malignant pheochromocytoma or			
81437	paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	Interqual		
0143/	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid	interqual	1/1/2023	
	carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses			
81438	for SDHB, SDHC, SDHD, and VHL	Interqual	44.4-	
	Inherited cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy)		1/1/2023	
81439	genomic sequence analysis panel, must include sequencing of at least 5	Interqual		
51.55	genes, including DSG2. MYBPC3. MYH7. PKP2. and TTN Nuclear encoded mitochondrial genes (eg, neurologic or myopathic	477	1/1/2023	
	phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1,			
81440	PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ,	Interqual		
521.5	TK2. and TYMP Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia,		8/1/2023	
	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,			
		İ	1	
	FANCD2, FANCE, FANCF, FANCG, FANCI, FANCI, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26,			
81441	NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2	Interqual	1/4/2022	
81441	NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2 Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome),	Interqual Interqual	1/1/2023	
81441 81442	NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2 Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous	i - ·	1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucolipidosis 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)		1/1/2023	
81443	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	Interqual	1/1/2023	
81445	sequence variants and copy number variants or rearrangements, if nerformed Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic	Interqual	1/1/2023	
81448	paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MP7, BEF91 SPAST SPG11 SPIT(1) and the sequence analysis paner, solid organ neopiasm, 5-50	Interqual	0/1/2022	
	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		8/1/2023	
81449 81450	analysis disorder, 5-50 genes (eg. BRAF, CEBPA, DNMT3A, EZHZ, 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	
81430	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or	interqual	8/1/2023	
81451	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 rangeted genomic sequence analysis paner, some or gain recopiasin; 3-50	Interqual	1/1/2022	
	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		1/1/2023	
81455	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, PDGFRA, PG, PIK3CA, TFEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if	Interqual	8/1/2023	
81456	performed; RNA analysis Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial	Interqual	1/1/2023	
24452	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		3, 3, 3333	
81460	genome with heteronlasmy detection Whole mitochondrial genome large deletion analysis panel (eg, Kearns- Sayre syndrome, chronic progressive external ophthalmoplegia), including	Interqual	1/1/2023	
81465 81470	heteroplasmy detection, if performed 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, CDKLS, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	Interqual Interqual	1/1/2023	
	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, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RP56KA3, and SLC16A2		1/1/2023	
81471 81479	Unlisted molecular pathology procedure	Interqual Interqual	1/1/2023	
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adoponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	Interqual	1/1/2023	
04540	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		1/1/2023	
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm	Interqual	1/1/2023	
81519	reported as recurrence score Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffinembedded tissue, algorithm reported as a recurrence risk score	Interqual	1/1/2023	
81520	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	Interqual	1/1/2023	
81521 81522	Tormain-tixed paratin-embedded tissue, algorithm reported as index related to risk of distant matestasis. 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 Interqual	1/1/2023	
	Oncology (breast), mNNA, 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	receive agradual	1/1/2023	
81523	to distant metastasis Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-	Interqual Interqual	1/1/2023	
81529	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 Oncology (lung), mass spectrometric 8-protein signature, including amyloid		1/1/2022	
81538	A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	Interqual	1/1/2023	

o.d.	Code Description	Clinical Devices Cathorin	Effective Date	COMMENTS
Code		Clinical Review Criteria Intergual	Effective Date 1/1/2023	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	
	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		1/1/2023	
81541	Score Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm	Interqual	1/1/2023	
81542	reported as metastasis risk score Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg,	Interqual	1/1/2023	
81546	benign or suspicious) Oncology (prostate), promoter methylation profiling by real-time PCR of 3	Interqual	1/1/2023	
81551	genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat bionsy. Oncology (uveal melanoma), mRNA, gene expression profiling by real-time	Interqual	1110000	
81552	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 (diopathic 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])	Internal	1/1/2023	
81554	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	Interqual	1/1/2023	
81560	rejection risk score Cardiology (heart transplant), mRNA, gene expression profiling by real-time	Interqual	1/1/2023	
81595	quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	Interqual	41:100	
81599	Unlisted multianalyte assay with algorithmic analysis	Interqual	1/1/2023 1/1/2023	
83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	Interqual		
84999	Unlisted chemistry procedure	Interqual	1/1/2023	
85999 86486	Unlisted hematology or coag procedure Skin test; unlisted antigen, each	Interqual Interqual	1/1/2023 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		1/1/2023	
88240	Cryopreservation, freezing and storage of cells, each cell line	Interqual InterQual	4/1/2023	
88299	Unlisted cytogenetic study	Interqual	1/1/2023	
	Optical endomicroscopic image(s), interpretation and report, real-time or		1/1/2023	
88375 88749	referred, each endoscopic session Unlisted in vivo (eg, transcutaneous) laboratory service	Interqual 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	Interqual	1/1/2023	
89329	oocyte(s)/embryos 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 90281	Unlisted reprod med lab proc Immune globulin, IM use	Interqual Interqual	1/1/2023 1/1/2023	
90283	Immune globulin, livi use 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	Interqual	1/1/2023	
90868	and management, per session Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and	Interqual	1/1/2023	
90869 90899	management Unlisted psychiatric service or procedure	Interqual Interqual	1/1/2023	
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy),	Interqual	1/1/2023	
91111	esophagus with physician interpretation and report Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Interqual	1/1/2023	
91113	whereas capsure, with mer teation and report 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	Haves Technologies	1/1/2023	
91117	Unlisted craniofactial and maxillofacial procedure	Hayes Technologies 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 1/1/2023	
	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		1/1/2023	
93228	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		
33220		process appear	1	1

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
	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		1/1/2023	
93229	qualified healthcare professional Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure	Interqual	1/1/2023	
93264	recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified healthcare professional. Transthoracic echocardiography for congenital cardiac anomalies; complete	Interqual	1/1/2023	
93303 93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up	Interqual Interqual	1/1/2023	
	or limited study 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		1/1/2023	
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or	Interqual	1/1/2023	
93307	color Doppler echocardiography Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	Interqual	1/1/2023	
93308	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	Interqual	1/1/2023	
93319	addition to code for echocardiographic imaging) Echocardiography, transthoracic, real-time with image documentation (2D),	Interqual	1/1/2023	
93350	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		
	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		1/1/2023	
93351	supervision by a physician or other qualified healthcare professional Right heart catheterization including measurement(s) of oxygen saturation	Interqual .	1/1/2023	
93451	and cardiac output, when performed Left heart catheterization including intraprocedural injection(s) for left	Interqual	1/1/2023	
93452	ventriculography, imaging supervision and interpretation, when performed Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and	Interqual	1/1/2023	
93453	interpretation, when performed Catheter placement in coronary artery(s) for coronary angiography,	Interqual	1/1/2023	
93454	including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; 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	Interqual Interqual	1/1/2023	
93456	iniection(s) for bwass eraft angiography. 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,	Interqual	1/1/2023	
93460	venous grafts) with hypass graft angingraphy. 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	Interqual	1/1/2023	
93461	performed 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 nrocedure) Injection procedure during cardiac catheterization including imaging	Interqual	1/1/2023 8/1/2023	
93569	supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)	Interqual		
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	

93574	Injection procedure during cardiac catheterization including imaging	Clinical Review Criteria		COMMENTS
93574			8/1/2023	
93574	supervision, interpretation, and report; for selective pulmonary venous			
93574	angiography of each distinct pulmonary vein during cardiac catheterization			
	(List separately in addition to code for primary procedure)	Interqual		
	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography		8/1/2023	
	of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta			
	or its systemic branches, during cardiac catheterization for congenital heart			
93575	defects, each distinct vessel (List separately in addition to code for primary	Interqual		
	Percutaneous transcatheter closure of congenital interatrial communication	4	1/1/2023	
93580	(i.e., Fontan fenestration, atrial septal defect) with implant	Interqual		
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	Interqual	1/1/2023	
33390	device, mitral valve Percutaneous transcatheter closure of paravalvular leak; initial occlusion	Interqual	1/1/2023	
93591	device, aortic valve	·		
	Percutaneous transcatheter closure of paravalvular leak; each additional	Interqual	1/1/2023	
93592	occlusion device (List separately in addition to code for primary procedure)			
	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone;		1/1/2023	
93593	normal native connections	Interqual		
	Right heart catheterization for congenital heart defect(s) including imaging		1/1/2023	
93594	guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	Interqual		
	abnormal native connections Left heart catheterization for congenital heart defect(s) including imaging		1/1/2023	
93595	guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	Interqual		
	Right and left heart catheterization for congenital heart defect(s) including	• • •	1/1/2023	
93596	imaging guidance by the proceduralist to advance the catheter to the target	Interqual		
33330	zone(s): normal native connections Right and left heart catheterization for congenital heart defect(s) including	mice quai	1/1/2023	
02507	imaging guidance by the proceduralist to advance the catheter to the target	Internal		
93597	zone(s): abnormal native connections Cardiac output measurement(s), thermodilution or other indicator dilution	Interqual Interqual	1/1/2023	
	method, performed during cardiac catheterization for the evaluation of	interqual	1,1,2023	
93598	congenital heart defects (List separately in addition to code for primary procedure)			
33330	Comprehensive electrophysiologic evaluation with right atrial pacing and		1/1/2023	
	recording, right ventricular pacing and recording, His bundle recording,			
93619	including insertion and repositioning of multiple electrode catheters,	Interqual		
	Comprehensive electrophysiologic evaluation including insertion and	,	1/1/2023	
	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			
93620		Interqual		
	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted		1/1/2023	
	induction of arrhythmia; with left atrial pacing and recording from coronary			
93621	sinus or left atrium (List separately in addition to code for primary	Interqual		
	Comprehensive electrophysiologic evaluation including insertion and	4	1/1/2023	
	repositioning of multiple electrode catheters with induction or attempted			
93622	induction of arrhythmia; with left ventricular pacing and recording (List	Interqual		
93623	Programmed stimulation and pacing after intravenous drug infusion (List	Interqual	1/1/2023	
33023	separately in addition to code for primary procedure) Electrophysiologic follow-up study with pacing and recording to test	interqual	1/1/2023	
93624	effectiveness of therapy, including induction or attempted induction of	Internal		
93024	larrhythmia Electrophysiologic evaluation of subcutaneous implantable defibrillator	Interqual	1/1/2023	
	(includes defibrillation threshold evaluation, induction of arrhythmia,		_, _,	
93644	evaluation of sensing for arrhythmia termination, and programming or	Interqual		
	reprogramming of sensing or therapeutic parameters) repositioning of multiple electrode catheters, induction or attempted		1/1/2023	
	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			
93654	and recording, when performed Intracardiac catheter ablation of a discrete mechanism of arrhythmia which	Interqual	1/1/2023	
	is distinct from the primary ablated mechanism, including repeat diagnostic		1/1/2023	
93655	maneuvers, to treat a spontaneous or induced arrhythmia (List separately in	Interqual		
33033	Intracardiac echocardiography during therapeutic/diagnostic intervention,	c. quui	1/1/2023	
93662	including imaging supervision and interpretation (List separately in addition	Interqual		
33002	to code for primary procedure) Bioimpedance spectroscopy (BIS), extracellular fluid analysis for	Interqual	1/1/2023	
93702	lymphedema assessment(s)	Interqual		
93799	Unlisted cardiovascular service or procedure Quantitative carotid intima media thickness and carotid atheroma	Interqual	1/1/2023	
93895	evaluation, bilateral	Interqual	1/1/2023	
93998	Unlisted noninvasive vascular diagnostic study	Interqual	1/1/2023	
94799	Unlisted pulmonary service or procedure Polysomnography; younger than 6 years, sleep staging with 4 or more	Interqual	1/1/2023	
95782	additional parameters of sleep, attended by a technologist	Interqual	1/1/2023	
	Polysomnography; younger than 6 years, sleep staging with 4 or more		1/1/2023	
	additional parameters of sleep, with initiation of continuous positive airway			
95783	pressure therapy or bi-level ventilation, attended by a technologist	Interqual	41-105	
	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone),		1/1/2023	
95800	and sleep time	Interqual		
	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral		1/1/2023	
	arterial tone)	Interqual	L.,.	
95801 95803	ACTIGRAPHY TESTING	Interqual	1/1/2023	İ

Carlo	Code Description	Clinical Paviana Critaria	Effective Date	COMMENTS
Code	Multiple sleep latency or maintenance of wakefulness testing, recording,	Clinical Review Criteria	1/1/2023	COMMENTS
95805	analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	Interqual		
	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal	·	1/1/2023	
95806	movement)	Interqual		
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	
	Polysomnography; age 6 years or older, sleep staging with 4 or more		1/1/2023	
95810	additional parameters of sleep, attended by a technologist Polysomnography; age 6 years or older, sleep staging with 4 or more	Interqual	1/1/2023	
	additional parameters of sleep, with initiation of continuous positive airway			
95811	pressure therapy or bilevel ventilation, attended by a technologist Quantitative pupillometry with physician or other qualified health care	Interqual	0/1/0000	
95919	professional interpretation and report, unilateral or bilateral	Hayes Technologies	8/1/2023	
	Magnetoencephalography (MEG), recording and analysis; for spontaneous		1/1/2023	
95965	brain magnetic activity (eg, epileptic cerebral cortex localization) Magnetoencephalography (MEG), recording and analysis; for evoked	Interqual	1/1/2023	
05000	magnetic fields, single modality (eg, sensory, motor, language, or visual	Independent of the control of the co	1/1/2023	
95966	cortex localization) Magnetoencephalography (MEG), recording and analysis; for evoked	Interqual	1/1/2023	
	magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary			
95967	procedure)	Interqual	. /. /2222	
95999	Unlisted neurological or neuromuscular diagnostic procedure	Interqual	1/1/2023 1/1/2023	
	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			Prior Authorization when testing exceeds 10 hours
96116	qualified healthcare professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	Interqual		per plan year. (combination of codes: 96116, 96121, 96125, 96132, 96133)
	Neurobehavioral status exam (clinical assessment of thinking, reasoning and		1/1/2023	
	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			Prior Authorization when testing exceeds 10 hours
96121	and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	Interqual		per plan year. (combination of codes: 96116, 96121, 96125, 96132, 96133)
30121	Psychological testing evaluation services by physician or other qualified	merqua	8/1/2023	30123, 30132, 30133)
	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			Prior Authorization when testing exceeds 6 hours per
96130	patient, family member(s) or caregiver(s), when performed, first hour	Interqual	0 /4 /2022	plan year. (combination of codes: 96130 & 96131)
	Psychological testing evaluation services by physician or other qualified		8/1/2023	
	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			Prior Authorization when testing exceeds 6 hours per
96131	hour (List separately in addition to code for primary procedure)	Interqual		plan year. (combination of codes: 96130 & 96131)
	Neuropsychological testing evaluation services by physician or other		1/1/2023	
	qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision			Prior Authorization when testing exceeds 10 hours
	making, treatment planning and report, and interactive feedback to the			per plan year. (combination of codes: 96116, 96121,
96132	patient, family member(s) or caregiver(s), when performed; first hour	Interqual	1/1/2023	96125, 96132, 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			Prior Authorization when testing exceeds 10 hours
	patient, family member(s) or caregiver(s), when performed; each additional			per plan year. (combination of codes: 96116, 96121,
96133 96365	hour (List separately in addition to code for primary procedure) Hemgenix (Etranacogene Dezaparvovec-drib) Gene Therapy	Interqual InterQual	4/1/2023	96125, 96132, 96133)
	Application of on-body injector (includes cannula insertion) for timed		1/1/2023	
96377	subcutaneous injection Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial	Interqual	1/1/2023	
96379	injection or infusion Laser treatment for inflammatory skin disease (psoriasis); total area less	Interqual	1/1/2023	
96920	than 250 sq cm Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500	Interqual		
96921	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	
	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed		8/1/2023	
98978	alert(s) transmission to monitor cognitive behavioral therapy, each 30 days	Interqual		
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 99600	Home visit for hemodialysis Unlisted home visit service or procedure	Interqual Interqual	1/1/2023 1/1/2023	
55000	Red blood cell antigen typing, DNA, human erythrocyte antigen gene	Interqual	1/1/2023	
0001U	analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported			
	Oncology (colorectal), quantitative assessment of three urine metabolites		1/1/2023	
	(ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring			
0002U	acquisition, algorithm reported as likelihood of adenomatous polyps	Hayes Technologies		
	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1,	Interqual	1/1/2023	
0003U	CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score			
00050	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR	Interqual	1/1/2023	
0007M	expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index			
		•	•	•

	Code Description			
Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and/or urine,	Interqual	1/1/2023	
0011M	algorithms to predict high-grade prostate cancer risk Uncology (urotnelial), mkina, gene expression profiling by real-time			
	quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and	Interqual	1/1/2023	
0013M	CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma			
0013101	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA		1/1/2023	
0018U	sequences, utilizing fine needle aspirate, algorithm reported as a positive or	Interqual		
00100	negative result for moderate to high risk of malignancy Oncology, RNA, gene expression by whole transcriptome sequencing,	Interqual	1/1/2023	
	formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive			
0019U	algorithm reported as potential targets for therapeutic agents			
	Drug test(s), presumptive, with definitive confirmation of positive results,	Interqual	1/1/2023	
0020U	any number of drug classes, urine, with specimen verification including DNA authentication in comparison to buccal DNA, per date of service			
00200	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-	Interqual	1/1/2023	
	BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as	·		
0021U	risk score			
	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and		1/1/2023	
002211	rearrangements, reported as presence/absence of variants and associated	later and later		
0022U	therapy(ies) to consider Oncology (acute myelogenous leukemia), DNA, genotyping of internal	Interqual	1/1/2023	
	tandem duplication, p.D835, p.I836, using mononuclear cells, reported as		, , , , ,	
0023U	detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin	Interqual		
0024U	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative	Hayes Technologies	1/1/2023	
	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-	-	1/1/2023	
0025U	MS/MS), urine, quantitative Oncology (thyroid), DNA and mRNA of 112 genes, next-generation	Hayes Technologies	1/1/2023	
	sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis		1/1/2023	
0026U	reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")	Interqual		
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis,	Interqual	1/1/2023	
00270	targeted sequence analysis exons 12-15 CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug	Interqual	1/1/2023	
0028U	metabolism) gene analysis, copy number variants, common variants with			
00200	Drug metabolism (adverse drug reactions and drug response), targeted		1/1/2023	
0029U	sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	Interqual		
	Drug metabolism (warfarin drug response), targeted sequence analysis (ie,	·	1/1/2023	
0030U	CYP2C9, CYP4F2, VKORC1, rs12777823) CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug	Interqual	1/1/2023	
0031U	metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	Interqual		
0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	Interqual	1/1/2023	
	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants		1/1/2023	
	(ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c759C>T] and			
0033U	rs1414334 [c.551-3008C>G]) TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg,	Interqual	1/1/2023	
002411	thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A,	later and later	1,1,2020	
0034U	*3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5) Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of	Interqual	1/1/2023	
	324 genes, interrogation for sequence variants, gene copy number			
0037U	amplifications, gene rearrangements, microsatellite instability and tumor	Interqual		
	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing		1/1/2023	
004511	formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence	Lance of the second		
0045U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal	Interqual	1/1/2023	
0046U	tandem duplication (ITD) variants, quantitative	Interqual		
	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed		1/1/2023	
0047U	paraffin-embedded tissue, algorithm reported as a risk score Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-	Interqual	1/1/2022	
	coding exons of 468 cancer-associated genes, including interrogation for		1/1/2023	
	somatic mutations and microsatellite instability, matched with normal			
0048U	specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report	Interqual	41:100	
0049U	U NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	Interqual	1/1/2023	
·	Targeted genomic sequence analysis panel, acute myelogenous leukemia,		1/1/2023	
0050U	DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	Interqual		
0051T	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Interqual	1/1/2023	
	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS,	·	1/1/2023	
0051U	urine, 31 drug panel, reported as quantitative results, detected or not detected, per date of service	Interqual		
0052T	Replacement or repair of thoracic unit of a total replacement heart system	·	1/1/2023	
00321	(artificial heart) Lipoprotein, blood, high resolution fractionation and quantitation of	Interqual	1/1/2023	
	lipoproteins, including all five major lipoprotein classes and subclasses of			
0052U	HDL, LDL, and VLDL by vertical auto profile ultracentrifugation	Interqual		
0053T	Replacement or repair of implantable or components of total replacement heart system (artificial heart), excluding thoracic unit	Interqual	1/1/2023	
	Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1	Hayes Technologies	1/1/2023	
0053U	and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade			
	Prescription drug monitoring, 14 or more classes of drugs and substances,		1/1/2023	
	definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state			
0054U	range for the prescribed dose when detected, per date of service	Interqual		
00340	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target	Hayes Technologies	1/1/2023	
0055U	sequences (94 single nucleotide polymorphism targets and two control targets), plasma			
		•	•	•

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
	Hematology (acute myelogenous leukemia), DNA, whole genome next generation sequencing to detect gene rearrangement(s), blood or bone		1/1/2023	
0056U	marrow, report of specific gene rearrangement(s) Oncology (solid organ neoplasia), mRNA, gene expression profiling by	Interqual	1/1/2023	
0057U	massively parallel sequencing for analysis of 51 genes, utilizing formalin- fixed parallel membedded tissue, algorithm reported as a normalized	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	
	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	
0059U 0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood	Interqual	1/1/2023	
00000	Transcutaneous measurement of five biomarkers (tissue oxygenation	Interqual	1/1/2023	
0061U	[StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis			
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	
	Placental alpha-micro globulin-1 (PAMG-1), immunoassay with direct optical	Interqual	1/1/2023	
0066U	observation, cervico-vaginal fluid, each specimen Oncology (breast), immunohistochemistry, protein expression profiling of 4 hismarker (matrix metallogrationae, 1 [MAMP-1], carringembronic	Interqual	1/1/2023	
	biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein			
0067U	[HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. kruseli, C		. // /0000	
0068U	tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species	Interqual	1/1/2023	
	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an		1/1/2023	
0069U	expression score CYPZDb (cytoChrome P45u, Tamiiy 2, Subramiiy D, polypeptide b) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4,	Interqual	1/1/2023	
0070U	*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		
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR	Interqual	1/1/2023	
00711	guidance; total leiomyomata volume less than 200 cc of tissue CYPZD6 (cytochrome P450, tamily Z, subtamily D, polypeptide 6) (eg, drug	interqual	1/1/2023	
0071U	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	
00720	Compensator-based beam modulation treatment delivery of inverse	interqual	1/1/2023	
0073T	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		
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6	Intergual	1/1/2023	
00730	hybrid gene) (List separately in addition to code for primary procedure) CYPZUB (cytochrome P45U, Tamily Z, subfamily D, polypeptide b) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated	interqual	1/1/2023	
0074U	gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure) [CYPZUD (CYOCATION 475U, TAMINY 2, SUDTAMINY D, POTYPEPTIGE 6) [eg, GTUB	Interqual	4 /4 /2022	
	metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary		1/1/2023	
0075U	procedure) CYPZUB (cytochrome P450, tamily 2, subtamily D, polypeptide b) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene	Interqual	1/1/2023	
0076U	duplication/ multiplication) (List separately in addition to code for primary procedure)	Interqual		
007711	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation	Hayes Technologies	1/1/2023	
0077U	and mass spectrometry, blood or urine, including isotype Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation	Hayes Technologies	1/1/2023	
0078U	and mass spectrometry, blood or urine, including isotype Pain management (opioid-use disorder) genotyping painet, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA,		1/1/2023	
	GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of			
0079U	opioid-use disorder Oncology (lung), mass spectrometric analysis of galectin-3-binding protein	Interqual	1/1/2023	
	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			
0080U	and nodule location), utilizing plasma, algorithm reported as a categorical archability of malianana. Drug test(s), definitive, 90 or more drugs or substances, definitive	Interqual	1/1/2023	
	chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay),		, _, _525	
0082U	urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date	Interqual		
	Oncology, response to chemotherapy drugs using motility contrast	National Comprehensive Cancer Network	1/1/2023	

	Code Description			
Code	Code Description Total disc arthroplasty (artificial disc) apterior approach, including	Clinical Review Criteria	Effective Date	COMMENTS
	Total disc arthroplasty (artificial disc), anterior approach, including diskectomy to prepare interspace (other than for decompression); each		1/1/2023	
	additional interspace (List separately in addition to code for primary			
0092T	procedure) Removal of total disc arthroplasty (artificial disc), anterior approach, each	Interqual	1/1/2023	
	additional interspace, cervical (List separately in addition to code for		1/1/2023	
0095T	primary procedure) Revision including replacement of total disc arthroplasty (artificial disc),	Interqual	1/1/2023	
	anterior approach, each additional interspace, cervical (List separately in		1/1/2023	
0098T	addition to code for primary procedure) Extracorporeal shock wave involving musculoskeletal system, not otherwise	Interqual	1/1/2022	
0101T	specified	Interqual	1/1/2023	
	Extracorporeal shock wave performed by a physician, requiring anesthesia		1/1/2023	
0102T	other than local, and involving the lateral humeral epicondyle	Interqual		
	Oncology (breast), mRNA, gene expression profiling by next-generation		1/1/2023	
	sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with			
0153U	information on immune cell involvement	Interqual		
	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],	Interqual	1/1/2023	
0154U	FGFR3-TACC3v1, and FGFR3-TACC3v3) PIK3CA (phospnatidylinositol-4,5-bisphospnate 3-kinase, catalytic subunit			
	alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A,		1/1/2023	
	p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L,			
0155U	p.H1047R, p.H1047Y)	Interqual	1/1/2023	
0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	Interqual	1/1/2023	
	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code		1/1/2023	
0157U	for primary procedure)	Interqual	<u> </u>	
	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to		1/1/2023	
0158U	code for primary procedure)	Interqual	<u> </u>	
	Computer-aided detection, including computer algorithm analysis of MRI		1/1/2023	
	image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately			
0159T	in addition to code for primary procedure)	Interqual		
	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome)		1/1/2023	
0159U	mRNA sequence analysis (List separately in addition to code for primary procedure)	Interqual		
0.000	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome)		1/1/2023	
0160U	mRNA sequence analysis (List separately in addition to code for primary procedure)	Interqual		
0.000	PMS2 (PMS1 nomolog 2, mismatch repair system component) (eg,		1/1/2023	
	hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary			
0161U	procedure)	Interqual		
	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to		1/1/2023	
0162U	code for primary procedure)	Interqual		
	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary		1/1/2023	
0164T	procedure)	Interqual		
	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in		1/1/2023	
0165T	addition to code for primary procedure)	Interqual		
0165T	Revision of total disc arthroplasty, anterior approach, lumbar, each additional interspace	Interqual	1/1/2023	
	Oncology solid tumor as indicated by the label), somatic mutations analysis of BRCA1 (BRCA1, DNA repair associaed), BRCA2 (BRCA2, DNA repair		1/1/2023	
	associated) and anlysis of homologous recombination deficiency pathways,			
0172U	DNA, formalin-fixed parrafin-embedded tissue, algorithm quantifying tumor	Internual		
01720	genomic instability score Computer aided detection (CAD) (computer algorithm analysis of digital	Interqual	1/1/2023	
	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			
0174T	interpretation	Interqual	1/1/2022	
	Computer aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for		1/1/2023	
	interpretation and report, with or without digitization of film radiographic			
0175T	images, chest radiograph(s), performed remote from primary interpretation	Interqual	ļ	
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	
	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone		1/1/2023	
0195T	graft when performed; L5-S1 interspace	Interqual	<u> </u>	
	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone		1/1/2023	
2.25-	graft when performed; L4-L5 interspace (List separately in addition to code	landa annual		
0196T	for primary procedure) Intra-fraction localization and tracking of target or patient motion during	Interqual Hayes Technologies	1/1/2023	
040==	delivery of radiation therapy (eg, 3D positional tracking, gating, 3D surface	,	1, 1, 2023	
0197T	tracking), each fraction of treatment Measurement of ocular blood flow by repetitive intraocular pressure			
0198T	sampling, with interpretation and report	Interqual	1/1/2023	
	Physiologic recording of tremor using accelerometer(s) and gyroscope(s),	Hayes Technologies	1/1/2023	
0199T	(inc frequency and amplitude) inc interpretation and report		1/1/2022	
	Percutaneous sacral augmentation (sacroplasty) unilateral injection(s), inc the use of a balloon or mechanical device (if utilized), one or more needles		1/1/2023	
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s),	Interqual	1/1/2023	
	including the use of a balloon or mechanical device, when used, 1 or more		1/1/2023	
0200T	needles, includes imaging guidance and bone biopsy, when performed	Interqual		
	Percutaneous sacral augmentation (sacroplasty), bilateral injections,		1/1/2023	
	including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed			
0201T		Interqual		

	Code Description			
Code		Clinical Review Criteria	Effective Date	COMMENTS
02027	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,	Interval	1/1/2023	
0202T	lumbar spine Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement),	Interqual	1/1/2023	
0202T	including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed including fluoroscopy,	Interqual		
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	
	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		1/1/2023	
0214T	code for primary procedure) Injection(s), diagnostic or therapeutic agent, paravertebral facet	Interqual	1/1/2023	
	(zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List		1,1,2023	
0215T	separately in addition to code for primary procedure) Injection(s), diagnostic or therapeutic agent, paravertebral facet	Interqual	1/1/2023	
0216T	(zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	Interqual		
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound		1/1/2023	
0217T	guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	Interqual	<u> </u>	
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound		1/1/2023	
0218T	guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	Interqual		
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s),	Interqual	1/1/2023	
02191	single level; cervical Placement of a posterior intrafacet implant(s), unilateral or bilateral,	Interqual	1/1/2023	
0219T	including imaging and placement of bone graft(s) or synthetic device(s), <u>sinule level: cervical</u> Placement of a posterior intrafacet implant(s), unilateral or bilateral,	Interqual	1/1/2023	
0220T	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	
	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s),		1/1/2023	
0221T	single level; lumbar Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s),	Interqual	1/1/2023	
0221T	single level: Jumbar 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	Interqual	1/1/2023	
0222T	code for primary procedure) Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s),	Interqual	1/1/2023	
0222T	single level; each additional vertebral segment (List separately in addition to	Interqual		
	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); diagnostic, including collection of specimen(s) by brushing	Interqual	1/1/2023	
0226T	or washing when performed Anoscopy, high resolution (HRA) (with magnification and chemical agent	Interqual	1/1/2023	
0227T 0232T	enhancement); with biopsy(ies) Injection(s), platelet rich plasma, any site, including image guidance,	Interqual	1/1/2023	
02321	harvesting and preparation when performed Bioimpedance spectroscopy (BIS), measuring 100 frequencies or greater,	Interqual	1/1/2023	
0239T	direct measurement of extracellular fluid differences between the limbs Insertion of anterior segment aqueous drainage device, without extraocular		1/1/2023	
0253T	reservoir; internal approach, into the suprachoroidal space	Interqual	1/1/2023	
	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		1, 1, 2023	
0255T	internal iliac artery, unilateral; radiological supervision and interpretation Intramuscular autologous bone marrow cell therapy, with preparation of	Interqual	1/1/2023	
02627	harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone	Interrupl	1/1/2023	
0263T	marrow harvest Intramuscular autologous bone marrow cell therapy, with preparation of	Interqual	1/1/2023	
	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.			
0264T	marrow harvest. Complete procedure excluding bone marrow harvest Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance,	Interqual	1/1/2023	
	in performed; complete procedure including unilateral or bilateral bone marrow harvest. Unilateral or bilateral bone marrow harvest only for			
0265T	intramuscular autologous bone marrow cell therapy Implantation or replacement of carotid sinus baroreflex activation device;	Interqual	1/1/2023	
0265	total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning,	Internal		
0266T	when performed) Implantation or replacement of carotid sinus baroreflex activation device; total order (includes generator placement, unlisteral or hillateral lead	Interqual	1/1/2023	
	total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed) Lead only, unilateral (includes intra-operative			
0267T	interrogation, programming, and repositioning, when performed)	Interqual		

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
	Implantation or replacement of carotid sinus baroreflex activation device;		1/1/2023	
	total system (includes generator placement, unilateral or bilateral lead			
	placement, intra-operative interrogation, programming, and repositioning, when performed) Pulse generator only (includes intra-operative			
0268T	interrogation, programming, and repositioning, when performed)	Interqual		
	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead		1/1/2023	
	placement, intra-operative interrogation, programming, and repositioning,			
0269T	when performed)	Interqual	1/1/2023	
	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead		1/1/2023	
	placement, intra-operative interrogation, programming, and repositioning,			
0270T	when performed) lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	Interqual		
02701	Revision or removal of carotid sinus baroreflex activation device; total	interqual	1/1/2023	
	system (includes generator placement, unilateral or bilateral lead			
	placement, intra-operative interrogation, programming, and repositioning, when performed) pulse generator only (includes intra-operative			
0271T	interrogation, programming, and repositioning, when performed)	Interqual		
	Interrogation device evaluation (in person), carotid sinus baroreflex	·	1/1/2023	
	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,			
0272T	pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day):	Interqual		
	Interrogation device evaluation (in person), carotid sinus baroreflex		1/1/2023	
	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,			
02727	pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming	Intergual		
0273T	Percutaneous laminotomy/laminectomy (intralaminar approach) for	Interqual	1/1/2023	
1	decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect		, =, =320	
	image guidance (eg, fluoroscopic, CT), with or without the use of an			
0274T	endoscope, single or multiple levels, unilateral or bilateral; cervical or	Interqual		
02741	thoracic Percutaneous laminotomy/laminectomy (interlaminar approach) for	interqual	1/1/2023	
	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			
0274T	or hilatoral, convical or thoracic	Interqual	1/1/2023	
	Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection,		1,1,2020	
	discectomy, facetectomy and/or foraminotomy) any method under indirect			
0275T	image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar	Interqual		
02751	Percutaneous laminotomy/laminectomy (interlaminar approach) for	merqua	1/1/2023	
	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			
0275T	Revision or removal of pulse generator or electrodes, including imaging	Interqual	1/1/2023	
0284T	guidance, when performed, including addition of new electrodes, when	Interqual		
	performed Insertion of ocular telescope prosthesis including removal of crystalline lens	·	1/1/2023	
0308T	Motor function mapping using non-invasive navigated transcranial magnetic	Interqual	1/1/2023	
00407	stimulation (nTMS) for therapeutic treatment planning, upper and lower	the company of the form	1/1/2023	
0310T	extremity Monitoring of intraocular pressure for 24 hours or longer, unilateral or	Hayes Technologies	1/1/2023	
0329T	bilateral, with interpretation and report	Interqual		
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	
	Myocardial sympathetic innervation imaging, planar qualitative and		1/1/2023	
0332T 0333T	quantitative assessment; with tomographic SPECT Visual evoked potential, screening of visual acuity, automated	Interqual Interqual	1/1/2023	
0335T	Extra-osseous subtalar joint implant for talotarsal stabilization	Interqual	1/1/2023	
	Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (eg, brachial artery ultrasound, peripheral		1/1/2023	
0337T	artery tonometry), unilateral or bilateral Transcatheter renal sympathetic denervation, percutaneous approach	Hayes Technologies		
1	iranscatneter renai sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies),		1/1/2023	
1	fluoroscopy, contrast injection(s), intraprocedural roadmapping and			
1	radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when			
0338T	nerformed: unilateral Transcatheter renal sympathetic denervation, percutaneous approach	Interqual	1/1/2023	
1	including arterial puncture, selective catheter placement(s) renal artery(ies),		1/1/2023	
1	fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient			
02207	measurements, flush aortogram and diagnostic renal angiography when	Interqual		
0339T	performed: bilateral	Interqual	1/1/2023	
1				1
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	Interqual	1/1/2022	
0342T 0345T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion Transcatheter mitral valve repair percutaneous approach via the coronary sinus	Interqual Interqual	1/1/2023	
	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion Transcatheter mitral valve repair percutaneous approach via the coronary	Interqual	1/1/2023	
0345T 0347T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion Transcatheter mitral valve repair percutaneous approach via the coronary sinus Placement of interstitial device(s) in bone for radiostereometric analysis (RSA) Radiologic examination, radiostereometric analysis (RSA); spine, (includes,	Interqual		
0345T 0347T 0348T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion Transcatheter mitral valve repair percutaneous approach via the coronary sinus Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	Interqual	1/1/2023	
0345T 0347T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion Transcatheter mitral valve repair percutaneous approach via the coronary sinus Placement of interstitial device(s) in bone for radiostereometric analysis (RSA); Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed) Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)	Interqual	1/1/2023 1/1/2023 1/1/2023	
0345T 0347T 0348T 0349T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion Transcatheter mitral valve repair percutaneous approach via the coronary sinus Placement of interstitial device(s) in bone for radiostereometric analysis (RSA), Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed) Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed) Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when	Interqual Interqual Hayes Technologies Hayes Technologies	1/1/2023	
0345T 0347T 0348T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion Transcatheter mitral valve repair percutaneous approach via the coronary sinus Placement of interstitial device(s) in bone for radiostereometric analysis (RSA) Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed) Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed) Radiologic examination, radiostereometric analysis (RSA); lower	Interqual Interqual Hayes Technologies	1/1/2023 1/1/2023 1/1/2023	

Codo	Code Description	Clinical Payiou Critoria	Effective Date	COMMENTS
Code	Optical coherence tomography of breast or axillary lymph node, excised	Clinical Review Criteria	1/1/2023	COMMENTS
0352T	tissue, each specimen; interpretation and report, real time or referred	Interqual		
0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative	Interqual	1/1/2023	
	Optical coherence tomography of breast, surgical cavity; interpretation and		1/1/2023	
0354T	report, real time or referred Bioelectrical impedance analysis whole body composition assessment,	Interqual	1/1/2023	
0358T	supine position, with interpretation and report Transcatheter insertion or replacement of permanent leadless pacemaker,	Hayes Technologies	1/1/2023	
0387T 0388T	ventricular Transcatheter removal of permanent leadless pacemaker, ventricular	Interqual Interqual	1/1/2023	
	High dose rate electronic brachytherapy, skin surface application, per		1/1/2023	
0394T	fraction, includes basic dosimetry, when performed High dose rate electronic brachytherapy, interstitial or intracavitary	Interqual	1/1/2023	
0395T	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	
	Collagen cross-linking of cornea (including removal of the corneal		1/1/2023	
0402T	epithelium and intraoperative pachymetry when performed) Transcervical uterine fibroid(s) ablation with ultrasound guidance,	Interqual	1/1/2023	
0404T	radiofrequency Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting	Interqual	1/1/2023	
0406T	implant;	Interqual		
0407T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with biopsy, polypectomy or debridement	Interqual	1/1/2023	
	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and		1/1/2023	
0408T	programming of sensing and therapeutic parameters; pulse generator with	Interqual		
3.001	transvenous electrodes Insertion or replacement of permanent cardiac contractility modulation		1/1/2023	
	system, including contractility evaluation when performed, and			
0409T	programming of sensing and therapeutic parameters; pulse generator only	Interqual	1/1/2023	
	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and		1/1/2023	
0410T	programming of sensing and therapeutic parameters; atrial electrode only	Interqual		
	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and		1/1/2023	
0411T	programming of sensing and therapeutic parameters; ventricular electrode	Interqual		
	Removal of permanent cardiac contractility modulation system; pulse		1/1/2023	
0412T	generator only Removal of permanent cardiac contractility modulation system; transvenous	Interqual	1/1/2023	
0413T	electrode (atrial or ventricular) Removal and replacement of permanent cardiac contractility modulation	Interqual	1/1/2023	
0414T	system pulse generator only Repositioning of previously implanted cardiac contractility modulation	Interqual	1/1/2023	
0415T	transvenous electrode, (atrial or ventricular lead)	Interqual		
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	Interqual	1/1/2023	
	Transurethral waterjet ablation of prostate, including control of post-		1/1/2023	
	operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and			
0421T	internal urethrotomy are included when performed)	Interqual	. / . /	
	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left		1/1/2023	
0424T	stimulation lead, sensing lead, implantable pulse generator) Insertion or replacement of neurostimulator system for treatment of central	Interqual	1/1/2023	
0425T	sleep apnea; sensing lead only Insertion or replacement of neurostimulator system for treatment of central	Interqual	1/1/2023	
0426T	sleep apnea; stimulation lead only	Interqual		
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;		1/1/2023	
	stimulation lead only Removal and replacement of neurostimulator system for treatment of	Interqual 	1/1/2023	
0431T	central sleep apnea, pulse generator only Repositioning of neurostimulator system for treatment of central sleep	Interqual	1/1/2023	
0432T	apnea; stimulation lead only Repositioning of neurostimulator system for treatment of central sleep	Interqual	1/1/2023	
0433T	apnea; sensing lead only Interrogation device evaluation implanted neurostimulator pulse generator	Interqual		
0434T	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	
	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve		1/1/2023	
0442T	plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	Interqual	1/1/2022	
0443T	Real time spectral analysis of prostate tissue by fluorescence spectroscopy	Interqual	1/1/2023	
	Initial placement of a drug-eluting ocular insert under one or more eyelids,		1/1/2023	
0444T	including fitting, training, and insertion, unilateral or bilateral Subsequent placement of a drug-eluting ocular insert under one or more	Interqual	1/1/2023	
0445T	eyelids, including re-training, and removal of existing insert, unilateral or	Interqual	_, _, _, _	
07751	bilateral Creation of subcutaneous pocket with insertion of implantable interstitial	quui	1/1/2023	
0446T	glucose sensor, including system activation and patient training	Interqual	<u> </u>	
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	Interqual	1/1/2023	
2	Removal of implantable interstitial glucose sensor with creation of		1/1/2023	
0448T	subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	Interqual		
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
Code	Insertion of aqueous drainage device, without extraocular reservoir, internal	Cilital Review Citteria	1/1/2023	COMMENTS
0450T	approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)	Interqual		
0464T	Visual evoked potential, testing for glaucoma, with interpretation and	Intergual	1/1/2023	
	report Suprachoroidal injection of a pharmacologic agent (does not include supply	·	1/1/2023	
0465T	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	, , , , ,	
04741	Fractional ablative laser fenestration of burn and traumatic scars for	merqual	1/1/2023	
0479T	functional improvement; first 100 cm2 or part thereof, or 1% of body surface area of infants and children	Interqual		
	Fractional ablative laser fenestration of burn and traumatic scars for		1/1/2023	
04007	functional improvement; each additional 100 cm2, or each additional 1% of body surface area of infants and children, or part thereof (List separately in	Lancia de la companya		
0480T	addition to code for primary procedure) Injection(s), autologous white blood cell concentrate (autologous protein	Interqual	1/1/2023	
0481T	solution), any site, including image guidance, harvesting and preparation, when performed	Interqual	'	
	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic		1/1/2023	
0483T	valve; percutaneous approach, including transseptal puncture, when performed	Interqual		
	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)		1/1/2023	
0484T		Interqual	. /. /2.22	
	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested		1/1/2023	
	cells including incubation with cell dissociation enzymes, removal of non-			
0489T	viable cells and debris, determination of concentration and dilution of	Interqual	1/1/2000	
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands: multiple injections in one or both hands	Interqual	1/1/2023	
	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation,		1/1/2023	
0494T	separation from the perfusion system, and cold preservation of the allograft	Interqual		
U4341	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ	interqual	1/1/2023	
	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			
0495T	performed; first two hours in sterile field	Interqual		
	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ	·	1/1/2023	
	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			
0496T	performed; each additional hour (List separately in addition to code for	Interqual		
	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid		1/1/2023	
	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			
0501T	review in comparison with estimated FFR model to reconcile discordant Noninvasive estimated coronary fractional flow reserve (FFR) derived from	Interqual	1/1/2022	
	coronary computed tomography angiography data using computation fluid		1/1/2023	
	dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and			
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from	Interqual	1/1/2023	
	coronary computed tomography angiography data using computation fluid		1/1/2023	
	dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and			
0503T	simulated maximal coronary hyperemia, and generation of estimated FFR	Interqual		
	Noninvasive estimated coronary fractional flow reserve (FFR) derived from	• • •	1/1/2023	
	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			
0504T	comparison with estimated FFR model to reconcile discordant data,	Interqual	1/1/2022	
	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method,		1/1/2023	
	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,			
2525	all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion	lata anna l		
0505T	-	Interqual	1/1/2023	
0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report	Interqual	. , ,==	
03001	Near-infrared dual imaging (ie, simultaneous reflective and trans-	c. quui	1/1/2023	
0507T	illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report	Interqual		
0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of	Interqual	1/1/2023	
	axial bone mineral density. tibia Electroretinography (ERG) with interpretation and report, pattern (PERG)	Hayes Technologies	1/1/2023	
0509T 0511T	Removal and reinsertion of sinus tarsi implant	Interqual	1/1/2023	
	Extracorporeal shock wave for integumentary wound healing, including		1/1/2023	
0512T	topical application and dressing care; initial wound Extracorporeal shock wave for integumentary wound healing, including	Interqual	1/1/2023	
0513T	topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)	Interqual		
	Insertion of wireless cardiac stimulator for left ventricular pacing, including		1/1/2023	
	device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and			
0515T	generator (transmitter and hattery))	Interqual	<u>I</u>	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
Coue	Insertion of wireless cardiac stimulator for left ventricular pacing, including	Cilifical Neview Citteria	1/1/2023	COMMENTS
0516T	device interrogation and programming, and imaging supervision and interpretation, when performed: electrode only	Interqual		
	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and		1/1/2023	
0517T	interpretation, when performed; pulse generator component(s) (battery	Interqual		
03171	Removal and replacement of wireless cardiac stimulator for left ventricular	inter quar	1/1/2023	
0519T	pacing; pulse generator component(s) (battery and/or transmitter)	Interqual		
	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter),		1/1/2023	
0520T	including placement of a new electrode Interrogation device evaluation (in person) with analysis, review and report,	Interqual	1/1/2023	
0521T	includes connection, recording, and disconnection per patient encounter,	Interqual	-, -,	
	wireless cardiac stimulator for left ventricular pacing Programming device evaluation (in person) with iterative adjustment of the		1/1/2023	
	implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report,			
0522T	wireless cardiac stimulator for left ventricular pacing	Interqual		
	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from		1/1/2023	
	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,			
0523T	93455, 93456, 93457,93458, 93459, 93460, 93461)	Interqual		
	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular		1/1/2023	
0524T	access, catheter manipulation, diagnostic imaging, imaging guidance and	Interqual		
	Insertion or replacement of intracardiac ischemia monitoring system,		1/1/2023	
05357	including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and	Interqual		
0525T	Insertion or replacement of intracardiac ischemia monitoring system,	Interqual	1/1/2023	
0526T	including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only	Interqual		
	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and		1/1/2023	
0527T	imaging supervision and interpretation; implantable monitor only	Interqual	4 /4 /2022	
	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with		1/1/2023	
0528T	analysis review and report Interrogation device evaluation (in person) of intracardiac ischemia	Interqual	1/1/2023	
0529T	monitoring system with analysis, review, and report Continuous recording of movement disorder symptoms, including	Interqual Interqual	1/1/2023	
	bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-		-, -,	
0533T	up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report			
03331	Continuous recording of movement disorder symptoms, including	Interqual	1/1/2023	
0534T	bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor			
	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload,	Interqual	1/1/2023	
0535T	analysis and initial report configuration Continuous recording of movement disorder symptoms, including	Interqual	1/1/2023	
0536T	bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download	c. qua	1,1,2023	
05501	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-	Interqual	1/1/2023	
0537T	derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day			
	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood- derived T lymphocytes for transportation (eg, cryopreservation, storage)	Interqual	1/1/2023	
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of	Interqual	1/1/2023	
0539T	CAR-T cells for administration Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration,	Interqual	1/1/2023	
0540T	autologous			
	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation	Hayes Technologies	1/1/2023	
	of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report			
0541T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac	Hayes Technologies	1/1/2023	
	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			
0542T	generation, single study; interpretation and report		41-10	
	Transapical mitral valve repair, including transthoracic echocardiography,		1/1/2023	
0543T	when performed, with placement of artificial chordae tendineae Transcatheter tricuspid valve repair, percutaneous approach; initial	Interqual	1/1/2023	
0569T	prosthesis Transcatheter tricuspid valve repair, percutaneous approach; each	Interqual	1/1/2023	
0570T	additional prosthesis during same session (List separately in addition to code for primary procedure)	Interqual	_, _, _, _	
US/UI	with substernal electrode(s), including all imaging guidance and	merqual	1/1/2023	
	electrophysiological evaluation (includes defibrillation threshold evaluation,			
	induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters),			
0571T 0572T	when performed Insertion of substernal implantable defibrillator electrode	Interqual Interqual	1/1/2023	
0572T	Removal of substernal implantable defibrillator electrode	Interqual	1/1/2023	
0574T	Repositioning of previously implanted substernal implantable defibrillator- pacing electrode	Interqual	1/1/2023	
	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and		1/1/2023	
0584T	interpretation, when performed; percutaneous Islet cell transplant, includes portal vein catheterization and infusion,	Interqual	1/1/2022	
	including all imaging, including guidance, and radiological supervision and	l	1/1/2023	
0585T	interpretation, when performed; laparoscopic	Interqual	J	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
Code	Islet cell transplant, includes portal vein catheterization and infusion,	Cilifical Neview Citteria	1/1/2023	COMMENTS
0586T	including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	Interqual		
	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse	·	1/1/2023	
	generator, including analysis, programming, and imaging guidance when			
0587T	performed, posterior tibial nerve	Interqual	1/1/2023	
	Revision or removal of integrated single device neurostimulation system		1/1/2023	
0588T	including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	Interqual		
	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract	·	1/1/2023	
0671T	removal, one or more	Interqual		
	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for		1/1/2023	
0672T	urinary incontinence	Interqual		
0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	Interqual	1/1/2023	
33.3.	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac		1/1/2023	
	function, including an implantable pulse generator and diaphragmatic			
0674T	lead(s) Laparoscopic insertion of new or replacement of diaphragmatic lead(s),	Interqual	1/1/2022	
	permanent implantable synchronized diaphragmatic stimulation system for		1/1/2023	
0675T	augmentation of cardiac function, including connection to an existing pulse generator; first lead	Interqual		
	Eaparoscopic insertion or new or replacement or diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for		1/1/2023	
	augmentation of cardiac function, including connection to an existing pulse			
0676T	generator; each additional lead (List separately in addition to code for primary procedure)	Interqual		
00/01	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable	merquar	1/1/2023	
	synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first			
0677T	repositioned lead Laparoscopic repositioning or diaphragmatic lead(s), permanent implantable	Interqual		
	synchronized diaphragmatic stimulation system for augmentation of cardiac		1/1/2023	
	function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary			
0678T	procedure)	Interqual		
	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac		1/1/2023	
0679T	function	Interqual		
	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac		1/1/2023	
0680T	function, with connection to existing lead(s) Relocation of pulse generator only, permanent implantable synchronized	Interqual	. /. /2.22	
	diaphragmatic stimulation system for augmentation of cardiac function,		1/1/2023	
0681T	with connection to existing dual leads	Interqual	1/1/2023	
	Removal of pulse generator only, permanent implantable synchronized		1/1/2023	
0682T	diaphragmatic stimulation system for augmentation of cardiac function programming device evaluation (in-person) with iterative augustment or the	Interqual	1/1/2023	
	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			
0683T	implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Interqual		
	Peri-procedural device evaluation (in-person) and programming of device		1/1/2023	
	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			
0684T	stimulation system for augmentation of cardiac function	Interqual		
	by a physician or other qualified health care professional, including		1/1/2023	
	connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for			
0685T	augmentation of cardiac function	Interqual		
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	Interqual	1/1/2023	
	Treatment of amblyopia using an online digital program; device supply,		1/1/2023	
0687T	educational set-up, and initial session Treatment of amblyopia using an online digital program; assessment of	Interqual	1/1/2023	
0688T	patient performance and program data by physician or other qualified health care professional, with report, per calendar month	Interqual	, -, -323	
00001		interqual	1/1/2023	
	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound			
0689T	examination of the same anatomy (eg, organ, gland, tissue, target structure)	Interqual	41:100	
	Quantitative ultrasound tissue characterization (non-elastographic),		1/1/2023	
	including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)			
0690T	(List separately in addition to code for primary procedure)	Interqual		
	Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data		1/1/2023	
0691T	preparation, interpretation, and report	Interqual	4 /4 /2022	
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	
00331			1/1/2023	
	3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic			
0694T		Hayes Technologies		
	defibrillator lead(s) to optimize electrical synchrony, cardiac		1/1/2023	
0695T	resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement	Interqual		
55551		1 gener		

C. J.	Code Description	Clinical Povious Critaria	Effortive Dat	COMMENTS
Code	Body surface-activation mapping of pacemaker or pacing cardioverter-	Clinical Review Criteria	Effective Date 1/1/2023	CONMENTS
	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			
0696T	programming device evaluation	Interqual	1/1/2023	
	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			
0697T	diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	Interqual		
	iron, water content), including multiparametric data acquisition, data		1/1/2023	
	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			
0698T	primary procedure)	Interqual		
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	
	Molecular fluorescent imaging of suspicious nevus; each additional lesion	-	1/1/2023	
0701T	(List separately in addition to code for primary procedure) Remote treatment of amblyopia using an eye tracking device; device supply	Hayes Technologies	1/1/2023	
0704T	with initial set-up and patient education on use of equipment Remote treatment of amblyopia using an eye tracking device; surveillance	Interqual		
	center technical support including data transmission with analysis, with a		1/1/2023	
0705T	minimum of 18 training hours, each 30 days Remote treatment of amblyopia using an eye tracking device; interpretation	Interqual	1/1/2022	
	and report by physician or other qualified health care professional, per		1/1/2023	
0706T	calendar month Injection(s), bone-substitute material (eg, calcium phosphate) into	Interqual	1/1/2023	
	subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic		_, _, _, _	
0707T	assistance for joint visualization	Interqual		
0708T	Intradermal cancer immunotherapy; preparation and initial injection	National Comprehensive Cancer Network	1/1/2023	
	Intradermal cancer immunotherapy; each additional injection (List	·	1/1/2023	
0709T	separately in addition to code for primary procedure)	National Comprehensive Cancer Network	1/1/2023	
	non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and		1,1,2025	
	composition of the vessel wall and assessment for lipid-rich necrotic core			
0710T	plaque to assess atherosclerotic plaque stability, data review, interpretation and report	Interqual		
07101	Noninvasive arterial plaque analysis using software processing of data from	inter-qual	1/1/2023	
0711T	non-coronary computerized tomography angiography; data preparation and transmission	Interqual		
	Noninvasive arterial plaque analysis using software processing of data from	·	1/1/2023	
	non-coronary computerized tomography angiography; quantification of the			
0712T	structure and composition of the vessel wall and assessment for lipid-rich necrotic core plague to assess atherosclerotic plague stability	Interqual		
	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review,		1/1/2023	
0713T	interpretation and report	Interqual		
0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance	Interqual	8/1/2023	
	Percutaneous transluminal coronary lithotripsy (List separately in addition		8/1/2023	
0715T	to code for primary procedure) Cardiac acoustic waveform recording with automated analysis and	Interqual	8/1/2023	
0716T	generation of coronary artery disease risk score Autologous adipose-derived regenerative cell (ADRC) therapy for partial	Interqual		
	thickness rotator cuff tear; adipose tissue harvesting, isolation and		8/1/2023	
0717T	preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing, and concentration of ADRCs	Interqual		
	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including		8/1/2023	
0718T	ultrasound guidance, unilateral	Interqual	<u> </u>	
	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar		8/1/2023	
0719T	spine, single segment	Interqual		
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	Interqual	8/1/2023	
	Quantitative computed tomography (CT) tissue characterization, including		8/1/2023	
	interpretation and report, obtained without concurrent CT examination of			
0721T	any structure contained in previously acquired diagnostic imaging	Interqual	8/1/2022	
	Quantitative computed tomography (CT) tissue characterization, including		8/1/2023	
	interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset			
0722T	(List separately in addition to code for primary procedure) Quantitative magnetic resonance chorangiopancreatography (QIVINCP),	Interqual	0/4/2022	
	including data preparation and transmission, interpretation and report,		8/1/2023	
	obtained without diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) during the			
0723T	same session	Interqual		
	Quantitative magnetic resonance cholangiopancreatography (QMRCP),		8/1/2023	
	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			
0724T 0725T	separately in addition to code for primary procedure) Vestibular device implantation, unilateral	Interqual Interqual	8/1/2023	
0725T 0726T	Removal of implanted vestibular device, unilateral	Interqual	8/1/2023	
0727T	Removal and replacement of implanted vestibular device, unilateral Diagnostic analysis of vestibular implant, unilateral; with initial	Interqual	8/1/2023	
0728T	programming	Interqual	8/1/2023	
0729T	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming	Interqual	8/1/2023	
	Trabeculotomy by laser, including optical coherence tomography (OCT)		8/1/2023	
0730T 0731T	guidance Augmentative Al-based facial phenotype analysis with report	Interqual Interqual	8/1/2023	
0/311	reasonative at based radial prictiotype analysis with report	nner quui	0/1/2023	<u> </u>

Code International participation for internative control and internative cont					Code Description	
Pregression of brond control, who produced in all control of the production of the p		COMMENTS			Code Description	
spikicat for intriacporative radiation heteapy (CRIT) conscription with the process of the primary concessory states of the conscription of the co				Interqual	Immunotherapy administration with electroporation, intramuscular Preparation of tumor cavity, with placement of a radiation therapy	0732T
April			8/1/2023			
Colonic lawage, 3 or more literar of votate, gravity fied, with indicade of color color color of color color to the color of color color of color color of c				L		07257
OPTITE Interruption continued in the Terriphian various and continued in the Terri			8/1/2023	Interqual		0/351
resolutions primary for magnetic from discussions absoluted in malignary control control from previously preferenced in magnetic resolution of the property of			0/1/2023	Interqual		0736T
protected base, using data from perioducy performed magnetic resonance (managed (Mith) assembler to the perioducy of the peri				Interqual		0737T
interrogal an interpresent in recognizing control of the control			8/1/2023		1	
al interprocedural, transporticient intelligence and interprocedural regenerative monitoring, thermal operative, monitoring, thermal operative, and interprocedural regenerative monitoring, thermal operative, and interprocedural registeries of the control of the				Interqual	imaging (MRI) examination	0738T
Anaparticle installation and interpretation temperature monitoring. 77377 activation of the control organizery, builded in regation, an imagenic field manaparticle activation and control of the contro			8/1/2023			
interrupal Service autonomous algorithm based recommendation rejetor for insuling one exclusion and treation; install service and patient elements of mining and patient services representations agriculture and patient services are commendation of the services autonomous agriculture services agriculture and services (services) and services are commendation of the services and services agriculture and services (services) (SECEI), with exercise or inhammatologic stress, and at creat, when performed (List separative) in addition to code for primary procedure) Services and services when performed (List separative) in addition to code for primary procedure) Services and se						
Remote autonomous algorithm-based recommendation system for insulin dose exclusions and treatment within service and patient reflection. Oval T transmission, and storage, each 30 days. Transmission, and storage, each 30 days. Transmission, and storage, each 30 days. Transmission, and storage, each 30 days. Transmission, and storage, each 30 days. Transmission, and storage, each 30 days. Transmission, and storage, each 30 days. Transmission of the window of myropease allocation projections and transmission. Transmission of the storage of the stora						
Remote autonomous algorithm based recommendation system for insuling one calculation and traction; pitals select and platent education. does calculation and Estation; provision of software, data collection; and selection and estation; provision of software, data collection; and estation provision of software, data collection; and estation provision of software, data collection; and estation provision of colorare, data collection; and estation provision of colorare, data collection; and estation provision of colorare, data collection; and estation provision of collecting and estation provision of collecting and estation provision of collecting and estation of estation and estation provision of collecting and estation of estation and estation of estation and estation of estation and estation of estation and estation of estation and estation and estation of estation and estation estation and estation and estation and estation and estation and estation and estation and estation and estation and estation and			0/1/2022	Interqual	activation	0739T
Memotic authorismous agrotimes bester recommendation system for incurring the scalaritism and intratination, provision of officers, data of officers, data of officers, and officers, an			8/1/2023		Remote autonomous algorithm-based recommendation system for insulin	
dose calculation and titration, provision of software, data collection, analysis of a recommendation of the properties o				Interqual		0740T
### Aramstrision, and storage, each 30 days ### Aramstrision, and storage, each 30 days ### Aramstrision, and storage, each 30 days ### Aramstrision of Hyperarus are associated surprised the professor (List Separately) in addition to code for street, and at each whose performed (List Separately) in addition to code for street, and are fact, who performed (List Separately) in addition to code for street, and are fact, who performed (List Separately) in addition to code for street, and the fact, who performed (List Separately) in addition to code for primary accounts and a street, and state and street, and state and street, and state and street, and state and street, and state and street, and state and street, and state and street, and street			8/1/2023		-	
emission computed tomography (SPECT), with secretice or pharmacologic stress, and a rest, when performed (List separately in addition to code for primary procedure) Primary procedure) Some strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebrial fracture assessment, integretation and transmission of the scan data, measurement of bone strength and BMD and datasfication of any vertebrial fracture risk assistance of a security of the scan data, measurement of bone strength and BMD and datasfications of any vertebrial fracture risk assistance of a security of the scan data, measurement of bone strength and BMD and datasfications and report and support of the scan data special security of the scan data present integration of the scan data of report of the scan data security and security of the scan data security and security of the scan data security and security of the scan data security and security of the scan data security and security of the scan data security and security of the scan data security and security of the scan data security and security of the scan data security and security of the scan data security and security of the scan data security and security of the scan data security and security of the scan data security and security of the scan data security and security of the scan data security and security of the scan data security and security of the scan data security of the scan data security and security of the scan data security and security of the scan data security of the scan data security of the scan data security of the scan data security of the scan data security of the scan data security of the scan data security of the scan data security of the scan data security of the scan data security of the scan data security of the scan data security of the scan data security of the scan data security of the scan data security of the scan data security of the scan data security of the scan data security of the scan data				Interqual	transmission, and storage, each 30 days	0741T
stress, and at rest, when performed (List separately in addition to code for primary procedure) Sone strength and fracture risk using finite element analysis of functional data and bone mineral density (MND), with concurrent revietal in activation of any vertical fracture, with overall fracture risk assessment, utilizing data from a computed tomography scan, retrieval and transmission of the sean data, measurement of bone strength and sMND and classification of any vertical fracture, with overall fracture risk assessment, utilizing data from a computed tomography scan, retrieval and transmission of the sean data, measurement of bone strength and self-order or consultagenous parts from a computed tomography scan, retrieval and transmission or consultagenous parts from the sean data season, with the sean data season to the sean data season to the sean data season to the sean data season to the sean data season to the sean data season to the sean data season to the sean data season to the season of a season to the season of a season of			8/1/2023			
Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (MMO), with concurrent vertebral fracture assessment, utilizing data from a computed tomography key, network and classification of any vertebral fracture; with overall fracture risk assessment of bone preferred in an element of the concurrent of th						
dota and forem fermal denoty (Mohy, Mic concurrent verteratil fracture assessment, utilizing data from a computed tomography scan, recircleal and deastification of any vertebral fracture visits assessment, utilizing data from a computed tomography scan, recircleal and deastification of any vertebral fracture visits assessment and verteration of the properties of Moh and seasons of the properties of Moh and seasons of the properties of Moh and seasons of the properties of Moh and seasons of the properties of the properties of Moh and seasons of the properties of th				Interqual	primary procedure)	0742T
assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and dassification of any vertebral returner, with overall fracture-risk and classification of any vertebral returner, with overall fracture-risk and transmission of the scan data, measurement of output strength and BMD and dassification of any vertebral and returner isk assessment, utilizing quidance, when performed, including estage-inous or including-inous patch graft (leg, polyester, ePTF, Bovine performed, including estage-inous or including-inous patch graft (leg, polyester, ePTF, Bovine performed, including estage-inous or including-inous patch graft (leg, polyester, ePTF, Bovine performed, including estage-inous or including-inous patch graft (leg, polyester, ePTF, Bovine pericardium). The common of the common			8/1/2023		Bone strength and fracture risk using finite element analysis of functional	
transmission of the scan data, measurement of bone strength and BMD and classification of any verteral fracture-risk assessment, interpretation and report interruption interpretation and report ultracound imaging guidance, when performed ultracound imaging guidance, when performed ultracound imaging guidance, when performed when performed when performed when performed arrhythmia localization and mapping of arrhythmia still (rolls), derived from anatomical image data (eg. Cf., MRI, or myocardial perfusion scan) and electrical data (eg. Cf., MRI, or myocardial perfusion scan) and electrical data (eg. 21-dea ECG data), and identification of areas of avoidance and another of a solidance and mapping of arrhythmia still (rolls), derived from anatomical image data (eg. Cf., MRI, or myocardial perfusion scan) and electrical data (eg. 21-dea ECG data), and identification of areas of avoidance and allow the report for arrhythmia, elevievy of arrhythmia, elevievy						
classification of any vertebral fracture, with overall fracture-isk assessment, interpretation and repet pent or a westernor it singerostrect valve, open, remoral ven, including autogenous or increased interpretation and report of the following autogenous or onnautogenous patch graft (eg, polyester, ePTE, bovine pericardium), when pericardium or unurant year autogenous patch graft (eg, polyester, ePTE, bovine pericardium), when pericardium or unurant year autogenous patch graft (eg, polyester, ePTE, bovine pericardium), when pericardium or unurant year autogenous patch graft (eg, polyester, ePTE, bovine pericardium), when pericardium or unurant year autogenous patch graft (eg, polyester, ePTE, bovine pericardium), when pericardium or pericardium						
19743T						
ultrasound imaging guidance, when performed, including autopenous or nonautogenous path graff (e.g. polyster, ePTE) both performed (and the performed carrole color and color period per				Interqual	assessment, interpretation and report	0743T
nonautopenous patch graft (ep. polyseter, ePTE, bovine pericardium), when performed carotic focal aduation unusurity radiation therapy for arrinynthmia, incinaryase arritynthmia colarization and mapping of arritynthmia site (indus), derived from anatomical image data (eg. CT, MRI, or myocardial perfusion scan) and electrical date (eg. 12-lead EC data), and identification of areas of a rarrythmia localization and mapping of arritynthmia site (indus) into a worldance cardiac focal abiation utilizing radiation therapy for arritynthmia, conversion of arritynthmia localization and mapping of arritynthmia site (indus) into a multidimensional radiation therapy for arritynthmia, delivery of radiation therapy arritynthmia. Cardiac focal abiation utilizing radiation therapy for arritynthmia, delivery of radiation therapy arritynthmia. Interqual (interqual structure) structure) structure of radiation therapy arritynthmia. Interqual (interqual structure) structure) structure of radiation therapy arritynthmia. Interqual (interqual structure) structure) structure of radiation therapy arritynthmia structure, structure, structure) structure, structu			8/1/2023			
arrivement about to trusting reduction therapy for arrivymina; reminivative arrivytimal colarization and mapping of arrivythmia site (nidus,) entered from anatomical image data (eg. Cf. MRI, or myocardial perfusion scan) and electrical data (eg. 12-lea BC data), and identification of areas of cardiac focal ablation utilizing radiation therapy for arrivythmia; conversion of arrivythmia localization and mapping of arrivythmia; delivery of arrivythmia colarization and mapping of arrivythmia; delivery of addition therapy of arrivythmia; delivery of addition to a						
arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (c.g. T., MRI, or mycardial perfusion scan) and electrical data (e.g. 12-lead ECG data), and identification of areas of avoidance cardiac focal ablation utilizing radiation therapy for arrhythmia site (nidus) into a multidimensional radiation treatment plan cardiation classification and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan cardiation therapy, arrhythmia radiation therapy, or arrhythmia, and interqual injections of stem cell product into perianal perflistular soft tissue, including fistula preparation (e.g. removal of setons, fistula curettage, closure of interqual adiation therapy, arrhythmia and transmission of digital X-ray data, assessment using digital X-ray and adiation and report and service of intercal 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 and service with gradian and report and service with gradian and report in the production of digital X-ray data, assessment of bone strength and fracture risk and and microscope use mineral density (DIXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X-ray radiogrammentry-bone mineral density (DIXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X-ray radiogrammentry-bone mineral density (DIXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X-ray radiogrammentry-bone mineral density (DIXR-BMD) analysis of bone mineral density (DIXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X-ray radiogrammentry-bone mineral density (DIXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X-ray radiogrammentry-bone mineral density (DIXR-BMD) analysis of bone mineral densit				Interqual	when performed	0744T
from anatomical image data (eg. CT. MRI, or myocardial perfusion scan) and electrical data (eg. ZT. Jead ECG data), and identification of areas of avoidance avoidance Lardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (indus) into a multidimensional radiation treatment plan multidimensional radiation treatment plan multidimensional radiation treatment plan multidimensional radiation treatment plan multidimensional radiation therapy, arrhythmia; delivery of radiation therapy, arrhythmia; delivery of radiation therapy, arrhythmia; delivery of radiation therapy, arrhythmia; delivery of radiation therapy, arrhythmia; delivery of radiation therapy, arrhythmia; delivery of radiation therapy, arrhythmia; delivery of radiation therapy, arrhythmia; delivery of radiation therapy, arrhythmia; delivery of radiation therapy, arrhythmia; delivery of radiation therapy, arrhythmia; delivery of radiation therapy, arrhythmia; delivery of radiation therapy, arrhythmia; delivery of radiation therapy, arrhythmia; delivery of radiation to plant the properties of th			8/1/2023			
Interqual Inte					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Cardiac focal ablation utilizing radiation treatment plan Otafor multidimensional radiation treatment plan Cardiac focal ablation utilizing radiation therapy for arrhythmias (enius) into a multidimensional radiation treatment plan Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of adiation therapy, arrhythmia Injections of stem cell product into perianal perifistular soft tissue, including fistular preparation (e.g. removal of setons, fistula curettage, closure of light properties of stem cell product into perianal perifistular soft tissue, including fistular preparation (e.g. removal of setons, fistula curettage, closure of light properties of stem cell product into perianal perifistular soft tissue, including fistular preparation (e.g. removal of setons, fistula curettage, closure of light properties of stem cell product into perianal perifistular soft tissue, including fistular various properties of stem cell product under grading and properties of stem cell product under grading and properties of stem cell product under grading and period density (RMD) 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 digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; with single-view digital X-ray examination of glass microscopes sides for revel II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope sides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope sides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope sides for level IV, surgical pathology, gross and micro					The state of the s	
of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan and transmission of a distinct treatment plan and transmission of a distinct treatment plan and transmission of stem cell product into perianal perifistular soft tissue, including injections of stem cell product into perianal perifistular soft tissue, including injections of stem cell product into perianal perifistular soft tissue, including injections of stem cell product into perianal perifistular soft tissue, including injections of stem cell product into perianal perifistular soft tissue, including injections of stem cell product into perianal perifistular soft tissue, including injections of stem cell product into perianal perifistular soft tissue, including injections of stem cell product into perianal perifistular soft tissue, including injections of stem cell product into perianal perifistular soft tissue, including injections of stem cell product into perianal perifistular soft tissue, including interqual int			0/1/2022	Interqual		0745T
Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg. removal of setons, fistula curettage, closure of internal penginss) interqual interqual and product into perianal perifistular soft tissue, including fistula preparation (eg. removal of setons, fistula curettage, closure of internal penginss) interqual radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X-ray tardiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X-ray tardiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X-ray tardiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X-ray tardiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X-ray tardiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X-ray tardiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) analysis of bone m			8/1/2023			
Interqual Interqual S/1/2023 Interqua				Interqual		0746T
Injections of stem cell product into perianal perifistular soft tissue, including fistular persartation (eg. removal of setons, fistula durettage, closure of the purpose of the product into perianal perifistular persartation (eg. removal of setons, fistular persartation (eg. removal of setons, fistular persartation (eg. removal of setons, fistular under the purpose of the production of digital X-ray of adiogrammetry-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 tradiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X-ray radiogrammetry-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 digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation or deport, with single-view digital X-ray examination of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation or deport, with single-view digital X-ray examination of digital X-ray examination of the hand taken for the purpose of DXR-BMD Digitation of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level VI, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level VI, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level VI, su			8/1/2023	Intergual	- · · · · · · · · · · · · · · · · · · ·	0747T
fistula preparation (eg, removal of setons, fistula curettage, closure of buffersi lengthrish in acture-risk assessment using togran A-ray radiogrammetry-bone mineral density (DXB-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 interpretation of glass microscope sides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope sides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope sides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope sides for level IV, surgical pathology, gross and			8/1/2023	Interqual		07471
### Stricts Stricts and Fracture-risk assessment using ugitar x-ray radiogrammetry-bone mineral density (DRR-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 radiogrammetry-bone mineral density (DRR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X-ray radiogrammetry-bone mineral density (DRR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X-ray retrieval and transmission of digital X-ray data, assessment using 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 DRR-BMD interpretation and report, with single-view digital X-ray examination procedure) bigitization of glass microscope sides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope sides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope sides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope sides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope sides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope sides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope sides for level V, surgical pathology, gross and microscopic examinati			.,,	La constant	fistula preparation (eg, removal of setons, fistula curettage, closure of	
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 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 digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; with single-view digital X-ray examination of digital X-ray data, assessment of bone strength and transmission of digital X-ray data, assessment of bone strength and transmission of digital X-ray data, assessment of bone strength and transmission of digital X-ray data, assessment of bone strength and transmission of digital X-ray data, assessment of bone strength and transmission of digital X-ray data, assessment of bone strength and transmission of digital X-ray data, assessment of bone strength and transmission of digital X-ray data, assessment of bone strength and transmission of digital X-ray data, assessment of bone strength and transmission of digital X-ray data, assessment of bone strength and transmission of digital X-ray data, assessment of bone strength and transmission of digital X-ray data, assessment of bone strength and transmission of digital X-ray data, assessment of bone strength and transmission of digital X-ray data, assessment of bone strength and transmission of digital X-ray data, assessment of bone strength and transmission of digital X-ray data, assessment of bone strength and transmission of digital X-ray data, assessment of bone strength and transmission of digital X-ray data, assessment of bone strength and transmission of digital X-ray data, assessment of bone strength and tran			8/1/2023	Interqual	internal openings) Bone strength and tracture-risk assessment using digital x-ray	07481
of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report 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 Digitization of glass microscope sides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope sides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope sides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope sides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope sides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope sides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope sides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope sides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Hayes Technologies 8/1/2023 BA/1/2023 BA/1/2023 BA/1/2023 BA/1/2023 BA/1/2023			8/1/2023		radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral	
BMD, interpretation and report 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 Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level V, surgical pathology, gross and microscopi					,, , ,	
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 Interpretation of glass microscope sildes for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) 0751T procedure) 0752T procedure) 0752T procedure) 0753T procedure) 0753T procedure) 0753T procedure) 0754T procedure) 0754T procedure) 0754T procedure) 0755T proced				Intergual		0749T
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 Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) 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			
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 Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) 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 B/1/2023 B/1/2023 B/1/2023 B/1/2023						
BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) 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 B/1/2023 B/1/2023 B/1/2023 B/1/2023 B/1/2023 B/1/2023 B/1/2023 B/1/2023 B/1/2023						
O750T of the hand taken for the purpose of DXR-BMD Interqual Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) 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 Hayes Technologies 8/1/2023 8/1/2023 Blayes Technologies Hayes Technologies Blayes Technologies Hayes Technologies 8/1/2023 Blayes Technologies						
Digitization of glass microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) 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 Hayes Technologies Hayes Technologies 8/1/2023 8/1/2023 8/1/2023 8/1/2023 8/1/2023 8/1/2023				Interqual		0750T
and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary D751T procedure) Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) D754T procedure) D754T procedure) D755T procedure) D755T procedure) Hayes Technologies Hayes Technologies Hayes Technologies Hayes Technologies Hayes Technologies Hayes Technologies 8/1/2023 Hayes Technologies Hayes Technologies Hayes Technologies			8/1/2023	Interqual		07501
Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) O752T procedure) Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) 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 8/1/2023 8/1/2023 8/1/2023 8/1/2023 Hayes Technologies			.,,	L		07547
and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) O754T procedure) 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 8/1/2023 8/1/2023 8/1/2023 Hayes Technologies			9/1/2022	Hayes Technologies		0/511
Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) 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 By1/2023 By1/2023 By1/2023 By1/2023 By1/2023 By1/2023			0/1/2023		1	
and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscopic examination (List separately in addition to code for primary procedure) Hayes Technologies Hayes Technologies 8/1/2023 8/1/2023 8/1/2023 Hayes Technologies			20.5	Hayes Technologies		0752T
0753T procedure) Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) 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 8/1/2023			8/1/2023			
and microscopic examination (List separately in addition to code for primary procedure) Digitization of glass microscopic examination (List separately in addition to code for primary offst procedure) Hayes Technologies 8/1/2023 Hayes Technologies				Hayes Technologies	procedure)	0753T
0754T procedure) Hayes Technologies 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 4/1/2023			8/1/2023		1	
Digitization of glass microscope slides for level VI, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) 0755T procedure) Hayes Technologies				Hayes Technologies	procedure)	0754T
0755T procedure) Hayes Technologies			8/1/2023	-	Digitization of glass microscope slides for level VI, surgical pathology, gross	
The second property in the second property is the second property in the second property in the second property is the second property in the second property in the second property is the second property in the second property in the second property is the second property in the second property in the second property is the second property in the second property in the second property is the second property in the second property in the second property in the second property is the second property in the second property in the second property is the second property in the second property in the second property is the second property in				Haves Technologies		07557
Digitization of glass microscope sides for special stain, including 8/1/2023			8/1/2023	,	Digitization of glass microscope slides for special stain, including	0,551
interpretation and report, group I, for microorganisms (eg, acid fast,			-, , .===			
methenamine silver) (List separately in addition to code for primary 0756T procedure) Hayes Technologies				Haves Technologies		07567
Digitization of grass microscope sides for special stain, including 8/1/2023			8/1/2023	,	Digitization of glass microscope slides for special stain, including	0,501
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						
0757T addition to code for primary procedure) Hayes Technologies				Hayes Technologies	addition to code for primary procedure)	0757T
Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block (List	· <u> </u>		8/1/2023			_
0758T separately in addition to code for primary procedure) Hayes Technologies				Hayes Technologies		0758T
Digitization of glass microscope slides for special stain, including 8/1/2023			8/1/2023	-	Digitization of glass microscope slides for special stain, including	
interpretation and report, group III, for enzyme constituents (List separately 0759T in addition to code for primary procedure) Hayes Technologies				Haves Technologies		07507
0759T in addition to code for primary procedure) Hayes Technologies Digitization of glass microscope slides for immunohistochemistry or 8/1/2023			8/1/2023	mayes recimologies		0/351
immunocytochemistry, per specimen, initial single antibody stain procedure			5, 1, 2025	L	immunocytochemistry, per specimen, initial single antibody stain procedure	
0760T (List separately in addition to code for primary procedure) Hayes Technologies			0/4/2022	Hayes Technologies	(List separately in addition to code for primary procedure)	0760T
Digitization of glass microscope slides for immunohistochemistry or			8/1/2023		Digitization of glass microscope slides for immunohistochemistry or	
immunocytochemistry, per specimen, each additional single antibody stain				L		
0761T procedure (List separately in addition to code for primary procedure) Hayes Technologies Digitization of glass microscope slides for immunohistochemistry or 8/1/2023			0/4/2022	Hayes Technologies		0761T
immunocytochemistry, per specimen, each multiplex antibody stain			8/1/2023			
			1	Hayes Technologies	procedure (List separately in addition to code for primary procedure)	0762T

0763T pr	Digitization of glass microscope slides for morphometric analysis, tumor	Clinical Review Criteria	Effective Date	COMMENTS
0763T pr	mmunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone		8/1/2023	
0763T pi	receptor), quantitative or semiquantitative, per specimen, each single			
A. dy	antibody stain procedure, manual (List separately in addition to code for primary procedure)	Hayes Technologies		
	Assistive algorithmic electrocardiogram risk-based assessment for cardiac	nayes reciniologies	8/1/2023	
	dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed		0, 2, 2020	
	electrocardiogram (List separately in addition to code for primary			
	procedure)	Interqual		
	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension,		8/1/2023	
	nypertrophic cardiomyopathy); related to previously performed	Intersual		
	Franscutaneous magnetic stimulation by focused low-frequency	Interqual	8/1/2023	
	electromagnetic pulse, peripheral nerve, initial treatment, with			
el	dentification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when			
0/661	Franscutaneous magnetic stimulation by focused low-frequency	Interqual	8/1/2023	
	electromagnetic pulse, peripheral nerve, initial treatment, with		6/1/2023	
	dentification and marking of the treatment location, including noninvasive			
l ne	electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for			
0/6/1	Franscutaneous magnetic stimulation by focused low-frequency	Interqual	8/1/2023	
	electromagnetic pulse, peripheral nerve, subsequent treatment, including		0/1/2023	
	noninvasive electroneurographic localization (nerve conduction	Interqual		
Tı	Franscutaneous magnetic stimulation by focused low-frequency	·	8/1/2023	
	electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction			
0769T lo	ocalization), when performed; each additional nerve (List separately in	Interqual		
	/irtual reality technology to assist therapy (List separately in addition to	Interqual	8/1/2023	
0770T cc	code for primary procedure)	Hayes Technologies		
	/irtual reality (VR) procedural dissociation services provided by the same obysician or other qualified health care professional performing the		8/1/2023	
di	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	Hayes Technologies		
	/irtual reality (VR) procedural dissociation services provided by the same	riayes reciniologies	8/1/2023	
	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			
as	assist in the monitoring of the patient's level of dissociation or			
	consciousness and physiological status; each additional 15 minutes ntraservice time (List separately in addition to code for primary service)			
07721	/irtual reality (VR) procedural dissociation services provided by a physician	Hayes Technologies	8/1/2023	
	or other qualified health care professional other than the physician or other		8/1/2023	
	qualified health care professional performing the diagnostic or therapeutic			
lin	service that the VR procedural dissociation supports; initial 15 minutes of ntraservice time, patient age 5 years or older	Have Taskaslasia		
0773T	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes	Hayes Technologies	8/1/2023	
pl	placement of intra-articular implant(s) (eg, bone allograft[s], synthetic	Interqual	.,,	
	device(s1) Therapeutic induction of intra-brain hypothermia, including placement of a	interqual	8/1/2023	
	mechanical temperature-controlled cooling device to the neck over carotids			
las	and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment			
0776T	Real-time pressure-sensing epidural guidance system (List separately in	Interqual	8/1/2023	
0777T ac	addition to code for primary procedure)	Interqual		
	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of		8/1/2023	
0778T m	motion, posture, gait, and muscle function	Interqual		
	Gastrointestinal myoelectrical activity study, stomach through colon, with nterpretation and report	Interqual	8/1/2023	
In	nstillation of fecal microbiota suspension via rectal enema into lower		8/1/2023	
	zastrointestinal tract Bronchoscopy, rigid or flexible, with insertion of esophageal protection	Interqual	8/1/2023	
de	device and circumferential radiofrequency destruction of the pulmonary			
0791T	nerves, including fluoroscopic guidance when performed; bilateral	Interqual		
Bi	Bronchoscopy, rigid or flexible, with insertion of esophageal protection		8/1/2023	
ne	device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral			
0782T	nainstem hronchus	Interqual	0/1/2022	
	Franscutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	Interqual	8/1/2023	
	Oncology, response to radiation, cell-free DNA, quantitative branched chain		1/1/2023	
0285U D	DNA amplification, plasma, reported as a radiation toxicity score	Hayes Technologies		
	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and FPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis,		1/1/2023	
	common variants	Interqual		
0286U co	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of L12 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE)		1/1/2023	
0286U cc	issue, algorithmic prediction of cancer recurrence, reported as a categorical			
0286U cc U 1: ti:		Interqual	4 /4 /2022	
0286U cc 0 1: ti: 0287U ri:	risk result (low, intermediate, high) Oncology (lung), mkiva, quantitative PCR analysis of 11 genes (BAG1,			
0286U cc U 1: ti: 0287U ri:	BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A)		1/1/2023	
0286U cc U 1: ti: 0287U ri: Bi ai	SRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded		1/1/2023	
0286U cc U 1: ti: 0287U ri Bi an (F	STRCODERY (URINE), THINNA, QUARTICATIVE PCK ATRIAYSIS OF 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH38BG, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score	Interqual		
0286U cc U 1: ti 0287U ri Bi ai (F	SRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, VAP1), formalin-fixed paraffin-embedded FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk	Interqual	1/1/2023	
0286U cc U 1: ti: 0287U ri Bi an (Fr 0288U sc N 0288U sc	STREAM TO THE MENT OF THE MENT	Interqual Interqual		

Code Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk interqual 1/1/2023	
sequencing of 144 genes, whole blood, algorithm reported as predictive risk provided by the pr	
Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score 2.939	
sequencing of 72 genes, whole blood, algorithm reported as predictive risk interqual 2 sequencing of 54 genes, whole blood, algorithm reported as predictive risk sequencing of 54 genes, whole blood, algorithm reported as predictive risk score 1 congenity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk sequencing of 18 genes, whole blood, algorithm reported as predictive risk score 2 core 2	
Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score Ungoeyity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score Uncology (preast outcal carcimoma in stut), protein expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score Uncology (preast outcal carcimoma in stut), protein expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score Uncology (preast outcal carcimoma in stut), protein expression profiling by RNA sequencing at least 27 proteins (COZ, CPAX), ERRZ, KR-7, 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 expression profiling by RNA sequencing at least 27 molecular features (e.g., human and/or microbal mRNA), saliva, algorithm reported as positive or negative for signature 0.2960 ussociated with malignancy 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 0.297U uncology (pan tumor), whole genome sequencing or paired malignant and normal DNA specimens, fresh forcen tissue, blood, or bone marrow, comparative sequence analyses and variant identification 0.0000 uncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh forcen tissue, blood, or bone marrow, comparative sequence manyes and variant identification 0.0000 uncology (pan tumor), whole genome sequencing or optical genome mapping of paired malignant and normal DNA specimens, fresh forcen tissue, blood, or bone marrow, comparative sequence manyes and variant identification 0.0000 uncology (pan tumor), whole genome	
Description of the property and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score OURCHORGY (Presta ducta carchoma in Sttu), protein expression proming by immunohistochemistry of 7 proteins (COXZ, FOXAL, HRS, K-67, p.16, P.R. SAH2), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, plood or bone marrow, comparative sequence analyses and variant identification under the paraffin-fixed paraffin-embedded (FFPE) tissue, plood or bone marrow, comparative sequence analyses and variant identification under the paraffin-embedded (FFPE) tissue, plood or bone marrow, comparative sequence paraffin-embedded (FFPE) tissue, plood or bone marrow, comparative sequence paraffin-embedded (FFPE) tissue, plood or bone marrow, comparative sequence paraffin-embedded (FFPE) tissue, plood or bone marrow, comparative sequence paraffin-embedded (FFPE) tissue, plood or bone marrow, comparative sequence paraffin-embedded (FFPE) tissue, plood or bone marrow, comparative sequence paraffin-embedded (FFPE) tissue, plood or bon	
Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk core unmonistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, P.R. SIAH2), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FPPE) tissue, palpability), utilizing formalin-fixed paraffin-embedded (FPPE) tissue, palpability), utilizing formalin-fixed paraffin-embedded (FPPE) tissue, palpability, whole genome sequencing or paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FPPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification uncology (pan tumori), whole genome sequencing or paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FPPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification uncology (pan tumori), whole genome sequencing or paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and uncology (pan tumori), whole genome sequencing or paired malignant and normal DNA specimens, fresh fixes tissue, blood, or bone marrow, comparative sequence analyses and uncology (pan tumori), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh fixes tissue, blood, or bone marrow, comparative sequence analyses and uncology (pan tumori), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comp	
sequencing of 18 genes, whole blood, algorithm reported as predictive risk core Uncougy (preast outcat carcinoma in stup, protein expression proming 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 Uncology (para and/or orophanyngeal cancer), gene expression proming 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 uncology (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 uncology (pan tumor), whole transcriptome sequence malyses and variant of uncology (pan tumor), whole transcript identification uncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and uncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood, or bone marrow, comparative sequence analyses and uncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative sequence analyses and uncology (pan tumor), whole genome sequencement and uncology (pan tumor), whole genome experiencing and optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative sequence analyses and uncology (pan tumor), whole genome sequencement and uncology (pan tumor), whole genome sequencing and optical genome marrow, comparative sequence analyses and uncology	
Uncology (presst ductat carcinoma in stud, protein expression protning by immunohistochemistry of 7 proteins (COX2, FOXA, HER), xi-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 Uncology (oral and/or oropharyngeal cancer), gene expression proming 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 Uncology (pan tumor), whois 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 Uncology (pan tumor), whois expenses on expenses on level and chimeric transcript identification Uncology (pan tumor), whois egenome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification Uncology (pan tumor), whois egenome sequence analyses and expression level and chimeric transcript identification Uncology (pan tumor), whois egenome sequence analyses and variant identification uncology (pan tumor), whois egenome sequence analyses and variant identification uncology (pan tumor), whois egenome sequence analyses and variant identification uncology (pan tumor), whois egenome sequence analyses and variant identification uncology (pan tumor), whois egenome sequence analyses and variant identification uncology (pan tumor), whois egenome sequence analyses and variant identification uncology (pan tumor), whois egenome sequence analyses and variant identification uncology (pan tumor), whois egenome sequence analyses and variant identification uncology (pan tumor), whois egenome sequence analyses and variant identification uncology (pan tumor), whois egenome sequence analyses and varia	
immunohistochemistry of 7 proteins (COX2, FOXA1, HERZ, Ki-67, D16, PR, SIAHZ), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score Oncology (orat anaryor oropharyngeat cancer), gene expression pronling 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 Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification Olicology (pan tumor), whole genome sequencing of 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 or one of the paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification or one of the paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification or one of the paraffin-embedded (FFPE) tissue, blood, or bone marrow, comparative sequence analyses and variant or one of the paraffin-embedded (FFPE) tissue, blood, or bone marrow, comparative sequence analyses and variant or one of the paraffin-embedded (FFPE) tissue, blood, or bone marrow, comparative sequence analyses and variant or one of the paraffin-embedded (FFPE) tissue, blood, or bone marrow, comparative sequence analyses and variant or one of the paraffin-embedded (FFPE) tissue, blood, or bone marrow, comparative sequence analyses and variant or one of the paraffin-embedded (FFPE) tissue, blood, or bone marrow, comparative sequence analyses and variant or one of the paraffin-embedded (FFPE) tissue, blood, or b	
palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score Uncology (para anaryor oropharyngeal cancer), gene expression proming by RNA sequencing at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature 0296U associated with malignancy Uncology (pan tumor), wnoie 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 Uncology (pan tumor), wnoie 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 onormal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and onormal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood, or bone marrow or parafin-embedded (FFPE) tissue, blood, or bone marrow or portion genome optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative structural variant identification uncology (pan tumor), wnoie genome optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification uncology (pan tumor), wnoie 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 infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment liquid enrichment liquid enrichment liquid enrichment liquid enrichment liquid enrichment	
Uncology (prail and/or oropharyngeal cancer), gene expression promiting 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 uncology (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 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 uncology (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 uncology (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 uncology (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 linterqual infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment liquid enrichment linterqual	
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 Uncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and onormal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification and normal RNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification and promatical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative sequence analyses and variant identification and promatical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification and identification and identification and identification and identification and identification and identification and identification and identification and identification and identification and identification and infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment and provided digital PCR (ddPCR); following liquid enrichment and provided digital PCR (ddPCR); following liquid enrichment and provided digital PCR (ddPCR); following liquid enrichment and provided and part and provided and part and provided and part and part and provided and part and provided and part	
Interqual Interqual Interqual 1/1/2023 Interqual 1/1/2023 Interqual In	
Uncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification Uncology (pan tumor), whole transcriptome sequencing of 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 Uncology (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 Uncology (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 Uncology (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 infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); Interqual 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	
tissue, blood or bone marrow, comparative sequence analyses and variant identification Oncology (pan tumor), whole genome sequencing or paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and O298U expression level and chimeric transcript identification Interqual Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative sequence analyses and Uncology (pan tumor), whole genome emapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification Interqual O300U identification y nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); Interqual Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment Interqual	
Interqual Interqual 1/1/2023 1/1/202	
and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and 0298U expression level and chimeric transcript identification Interqual 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 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 O300U identification yn ucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); Interqual 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 1/1/2023	
0298U expression level and chimeric transcript identification Interqual	
Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marpony, omparative structural variant identification Uncology (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 Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment Infectious agent detection by nucleic acid (DNA or RNA), Bartonella liquid enrichment Infectious agent detection by nucleic acid (DNA or RNA), Bartonella liquid enrichment Infectious agent detection by nucleic acid (DNA or RNA), Bartonella liquid enrichment Infectious agent detection by nucleic acid (DNA or RNA), Bartonella liquid enrichment Infectious agent detection by nucleic acid (DNA or RNA), Bartonella liquid enrichment Infectious agent detection by nucleic acid (DNA or RNA), Bartonella liquid enrichment Infectious agent detection by nucleic acid (DNA or RNA), Bartonella liquid enrichment Infectious agent detection by nucleic acid (DNA or RNA), Bartonella liquid enrichment Infectious agent detection by nucleic acid (DNA or RNA), Bartonella liquid enrichment Infectious agent detection by nucleic acid (DNA or RNA), Bartonella liquid enrichment Infectious agent detection by nucleic acid (DNA or RNA), Bartonella liquid enrichment Infectious agent detection by nucleic acid (DNA or RNA), Bartonella liquid enrichment Infectious agent detection by nucleic acid (DNA or RNA), Bartonella liquid enrichment Infectious agent detection by nucleic acid (DNA or RNA), Bartonella liqu	
malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification Uncology (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 Infectious agent detection by nucleic acid (DNA or RNA), Bartonella 0301U henselae and Bartonella quintana, droplet digital PCR (ddPCR); Interqual Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following 0302U liquid enrichment Interqual Interqual 1/1/2023	
Uncology (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 linfectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic acid (DNA or RNA), Bartonella (Infectious agent detection by nucleic	
mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification Interqual Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); Interqual Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment Interqual Interqua	
0300U identification Infectious agent detection by nucleic acid (DNA or RNA), Bartonella 0301U henselae and Bartonella quintana, droplet digital PCR (ddPCR); Interqual Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following 0302U liquid enrichment Interqual 1/1/2023	
0301U henselae and Bartonella quintana, droplet digital PCR (ddPCR); Interqual Intectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following 0302U liquid enrichment Interqual 1/1/2023	
Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment 1/1/2023 1/1/2023	
0302U liquid enrichment Interqual 1/1/2023 1/1/2023	
1/1/2023	
Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic	
0303U analysis and result reported as an RBC adhesion index; hypoxic Interqual	
Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial	
adhesion molecules, functional assessment, whole blood, with algorithmic	
0304U analysis and result reported as an RBC adhesion index; normoxic Interqual 1/1/2023	
Hematology, red blood cell (RBC) functionality and deformity as a function	
0305U of shear stress, whole blood, reported as a maximum elongation index Interqual Oncology (minimal residual disease [MRD]), next-generation targeted 1/1/2023	
sequencing analysis, cell-free DNA, initial (baseline) assessment to	
determine a patient specific panel for future comparisons to evaluate for one of the original specific panel for future comparisons to evaluate for one of the original specific panel for future comparisons to evaluate for one of the original specific panel for future comparisons to evaluate for one of the original specific panel for future comparisons to evaluate for one of the original specific panel for future comparisons to evaluate for original specific panel for future comparisons to evaluate for one of the original specific panel for future comparisons to evaluate for original specific panel for future comparisons to evaluate for original specific panel for future comparisons to evaluate for original specific panel for future comparisons to evaluate for original specific panel for future comparisons to evaluate for original specific panel for future comparisons to evaluate for original specific panel for future comparisons to evaluate for original specific panel for future comparisons to evaluate for original specific panel for future comparisons to evaluate for original specific panel for future comparisons to evaluate for original specific panel for future comparisons to evaluate for original specific panel for future comparisons to evaluate for original specific panel for future comparisons to evaluate for original specific panel for future comparisons to evaluate for original specific panel for future comparisons to evaluate for original specific panel for future comparisons to evaluate for original specific panel for future comparisons to evaluate for original specific panel for future comparisons to evaluate for original specific panel for future comparisons to evaluate for future comparisons to evaluate for future comparisons to evaluate for future comparisons to evaluate for future comparisons to evaluate for future comparisons to evaluate for future comparisons to evaluate for future comparisons to evaluate for future comparisons to evaluate for future comparisons to evaluate for future compariso	
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	
0307U evaluate for MRD Interqual Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high 1/1/2023	
sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]),	
plasma, algorithm reported as a risk score for obstructive CAD O308U Interqual	
Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, 1/1/2023	
osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for	
0309U major adverse cardiac event Interqual Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers 1/1/2023	
(NTproBNP, C-reactive protein, and T-uptake), plasma, algorithm reported	
0310U as a risk score for KD Interqual Infectious disease (bacterial), quantitative antimicrobial susceptibility 1/1/2023	
reported as phenotypic minimum inhibitory concentration (MIC)—based	
0311U antimicrobial susceptibility for each organisms identified Interqual	
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 0312U assessment Interqual	
Oncology (pancreas), DNA and mRNA next-generation sequencing analysis 1/1/2023	
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)	
0313U Interqual Interqual Oncology (cutaneous melanoma), mRNA gene expression profiling by RT- 1/1/2023	
PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed	
paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result 0314U (ie_henign_intermediate_malignant) Interqual	
Oncology (cutaneous squamous cell carcinoma), mRNA gene expression 1/1/2023	
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	
Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine 1/1/2023	
0316U Interqual Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) 1/1/2023	
assay, whole blood, predictive algorithmgenerated evaluation reported as	
assay, whole blood, predictive algorithmgenerated evaluation reported as 0317U decreased or increased risk for lune cancer. Interqual Pediatrics (congenital epigenetic disorders), whole genome methylation 1/1/2023	

Cada	Code Description	Clinical Boulous Critoria	Effective Date	COMMATNITC
Code	Nephrology (renal transplant), RNA expression by select transcriptome	Clinical Review Criteria	1/1/2023	COMMENTS
0319U	sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection	Interqual		
	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a		1/1/2023	
0320U	risk score for acute cellular rejection Infectious agent detection by nucleic acid (DNA or RNA), genitourinary	Interqual	1 /1 /2022	
	pathogens, identification of 20 bacterial and fungal organisms and		1/1/2023	
0321U	identification of 16 associated antibiotic-resistance genes, multiplex	Interqual		
	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid		1/1/2023	
	chromatography with tandem mass spectrometry (LC-MS/MS), plasma,			
0322U	results reported as negative or positive for risk of metabolic subtypes	Interqual		
	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing,		8/1/2023	
	cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses,	,		
0323U	parasites, or fungi	Hayes Technologies		
	Oncology (ovarian), spheroid cell culture, 4-drug panel (carboplatin,	.,	8/1/2023	
0324U	doxorubicin, gemcitabine, paclitaxel), tumor chemotherapy response prediction for each drug	Hayes Technologies		
	Oncology (ovarian), spheroid cell culture, poly (ADP-ribose)		8/1/2023	
0325U	polymerase (PARP) inhibitors (niraparib, olaparib, rucaparib, velparib), tumor response prediction for each drug	Hayes Technologies		
	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free	, contraction of the contract	8/1/2023	
	circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements,			
0326U	microsatellite instability and tumor mutational burden	Hayes Technologies		
	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score		8/1/2023	
0327U	for each trisomy, includes sex reporting, if performed	Hayes Technologies	0/1/2022	
	Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-		8/1/2023	
	MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient-			
0328U	Oncology (neoplasia), exome and transcriptome sequence analysis for	Hayes Technologies	8/1/2023	
	sequence variants, gene copy number amplifications and deletions, gene		0/1/2023	
	rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for			
0329U	subtraction, report of clinically significant mutation(s) with therapy	Hayes Technologies		
	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal		8/1/2023	
0330U	Swah Oncology (hematolymphoid neoplasia), optical genome mapping for copy	Hayes Technologies	9/1/2022	
	number alterations and gene rearrangements utilizing DNA from blood or	.	8/1/2023	
0331U	hone marrow, report of clinically significant alterations Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic)	Hayes Technologies	8/1/2023	
	markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint-			
0332U	inhihitor therapy Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk	Hayes Technologies	8/1/2023	
	patients, analysis of methylation patterns on circulating cell-free DNA		8/1/2023	
	(cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des- gamma-carboxy-prothrombin (DCP), algorithm reported as normal or			
0333U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed	Hayes Technologies	8/1/2023	
	paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene			
0334U	rearrangements, microsatellite instability and tumor mutational burden	Hayes Technologies		
03340	Rare diseases (constitutional/heritable disorders), whole genome sequence		8/1/2023	
	analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy			
	(UPD), inversions, aneuploidy, mitochondrial genome sequence analysis			
0335U	with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic	Hayes Technologies		
55550	Rare diseases (constitutional/heritable disorders), whole genome sequence	.,	8/1/2023	
	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			
0336U	variants, each comparator genome (eg, parent)	Hayes Technologies	0/1/0	
	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and		8/1/2023	
	enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood			
0337U	Oncology (solid tumor), circulating tumor cell selection, identification,	Hayes Technologies	8/1/2023	
	morphological characterization, detection and enumeration based on		0/1/2023	
2025::	differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker-expressing cells,	University of the standards		
0338U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1,	Hayes Technologies	8/1/2023	
	reverse transcription polymerase chain reaction (RT-PCR), first-void urine			
0339U	following digital rectal examination, algorithm reported as probability of high-grade cancer.	Hayes Technologies	0/4/2222	
	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-		8/1/2023	
	generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if			
0340U	as absence or presence of wikib, with disease-burden correlation, if	Hayes Technologies	8/1/2023	
	products of conception, reported as normal (euploidy), monosomy, trisomy,		5/1/2023	
0341U	or partial deletion/duplication, mosaicism, and segmental aneuploid	Interqual		

Source general control, multiple commonance of CC CG (primer) (a) (b) (c) (c) (c) (c) (c) (c) (c	Codo	Code Description	Clinical Pavious Critoria	Effective Date	COMMENTS
Section 6, Action prograph (SPE), grants in control (2005) and milester in control (2005) a	Code	Oncology (pancreatic cancer), multiplex immunoassav of C5. C4. cvstatin C.	Clinical Review Criteria	8/1/2023	COMMENTS
Search Control Agency Control				5, 2, 2020	
CONTRACT CONTRACT AND AND ADDRESS AND ADDR					
Committee Comm	0342U	diagnostic algorithm reported qualitatively as positive, negative, or	Hayes Technologies		
## OFCU, with is, provided in relocation of control of the control				8/1/2023	
September 1					
South Control of End did distrate to 16 feed of control of an act of a act of an act of act	0343U	or high-risk of prostate cancer	Hayes Technologies	- 1 - 1	
Sections of the Michigan sum in expertance as a first for includance of the section of the secti				8/1/2023	
Section		, , , , , , , , , , , , , , , , , , , ,			
2010	034411	steatohepatitis (NASH) or not NASH	Haves Technologies		
instation disease placed of a viole (bibliodiminal assets, amon animals) (SS10) Installment of the format place of the company of the compa	03440	Beta amyloid, Aβ40 and Aβ42 by liquid chromatography with tandem mass		8/1/2023	
Extract cultural approximation (Export	0346U		Hayes Technologies	0 /1 /2022	
COSTAIL Control Color III (Color Color Col				8/1/2023	
Infections displayed in pagence and experting investigation in solution in pagence and experting investigation of the charge in regions of the charge in specime of the charge in pagence and in a detected or or detected and specime detection of Cardiol specime C. additional C. addit	025411		Harras Tarkardarias		
prote technique, for describts on Pasterial wagenine service and Employee and page of the specific or page of the	03510		Hayes Technologies	8/1/2023	
so described in and described and separative described of confidence prices (C. 1997). (1) Anni Province C. Transport C. Administration (C. 1997). (2) Anni Province C. Transport C. Administration (C. 1997). (3) Anni Province C. Administration (C. 1997). (3) Anni Province C. Administration (C. 1997). (3) Anni Province C. Administration (C. 1997). (4) Anni Province C. Administration (C. 1997). (5) Anni Province C. Administration (C. 1997). (5) Anni Province C. Administration (C. 1997). (5) Anni Province C. Administration (C. 1997). (6) Anni Province C. 1997. (6) Anni Provinc				0,1,2023	
bibliose, C. propietis, C. propietis, C. publication, C. publication (C. publication) (C. p					
diphotacy Credit Strucks and Enthonorous regionis, syspenif London Septimes, 1999 1 (Managed Septimes, 1999) 1 (Managed Septimes,					
Hechies aprest detection by vaules can pliffe per les expresses paramonas purples aprelles per les expresses paramonas purples aprelles per les expresses paramonas purples aprelles per les expresses paramonas purples aprelles per les expresses per les paramonas purples aprelles per les paramonas purples aprelles per les paramonas purples aprelles per les paramonas per l					
Interfaces appear description by machine and plant, Changotia services, evin several programs of the protection genome transp. purples and perfect protection of sections, and the protection of the protection of sections of the protection of the protection of sections of the protection of sections of the protection of sections of the protection of sections of the protection of sections of the protection of sections of the protection of the protection of the protection of the protection of sections of the protection of the protect	0352U		Hayes Technologies		
Description of motion continues pathons are dependent on description on otherwised Structure pathons are dependent on the pathon		Infectious agent detection by nucleic acid (DNA), Chlamydia trachomatis and	, ,	8/1/2023	
0.05.5.0 Sign parallers and 1977, high and specific (s. 16.1.8.1.3.1.3.3.1.5.5.2 and 1975) and 1975 an					
Signature milNet expression of ERGT by quantitative polimer at china protein p	0353U		Hayes Technologies		
Designation (Part Continued				8/1/2023	
APPL Landscaperoren 13 (e.g. circums kinders disease), risk varients (EL.) Apple position production, elevation of 17 OHA Kontrakes in saing (EL.) Apple position production, elevation of 17 OHA Kontrakes in saing (EL.) Apple position production, elevation in section of the contrakt	0354U		Hayes Technologies		
Oroclego fromphurspecific evaluation of 17 ONA biomanisms using droplet of policy Incident PCR (policy Incident PCR) and profit policy of the policy of 12 content on profit policy of the policy of 12 content policy of 1			-	8/1/2023	
digital FK (GRCFE), cell-free DM, algorithm reported as a prognostic risk to care from reported and product from the company of \$4.2 minute pains of glycospecials and product fragments, plasma, prognostic, and product size and the company of \$4.2 minute pains of glycospecials and product fragments, plasma, prognostic, and product size allows untillad, or uncertain hereoff from immunotherapy apport designation of the company of \$4.2 minute pains of glycospecials and product fragments, plasma, prognostic, and products with a glycospecial and product fragments, plasma, power of \$4.2 minute pains of glycospecials and size and \$4.2 complianment pains and \$4.2 minute pains and \$4	0355U	G2) Oncology (oropharyngeal), evaluation of 17 DNA highest using droplet	Hayes Technologies	8/1/2022	
OSSEJ variety for approximate pairs of glycospetition and product specimens of process specimens and product specimens of a state of the process of the state of the process of the state of the process of the state of the process of the state of the process of the state of the process of the state of the process of the state of the process of the state of the process of the proce				0/1/2023	
spectrometry analysis of 342 unique pails of glycopeptible and product fragments, plasma, propositio, and precisite eightims response a libely uniflexy, or uncertain benefit from immunotherapy agents with a second production of the second product	0356U	score for cancer recurrence	Hayes Technologies	0/4/2022	
disaprents, planna, prognostic, and predictive algorithm reported as likely, unitality, or uncertainty prognosts. disable of the prognostic register registeries of all products and the process of the prognostic registeries of all products and the process of the prognostic registeries of all products and the process of the products and the process of the process of the prognostic and the process of the proce				8/1/2023	
New York February					
Neerology mild cognitive impairment), analysis of 7-aminol 1-2 and 1-40,	0357U	unlikely, or uncertain benefit from immunotherapy agents	Haves Technologies		
OSSU oncolege liste head neather, an expensation of monitories, patients of process of all proce		Neurology (mild cognitive impairment), analysis of ?-amyloid 1-42 and 1-40,	.,	8/1/2023	
Oncology [protate cancer], analysis of all protates-pecific antique (PSA) planna, structural soforms by phase separation and immunososy planna, shorothm recent sits of examp. OROGOU Proteings [mail, structure] Orociogy [papillary throrid cancet], gene expression profiling via streeted with a contraction of the con	035011		Hayos Tochnologios		
Autor Auto	03360		riayes reciniologies	8/1/2023	
Oncodey (Lung), enzyme-inked Immunicorberts assay (ELISA) of 7 autonatibodes (ES), NYESO-1, CAGE, GBUHS-5, SDIX, ARCA 8, and HUD), plasma, algorithm reported as a categorical result for risk of malignancy hospitals and supplies that the company of the company o	035011	structural isoforms by phase separation and immunoassay, plasma,	Haves Technologies	, -, -, -, -, -, -,	
automatithodes (pS3, NYESO)L, KAGE, GBU45, SDV2, MAGE A4, and HUD), plasma, alignithm reported as a religional result for risk of miligrancy hybrid cancer), gene-sepression profiling via baseful Abrid Spatrum enchannel Risk appearance in the profiling via baseful Abrid Spatrum enchannel Risk appearance (passed of 1) housekepping genes, formallin-fixed paraffile methoded (EFPE) tissue, abrophina paraffile and profiling and profiling via baseful and profiling and profiling via baseful and profiling via basefu	03590		nayes recnnologies	8/1/2023	
Oscology (papillar) thyroid cancer); gene-expression profiling via targeted hybrid opture-enrichment RNA sequencing of 22 content genes and 10 housekeping genes, formalin-field parafin embedded (FIFE) ISSUE, and the content of the content of the content genes and 10 housekeping genes, formalin-field parafin embedded (FIFE) ISSUE, and content of the				5, 1, 2023	
Oncology (papillary thyroid cancer), gene essigners of profiling via targeted hybrid capture—enrichment RNA sequencing of 82 contempts repeas and 10 housekeeping genes, formalin-fixed paraffine mebaded (FFE) issue, shoother, and contempts are some contempts and contempts and contempts are some contempts and contempts and contempts are some contempts and contempts are some contempts. Application of the contempts are some contempts are some contempts and contempts are some contempts and contempts are some contempts. Application of the contempts are some contempts are some contempts are some contempts and contempts are some contempts. Application of the contempts are some contempts are some contempts are some contempts and contempts are some contempts. Application of the contempts are some contempts are some contempts and contempts are some contempts. Application of the contempts are some contempts are some contempts are some contempts are some contempts. Application of the contempts are some contempts are some contempts are some contempts are some contempts. Application of the contempts are some contempts are some contempts are some contempts. Application of the contempts are some contempts are some contempts are some contempts. Application of the contempts are some contempts are some contempts. Application of the contempts are some contempts are some contempts. Application of the contempts are some contempts are some contempts. Application of the contempts are some contempts are some contempts. Application of the contempts are some contempts are some contempts. Application of the	036011	plasma, algorithm reported as a categorical result for risk of malignancy	Haves Technologies		
hybrid capture-enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, formall-in-feder plant file method (FFFE) Stosue, shoot-thouse appears for mainted file plants in the store of t	55555	Oncology (papillary thyroid cancer), gene-expression profiling via targeted	.,	8/1/2023	
OsSEU Street Market Street Str					
Oncology furchellally. mRNA, gene-expression profiling by real-time quantitative Rof S genes (MR), MA313, CDC (2014), (1678Ps, and CXCR2), utilizing urine, algorithm incorporate as a risk score for having the profile of the profile	0362U		Hayes Technologies		
CXCR2), utilizing urine, algorithm incorporate sage, sex, smoking history, and marchometuria frequency, reported as a risk score for having have stochnologies with a continuous properties. AD 140 Non Emergency transport air CMS Medicare Clinical Coverage Guidelines 1/1/2003 (MS Molicare Clinical Coverage Guidelines 1/1/2003) (MS Medicare Clinical Coverage Guidelines 1/1/2003) (MS		Oncology (urothelial), mRNA, gene-expression profiling by real-time		8/1/2023	
MOSCO CODES MADDITION 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]					
HOCS CODE 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 A0140 Non Emergency transport air CMS Medicare Clinical Coverage Guidelines 1/1/2023 A0435 Faed wing air transport A0435 Faed wing air transport A0436 Faed wing air transport A0439 Unlisted ambulance service CMS Medicare Clinical Coverage Guidelines 1/1/2023 A0999 Unlisted ambulance service A2001 Innovamatrix a.p. per square centimeter Hayes Technologies 1/1/2023 A2002 Mirragen advanced wound matrix, per square centimeter Hayes Technologies 1/1/2023 A2003 Bio-connet wound matrix, per square centimeter Hayes Technologies 1/1/2023 A2004 X Cellistem, per square centimeter Hayes Technologies 1/1/2023 A2005 Microyler 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 A2009 Symphony, per square centimeter Hayes Technologies 1/1/2023 A2009 Symphony, per square centimeter Hayes Technologies 1/1/2023 A2010 Supras defin, per square centimeter Hayes Technologies 1/1/2023 A2011 Supra sdrm, per square centimeter Hayes Technologies 1/1/2023 A2011 Supra sdrm, per square centimeter Hayes Technologies 1/1/2023 A2012 Supratue, per square centimeter Hayes Technologies 1/1/2023 A2013 Innovamatrix fs, per square centimeter Hayes Technologies 1/1/2023 A2013 Innovamatrix fs, per square centimeter Hayes Technologies 1/1/2023 A2014 Supra sdrm, per square centimeter Hayes Technologies 1/1/2023 A2015 Supratue, per square centimeter Hayes Technologies 1/1/2023 A2016 Supratue, per square centimeter Hayes Technologies 1/1/2023 A2017 Supratue, per square centimeter Hayes Technologies 1/1/2023 A2018 Supratue, per square centimeter Hayes Technologies 1/1/2023 A2019 Supratue, per square centimeter Hayes Technologies 1/1/2023 A2010 Supratue, per square centimeter Ha					
A0140 Non Emergency transport air CMS Medicare Clinical Coverage Guidelines 11/1/2023 A0430 Fxed wing air transport CMS Medicare Clinical Coverage Guidelines 11/1/2023 A0495 Fned wing air mileage CMS Medicare Clinical Coverage Guidelines 11/1/2023 A0999 Unlisted ambulance service CMS Medicare Clinical Coverage Guidelines 11/1/2023 A2001 Innovamatrix ac, per square centimeter Hayes Technologies 11/1/2023 A2002 Mirragen advanced wound matrix, per square centimeter Hayes Technologies 11/1/2023 A2003 Bio-connetk wound matrix, per square centimeter Hayes Technologies 11/1/2023 A2004 Xcellistem, per square centimeter Hayes Technologies 11/1/2023 A2005 Nicrolyte matrix, per square centimeter Hayes Technologies 11/1/2023 A2006 Novosorb synpath dernal matrix, per square centimeter Hayes Technologies 11/1/2023 A2006 Novosorb synpath dernal matrix, per square centimeter Hayes Technologies 11/1/2023 A2007 Restrato, per square centimeter Hayes Technologies 11/1/2023 A2008 Theragenesis, per square centimeter Hayes Technologies 11/1/2023 A2009 Symphony, per square centimeter Hayes Technologies 11/1/2023 A2009 Symphony, per square centimeter Hayes Technologies 11/1/2023 A2010 Jaip, per square centimeter Hayes Technologies 11/1/2023 A2011 Supra sdrm, per square centimeter Hayes Technologies 11/1/2023 A2011 Supra sdrm, per square centimeter Hayes Technologies 11/1/2023 A2012 Suprathel, per square centimeter Hayes Technologies 11/1/2023 A2013 Innovamatrix is, per square centimeter Hayes Technologies 11/1/2023 A2014 Supplis for maintenance of insulin insuling pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week Supply allowance for non-adjunctive, non-implicate continuous glucose montor (cgm), includes all supplies and accessories, 1 month supply = 1 unit interqual A2020 Validate and accessories, and to therwise classified Interqual A2021 Inlinear cartiridge containing digestive enzyme(s) for enteral feeding, each Interqual A2020 Validate and accessories, and to therwise classified Interqual A202		urothelial carcinoma		te ner HCDCs sod	e per fill
A0430 Sixed 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 Unitsted ambulance service CMS Medicare Clinical Coverage Guidelines 1/1/2023 A2001 Innovamatrix ac, per square centimeter Hayes Technologies 1/1/2023 A2003 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 Movosorb synpath dermai matrix, per square centimeter Hayes Technologies 1/1/2023 A2006 Novosorb synpath dermai 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 A2000 Symphony, per square centimeter Hayes Technologies 1/1/2023 A2010 Agis, per square centimeter Hayes Technologies 1/1/2023 A2011 Supra sdrm, per square centimeter Hayes Technologies 1/1/2023 A2012 Suppratible, per square centimeter Hayes Technologies 1/1/2023 A2013 Supra sdrm, per square centimeter Hayes Technologies 1/1/2023 A2013 Supratible, per square centimeter Hayes Technologies 1/1/2023 A2013 Supratible, per square centimeter Hayes Technologies 1/1/2023 A2013 Supratible, per square centimeter Hayes Technologies 1/1/2023 A2010 Six substitute, flac alcared as a device, not otherwise specified Hayes Technologies 1/1/2023 A2010 Six substitute, flac alcared as a device, not otherwise specified Hayes Technologies 1/1/2023 A2010 Six substitute, flac alcared as a device, not otherwise specified Hayes Technologies 1/1/2023 A2010 Six substitute, flac alcared as a device, not otherwise specified Hayes Technologies 1/1/2023 A2010 Six substitute, flac alcared sa a device, not otherwise specified Hayes Technologies 1/1/2023					e, per illij
A0999 Unilisted ambulance service CMS Medicare Clinical Coverage Guidelines 1/1/2023 A2001 Mirragen advanced wound matrix, per square centimeter Hayes Technologies 1/1/2023 A2002 Mirragen advanced wound matrix, per square centimeter Hayes Technologies 1/1/2023 A2003 Mirragen advanced wound matrix, per square centimeter Hayes Technologies 1/1/2023 A2004 Kellistern, per square centimeter Hayes Technologies 1/1/2023 A2005 Mirrolyte matrix, per square centimeter Hayes Technologies 1/1/2023 A2006 Mirrolyte 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 A2009 Symphony, per square centimeter Hayes Technologies 1/1/2023 A2000 Symphony, per square centimeter Hayes Technologies 1/1/2023 A2001 Apis, per square centimeter Hayes Technologies 1/1/2023 A2010 Apis, per square centimeter Hayes Technologies 1/1/2023 A2011 Supra sdrm, 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 A2013 Innovamatrix fs, per square centimeter Hayes Technologies 1/1/2023 A2014 Sis insubtitue, fda cleared as a device, not otherwise specified Hayes Technologies 1/1/2023 A2015 Supply allowance for one adjunctive, non-implanted continuous glucose monitor (cgm), include all supplies and accessories, 1 north supply = 1 unit interqual A225 Section of the stream of the supply and all supplies and accessories, 3 north supply = 1 unit interqual A255 Cancer treatment, replacement only Rectal control (cgm), include all supplies and accessories, 3 north only supply and all supplies and accessories, 3 north only supply and all supplies and accessories, 3 north only supply and all supplies and accessories, 3 north only supply and all supplies and accessories, 3 north only supply and 3 north only supply and 3 north			CMS Medicare Clinical Coverage Guidelines		
A2001 Innovamatrix ac, per square centimeter Hayes Technologies 1/1/2023 A2003 Bio-connekt wound matrix, per square centimeter Hayes Technologies 1/1/2023 A2004 Recilistem, per square centimeter Hayes Technologies 1/1/2023 A2005 Microlyne matrix, per square centimeter Hayes Technologies 1/1/2023 A2006 Microlyne matrix, per square centimeter Hayes Technologies 1/1/2023 A2006 Novosorb synpath dermal 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 A2010 Suprathel, per square centimeter Hayes Technologies 1/1/2023 A2011 Supra sdrm, per square centimeter Hayes Technologies 1/1/2023 A2011 Supra sdrm, 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 A2010 Sin substitute, ida cleared as a device, not otherwise specified Hayes Technologies 1/1/2023 A2010 Sin substitute, ida cleared as a device, not otherwise specified Hayes Technologies 1/1/2023 A2026 Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose entinis per week Interqual Interqual Interqual A2239 of service Interqual Interqual Interqual A2550 Cancer treatment, replacement only Interqual Interqual Interqual Interqual A2661 Radiopharmaceutical, diagnostic, not otherwise classified Interqual Inte			CMS Medicare Clinical Coverage Guidelines		
A2002 Mirragen advanced wound matrix, per square centimeter A2003 Bio-connekt wound matrix, per square centimeter A2004 Xcellistem, per square centimeter A2005 Microlyte matrix, per square centimeter A2006 Microlyte matrix, per square centimeter A2006 Microlyte matrix, per square centimeter A2006 Novosorb synpath dermal matrix, per square centimeter A2007 Restrata, per square centimeter A2007 Restrata, per square centimeter A2008 Theragenesis, per square centimeter A2009 Symphony, per square centimeter A2009 A2009 Symphony, per square centimeter A2009 A2009 Symphony, per square centimeter A2009 A2009 Symphony, per square centimeter A2000 A300, per square centimeter A2000 A300, per square centimeter A2001 A300, per square centimeter A2001 A300, per square centimeter A2001 A300, per square centimeter A2001 A300, per square centimeter A2001 A300, per square centimeter A2001 A300 A300, per square centimeter A3000 A300 A300 A300 A300 A300 A300 A30			Š		
A2003 Bio-connekt wound matrix, per square centimeter Hayes Technologies 1/1/2023 A2006 A Xellisten, per square centimeter Hayes Technologies 1/1/2023 A2006 Novosorb synpath dermal 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 A2009 Symphony, per square centimeter Hayes Technologies 1/1/2023 A2010 Apis, per square centimeter Hayes Technologies 1/1/2023 A2011 Supra sdrm, 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 A2010 Apis, per square centimeter Hayes Technologies 1/1/2023 A2011 Supra sdrm, 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 A2010 Suprathel, per square centimeter Hayes Technologies 1/1/2023 A2010 Innovamatrix fs, per square centimeter Hayes Technologies 1/1/2023 A2010 Suprathel, per square centimeter Hayes Technologies 1/1/2023 A2010 Innovamatrix fs, per square centimeter Hayes Technologies 1/1/2023 A2010 Suprathel, per square centimeter Hayes Technologies 1/1/2023 A2010 Innovamatrix fs, per square centimeter Hayes Technologies 1/1/2023 A2010 Sin substitute, fda cleared as a device, not otherwise specified Hayes Technologies 1/1/2023 A2010 Innovamatrix fs, per square centimeter Hayes Technologies 1/1/2023 A2010 Innovamatrix fs, per square centimeter Hayes Technologies 1/1/2023 A2010 Innovamatrix fs, per square centimeter Hayes Technologies 1/1/2023 A2010 Innovamatrix fs, per square centimeter Hayes Technologies 1/1/2023 A2010 Innovamatrix fs, 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 Novosob synpath demail 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 sdm, per square centimeter Hayes Technologies 1/1/2023 A2012 Suprathel, per square centimeter Hayes Technologies 1/1/2023 A2013 Innovamatrix is, per square centimeter Hayes Technologies 1/1/2023 A2013 Innovamatrix is, per square centimeter Hayes Technologies 1/1/2023 A2013 Innovamatrix is, per square centimeter Hayes Technologies 1/1/2023 A2013 Suprathel, per square centimeter Hayes Technologies 1/1/2023 A2013 Innovamatrix is, per square centimeter Hayes Technologies 1/1/2023 A2016 Skin substitute, if da cleared as a device, not otherwise specified Hayes Technologies 1/1/2023 A2018 Innovamatrix is, per square centimeter Hayes Technologies 1/1/2023 A2019 Innovamatrix is, per square centimeter Hayes Technologies 1/1/2023 A2010 Innovamatrix is, per square centimeter Hayes Technologies 1/1/2023 A2010 Innovamatrix is, per square centimeter Hayes Technologies 1/1/2023 A2011 Innovamatrix is, per square centimeter Hayes Technologies 1/1/2023 A2013 Innovamatrix is, per square centimeter Hayes Technologies 1/1/2023 A2014 Interqual 1/1/2023 A2016 Interqual 1/1/2023 A2016 Interqual 1/1/2023 A2016 Interqual 1/1/2023 A2016 Interqual 1/1/2023 A2017 Oral interface used with respiratory suction pump, each Interqual 1/1/2023 A2016 Interqual 1/1/2023 A2016 Interqual 1/1/2023 A2017 Oral interface used with respiratory suction pump, each Interqual 1/1/2023 A2017 Oral interface used with respiratory suction pump, each Interqual 1/1/2023 A2018 Interqual 1/1/2023 A2018 A2018 A2018 A2018 A2018 A2018 A2018 A2018 A2018 A2018 A2018 A2018 A2018			•		
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 Symphory, per square centimeter Hayes Technologies 1/1/2023 A2010 Apis, per square centimeter Hayes Technologies 1/1/2023 A2011 Supra sdrm, 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 A2010 Suprathel, per square centimeter Hayes Technologies 1/1/2023 A2011 Suprathel, 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 A2014 Sish substitute, fda cleared as a device, not otherwise specified Hayes Technologies 1/1/2023 A2015 Supplies for maintenance of insulin infusion pump with dosage rate 1/1/2023 A2016 Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service Interqual 1/1/2023 A2012 Supply allowance for use with electrical stimulation device used for Lavie and Carlon of Service Interqual 1/1/2023 A2014 Restance of Interqual 1/1/2023 A2015 Restance of Interqual 1/1/2023 A2016 Restance of Interqual 1/1/2023 A2017 Oral interface used with respiratory suction pump, each Interqual 1/1/2023 B2016 Restance of Interqual 1/1/2023 B2016 Restance of Interqual 1/1/2023 B2017 Restance of Interqual 1/1/2023 B2017 Restance of Interqual 1/1/2023 B2017 Restance of Interqual 1/1/2023 B2018 Restance of Interface of Interqual 1/1/2023 B2018 Restance of Inter					
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 sdrm, 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 A2013 Innovamatrix fs, per square centimeter Hayes Technologies 1/1/2023 A2010 Skin substitute, fda cleared as a device, not otherwise specified Hayes Technologies 1/1/2023 A2010 Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (ggm), includes all supplies and accessories, 1 month supply = 1 unit of service Biectrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only Interqual Inter	A2005			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 sdrm, 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 A2013 Innovamatrix fs, per square centimeter Hayes Technologies 1/1/2023 A2014 Supra sdrm, per square centimeter Hayes Technologies 1/1/2023 A2015 Innovamatrix fs, per square centimeter Hayes Technologies 1/1/2023 A2016 Supra sdr, per square centimeter Hayes Technologies 1/1/2023 A2016 Supplies for maintenance of insulin infusion pump with dosage rate Ad226 adjustment using therapeutic continuous glucose ensing, per week Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service Electrode/transducer for use with electrical stimulation device used for Cancer treatment, replacement only Interqual A4239 Electrode/transducer for use with electrical stimulation device used for Cancer treatment, replacement only Interqual A4563 and all supplies and accessories, any type each Hayes Technologies A4641 Radiopharmaceutical, diagnostic, not otherwise classified Interqual 1/1/2023 A7047 Oral interface used with respiratory suction pump, each Interqual 1/1/2023 Prescription digital behavioral therapy, fda cleared, per course of treatment 1/1/2023 B4105 In-line cartridge containing digestive enzyme(s) for enteral feeding, each Interqual In		7.	•		
A2009 Symphony, per square centimeter Hayes Technologies 1/1/2023 A2010 Apis, per square centimeter Hayes Technologies 1/1/2023 A2011 Supra sdrm, 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 A2013 Innovamatrix fs, per square centimeter Hayes Technologies 1/1/2023 A2010 Skin substitute, fda cleared as a device, not otherwise specified Hayes Technologies 1/1/2023 A2010 Skin substitute, fda cleared as a device, not otherwise specified Hayes Technologies 1/1/2023 A2010 Skin substitute, fda cleared as a device, not otherwise specified Hayes Technologies 1/1/2023 A2010 Skin substitute, fda cleared as a device, not otherwise specified Hayes Technologies 1/1/2023 A2010 Skin substitute, fda cleared as a device, not otherwise specified Hayes Technologies 1/1/2023 A2010 Skin substitute, fda cleared as a device, not otherwise specified Hayes Technologies 1/1/2023 A2010 Skin substitute, fda cleared, per course of treatment Advanced For square Continuous glucose sensing, per week Interqual 1/1/2023 A2010 Skin substitute, fda cleared, per course of treatment Advanced For Square Continuous glucose sensing, per week Interqual 1/1/2023 A2010 Skin substitute, fda cleared, per course of treatment Advanced For Square Continuous glucose sensing, per week Interqual 1/1/2023 A2010 Skin substitute, fda cleared, per course of treatment Advanced For Square Continuous glucose sensing, per week Interqual 1/1/2023 A2010 Frescription digital behavioral therapy, fda cleared, per course of treatment Advanced For Square Continuous glucose Square Continuous glucose Square Continuous glucose Square Continuous glucose Square Continuous glucose Square Continuous glucose Square Continuous glucose Square Continuous glucose Square Continuous glucose Square Continuous glucose Square Continuous glucose Square Continuous glucose Square Continuous glucose Square Continuous glucose Square Continuous glucose Square					
A2010 Apis, per square centimeter Hayes Technologies 1/1/2023 A2011 Supra sdrm, 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 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 Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service Interqual I					
A2011 Supra sdrm, 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 A2013 Innovamatrix fs, per square centimeter Hayes Technologies 1/1/2023 A2010 Skin substitute, fda cleared as a device, not otherwise specified Hayes Technologies 1/1/2023 Supplies for maintenance of insulin infusion pump with dosage rate A2226 adjustment using therapeutic continuous glucose sensing, per week Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service Interqual A4239 of service Interqual			•		
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 Supplies for maintenance of insulin infusion pump with dosage rate A4226 adjustment using therapeutic continuous glucose sensing, per week Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service Interqual A4239 of service Interqual Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only Interqual Rectal control system for vaginal insertion, for long term use, includes pump A4563 and all supplies and accessories. any type each Hayes Technologies A4401 Oral interface used with respiratory suction pump, each Interqual Prescription digital behavioral therapy, fda cleared, per course of treatment Hayes Technologies Inline cartridge containing digestive enzyme(s) for enteral feeding, each Interqual Interqual					
A4100 Skin substitute, fda cleared as a device, not otherwise specified Supplies for maintenance of insulin infusion pump with dosage rate A4226 adjustment using therapeutic continuous glucose sensing, per week Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service A4239 of service Linterqual A4555 cancer treatment, replacement only Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each A4641 Radiopharmaceutical, diagnostic, not otherwise classified A7047 Oral interface used with respiratory suction pump, each Prescription digital behavioral therapy, fda cleared, per course of treatment A9291 In-line cartridge containing digestive enzyme(s) for enteral feeding, each Interqual Linterqual Hayes Technologies Hayes Technologies 1/1/2023 Linterqual 1/1/2023 1/1/2023 Linterqual 1/1/2023 Prescription digital behavioral therapy, fda cleared, per course of treatment A9291 In-line cartridge containing digestive enzyme(s) for enteral feeding, each Interqual Linterqual 1/1/2023 Linterqual 1/1/2023 Linterqual 1/1/2023 Linterqual 1/1/2023					
Supplies for maintenance of insulin infusion pump with dosage rate A4226 adjustment using therapeutic continuous glucose sensing, per week Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service A4239 of service Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each A4641 Radiopharmaceutical, diagnostic, not otherwise classified interqual A7047 Oral interface used with respiratory suction pump, each interqual Prescription digital behavioral therapy, fda cleared, per course of treatment A9291 In-line cartridge containing digestive enzyme(s) for enteral feeding, each Interqual Interqual Interqual 1/1/2023 1/1/2023 Interqual 1/1/2023 Interqual 1/1/2023 Interqual 1/1/2023 Interqual 1/1/2023			•		
A4226 adjustment using therapeutic continuous glucose sensing, per week Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service Electrode/transducer for use with electrical stimulation device used for A4555 cancer treatment, replacement only Rectal control system for vaginal insertion, for long term use, includes pump A4563 and all supplies and accessories, any type each A4641 Radiopharmaceutical, diagnostic, not otherwise classified A7047 Oral interface used with respiratory suction pump, each A9291 Prescription digital behavioral therapy, fda cleared, per course of treatment A9291 In-line cartridge containing digestive enzyme(s) for enteral feeding, each Interqual Interqual Interqual 1/1/2023 1/1/2023 1/1/2023 Interqual 1/1/2023 Interqual 1/1/2023 Interqual 1/1/2023	A4100		riayes reciniologies		
monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service Interqual A4239 of service Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each A4641 Radiopharmaceutical, diagnostic, not otherwise classified A7047 Oral interface used with respiratory suction pump, each Prescription digital behavioral therapy, fda cleared, per course of treatment A9291 In-line cartridge containing digestive enzyme(s) for enteral feeding, each Interqual Interqual Interqual 1/1/2023 Hayes Technologies 1/1/2023 Interqual 1/1/2023 Interqual 1/1/2023	A4226	adjustment using therapeutic continuous glucose sensing, per week	Interqual		
A4239 of service Interqual Electrode/transducer for use with electrical stimulation device used for A4555 cancer treatment, replacement only Interqual Rectal control system for vaginal insertion, for long term use, includes pump A4563 and all supplies and accessories, any type each A4641 Radiopharmaceutical, diagnostic, not otherwise classified Interqual 1/1/2023 A7047 Oral interface used with respiratory suction pump, each Interqual 1/1/2023 Prescription digital behavioral therapy, fda cleared, per course of treatment A9291 In-line cartridge containing digestive enzyme(s) for enteral feeding, each Interqual 1/1/2023 In-line cartridge containing digestive enzyme(s) for enteral feeding, each Interqual 1/1/2023				8/1/2023	
A4555 cancer treatment, replacement only Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each A4641 Radiopharmaceutical, diagnostic, not otherwise classified Interqual 1/1/2023 A7047 Oral interface used with respiratory suction pump, each Interqual 1/1/2023 Prescription digital behavioral therapy, fda cleared, per course of treatment Hayes Technologies In-line cartridge containing digestive enzyme(s) for enteral feeding, each Interqual 1/1/2023 Interqual 1/1/2023	A4239	of service	Interqual		
Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each A4641 Radiopharmaceutical, diagnostic, not otherwise classified Interqual 1/1/2023 A7047 Oral interface used with respiratory suction pump, each Interqual 1/1/2023 Prescription digital behavioral therapy, fda cleared, per course of treatment A9291 B4105 In-line cartridge containing digestive enzyme(s) for enteral feeding, each Interqual Interqual 1/1/2023 Interqual 1/1/2023	AAEEF		Interqual	1/1/2023	
A4563 and all supplies and accessories, any type each Hayes Technologies A4641 Radiopharmaceutical, diagnostic, not otherwise classified Interqual 1/1/2023 A7047 Oral interface used with respiratory suction pump, each Interqual 1/1/2023 Prescription digital behavioral therapy, fda cleared, per course of treatment A9291 In-line cartridge containing digestive enzyme(s) for enteral feeding, each Interqual 1/1/2023 Interqual 1/1/2023	A4333		interqual	1/1/2023	
A7047 Oral interface used with respiratory suction pump, each Interqual 1/1/2023 Prescription digital behavioral therapy, fda cleared, per course of treatment Hayes Technologies In-line cartridge containing digestive enzyme(s) for enteral feeding, each Interqual 1/1/2023 Interqual 1/1/2023		and all supplies and accessories, any type each			
A9291 Prescription digital behavioral therapy, fda cleared, per course of treatment Hayes Technologies In-line cartridge containing digestive enzyme(s) for enteral feeding, each Interqual Int					
A9291 Hayes Technologies In-line cartridge containing digestive enzyme(s) for enteral feeding, each B4105 Interqual 1/1/2023	A7047	1 1 1	Interqual		
B4105 Interqual		recomption digital penavioral therapy, tha cleared, per course of treatment	Hayes Technologies		
	A9291			1/1/2023	
		In-line cartridge containing digestive enzyme(s) for enteral feeding, each	Intergual	1, 1, 2020	
B4102 clear liquids), 500 ml = 1 unit Interqual			Interqual		
Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., B4103 clear liquids), 500 ml = 1 unit 1/1/2023	B4105	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit		1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
B4104	Additive for enteral formula (e.g., fiber)	Interqual	1/1/2023	
	Enteral formula, manufactured blenderized natural foods with intact		1/1/2023	
	nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1			
B4149	unit	Interqual		
	Enteral formula, nutritionally complete with intact nutrients, includes		1/1/2023	
	proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit			
B4150		Interqual	. /. /2.22	
	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats,		1/1/2023	
	carbohydrates, vitamins and minerals, may include fiber, administered			
B4152	through an enteral feeding tube 100 calories = 1 unit	Interqual	. /. /2.22	
	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may		1/1/2023	
	include fiber, administered through an enteral feeding tube, 100 calories = 1			
B4153	Enteral formula, nutritionally complete, for special metabolic needs,	Interqual	1/1/2022	
	excludes inherited disease of metabolism, includes altered composition of		1/1/2023	
	proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber,			
B4154	administered through an enteral feeding tube, 100 calories = 1 unit	Interqual		
51251	Enteral formula, nutritionally incomplete/modular nutrients, includes	inter-qual	1/1/2023	
	specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino			
	acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or			
B4155	combination, administered through an enteral feeding tube, 100 calories = 1	Interqual		
	Enteral formula, nutritionally complete, for special metabolic needs for		1/1/2023	
	inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral			
B4157	feeding tube 100 calories = 1 unit	Interqual		
	Enteral formula, for pediatrics, nutritionally complete with intact nutrients,		1/1/2023	
	includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100			
B4158	calories = 1 unit	Interqual		
	Enteral formula, for pediatrics, nutritionally complete soy based with intact		1/1/2023	
	nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100			
B4159	calories = 1 unit	Interqual		
	Enteral formula, for pediatrics, nutritionally complete calorically dense		1/1/2023	
	(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			
B4160	, , , , , , , , , , , , , , , , , , ,	Interqual	4 /4 /2022	
	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain		1/1/2023	
	proteins, includes fats, carbohydrates, vitamins and minerals, may include			
B4161	fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Interqual	4 /4 /2022	
	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and		1/1/2023	
	minerals, may include fiber, administered through an enteral feeding tube,			
B4162	100 calories = 1 unit	Interqual	1/1/2022	
B4187 B9002	Omegaven, 10 grams lipids Enteral nutrition infusion pump, any type	Interqual Interqual	1/1/2023 1/1/2023	
B3002	Hyperbaric oxygen under pressure, full body chamber, per 30 minute	interqual	1/1/2023	
C1300	interval	Interqual		
C1716	Brachytherapy source, non-stranded, gold-198, per	Interqual	1/1/2023	
C1717 C1719	Brachytherapy source, non-stranded, gold-198 per Brachytherapy source, non-stranded, non-high dose	Interqual	1/1/2023 1/1/2023	
C1719 C1728	Catheter, brachytherapy seed administration	Interqual Interqual	1/1/2023	
C1720	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to	merqua	1/1/2023	
C1734	bone (implantable)	Interqual		
C1762	Connective tissue, human (includes fascia lata)	Interqual	1/1/2023	
C1767 C1778	Generator, neurostimulator (implantable), non rechargeable Lead, neurostimulator (implantable)	Interqual Interqual	1/1/2023 1/1/2023	
C1778	Patient programmer, neurostimulator	Interqual	1/1/2023	
C1816	Receiver and/or transmitter, neurostimulator (implantable)	Interqual	1/1/2023	
	Generator, neurostimulator (implantable), with rechargeable battery and	·	1/1/2023	
C1820	charging system Interceingus process distraction device (implantable)	Interqual	1/1/2022	
C1821	Interspinous process distraction device (implantable) Generator, neurostimulator (implantable), high frequency, with	Interqual	1/1/2023 1/1/2023	
C1822	rechargeable battery and charging system	Interqual		
C1823	Generator, neurostimulator (implantable), non-rechargeable, with	Intergual	1/1/2023	
C1823	transvenous sensing and stimulation leads Generator, cardiac contractility modulation (implantable)	Interqual	1/1/2023	
	Generator, neurostimulator (implantable), includes closed feedback loop	• •	8/1/2023	
C103C	leads and all implantable components, with rechargeable battery and	Intergual		
C1826	charging system	Interqual	8/1/2023	
	Generator, neurostimulator (implantable), non-rechargeable, with		0,1,2023	
C1827	implantable stimulation lead and external paired stimulation controller Autograft suspension, including cell processing and application, and all	Interqual	41-100	
C1832	system components	Hayes Technologies	1/1/2023	
	Monitor, cardiac, including intracardiac lead and all system components	-	1/1/2023	
C1833	(implantable)	Interqual		
C1839	Iris prosthesis	Interqual	1/1/2023	
C1840 C1883	Lens, Inraocular (telescopic) Adaptor/extension, pacing lead or neurostimulator lead (implantable)	Interqual Interqual	1/1/2023 1/1/2023	
C1003	Implantable/insertable device for device intensive procedure, not otherwise	c. quui	1/1/2023	
C1889	classified	Interqual		
C1897	Lead, neurostimulator test kit (implantable)	Interqual	1/1/2023	
C1982 C2596	Catheter, pressure-generating, one-way valve, intermittently occlusive Probe, image-guided, robotic, waterjet ablation	Interqual Interqual	1/1/2023 1/1/2023	
C2596 C2614	Probe, image-guided, robotic, waterjet ablation Probe, percutaneous lumbar discectomy	Interqual Interqual	1/1/2023	
C2616	Brachytherapy source, non-stranded, yttrium -90, per source	Interqual	1/1/2023	
	Implantable wireless pulmonary artery pressure sensor with delivery		1/1/2023	
C2624	catheter, including all system components	Interqual		
C2634 C2635	Brachytherapy source, non-stranded, high activity, Brachytherapy source, non-stranded, high activity,	Interqual Interqual	1/1/2023 1/1/2023	
C2635 C2636	Brachytherapy linear source, non-stranded, nign activity, Brachytherapy linear source, non-stranded, paladiu	Interqual 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	
	Application of low cost skin substitute graft to trunk, arms, legs total wound		1/1/2023	
C5271	surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Intergual		
C52/1		Interqual	1/1/2023	
	Application of low cost skin substitute graft to trunk, arms, legs total wound		1/1/2023	
	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)			
C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound	Interqual		
	surface area greater than or equal to 100 sq cm; first 100 sq cm wound		1/1/2023	
C5273	surface area, or 1% of body area of infants and children	Interqual		
	Application of low cost skin substitute graft to trunk, arms, legs, total wound		1/1/2023	
	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			
C5274	primary procedure)	Interqual		
	Application of low cost skin substitute graft to face, scalp, eyelids, mouth,		1/1/2023	
	neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound			
C5275	surface area up to 100 sq cm; first 25 q cm or less wound surface area	Interqual		
63275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth,	inter qual	1/1/2023	
	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,			
C5276	or part thereof (list separately in addition to code for primary procedure)	Interqual		
55270	Application of low cost skin substitute graft to face, scalp, eyelids, mouth,	mice qua	1/1/2023	
	neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound		_, _, _,	
65377	surface area greater than or equal to 100 sq cm; first 100 sq cm wound	later and		
C5277	surface area, or 1% or body area of infants and children Application of low cost skin substitute graft to face, scalp, eyelids, mouth,	Interqual	1/1/2022	
	neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound		1/1/2023	
	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			
C5278	infants and children, or part thereof (list separately in addition to code for	Interqual		
C3276	Percutaneous vertebral augmentations, first thoracic and any additional	interqual	8/1/2023	
	thoracic or lumbar vertebral bodies, including cavity creations (fracture		8/1/2023	
	reductions and bone biopsies included when performed) using mechanical			
67507	device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all	Interval		
C7507	Imaging guidance Percutaneous vertebral augmentations, first lumbar and any additional	Interqual	8/1/2023	
	thoracic or lumbar vertebral bodies, including cavity creations (fracture		6/1/2023	
	reductions and bone biopsies included when performed) using mechanical			
07500	device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all	La constantina de la constantina della constanti		
C7508	Imaging guidance Bronchoscopy, rigid or flexible, diagnostic with cell washing(s) when	Interqual	0.44./2022	
	performed, with computer-assisted image-guided navigation, including		8/1/2023	
C7509	fluoroscopic guidance when performed	Interqual		
	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage(s), with		8/1/2023	
C7510	computer-assisted image-guided navigation, including fluoroscopic guidance	Interqual		
C/310	when performed	interqual	8/1/2023	
	Bronchoscopy, rigid or flexible, with single or multiple bronchial or		0/1/2023	
	endobronchial biopsy(ies), single or multiple sites, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed			
C7511	Bronchoscopy, rigid or flexible, with single or multiple bronchial or	Interqual	0/1/0000	
	endobronchial biopsy(ies), single or multiple sites, with transendoscopic		8/1/2023	
	endobronchial ultrasound (ebus) during bronchoscopic diagnostic or			
07540	therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic	La constantina de la constantina della constanti		
C7512	guidance when performed Catheter placement in coronary artery(s) for coronary angiography,	Interqual	0/4/2022	
	including intraprocedural injection(s) for coronary angiography, with		8/1/2023	
	endoluminal imaging of initial coronary vessel or graft using intravascular			
	ultrasound (ivus) or optical coherence tomography (oct) during diagnostic			
C7516	evaluation and/or therapeutic intervention including imaging supervision,	Interqual		
C/3±0	interpretation and report Catheter placement in coronary artery(s) for coronary angiography,	mice qua	8/1/2023	
	including intraprocedural injection(s) for coronary angiography, with iliac		5, 1, 2025	
	and/or femoral artery angiography, non-selective, bilateral or ipsilateral to			
1	catheter insertion, performed at the same time as cardiac catheterization			
1	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			
C7517	interretation in coronary artery(ies) for coronary angiography,	Interqual		
	including intraprocedural injection(s) for coronary angiography, imaging		8/1/2023	
	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			
1	coronary vessel or graft using intravascular ultrasound (ivus) or optical			
	coherence tomography (oct) during diagnostic evaluation and/or			
C7518	therapeutic intervention including imaging, supervision, interpretation and	Interqual		
	Catheter placement in coronary artery(les) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging		8/1/2023	
	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			
C7519	coronary vessel or graft) during coronary angiography including	Interqual		
C/313	Catheter placement in coronary artery(ies) for coronary angiography,	mice qua	8/1/2023	
	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,			
1	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			
C7520	permanent images, and radiologic supervision and interpretation	Interqual		
			•	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
67524	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	Internual	8/1/2023	
C7521	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	Interqual	8/1/2023	
C7522	angiography including pharmacologically induced stress catneter piacement 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	Interqual	8/1/2023	
C7523	evaluation and/or therapeutic intervention including imaging supervision, interroretation and report 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	Interqual	8/1/2023	
C7524	reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress cameter pracement in coronary arrery(tes) 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	Interqual	8/1/2023	
C7525	therapeutic intervention including imaging supervision, interpretation and Catfièter piacement in coronary artery(teps) 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	Interqual 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 debribrillator or pacemake 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 defribrillator or pacemaker pulse generator (eg, for upgrade to dual	Interqual	8/1/2023	
	<u>chamber system</u>) 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		8/1/2023	
C7539	dual chamber system) 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	Interqual	8/1/2023	
C7540 C7541	upgrade to dual chamber system) 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	Tendoscopic retrograde cholangiopancreatography (ercp) with biopsy, single or multiple, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s) Endoscopic retrograde cholangiopancreatography (ercp) with	Interqual	8/1/2023 8/1/2023	
C7543	sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	Interqual	_, _, _, _,	

C	odo	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
	ode	Endoscopic retrograde cholangiopancreatography (ercp) with removal of	Chinical Review Citteria	8/1/2023	COMMENTS
		calculi/debris from biliary/pancreatic duct(s), with endoscopic cannulation		0, 2, 2020	
C7	7544	of papilla with direct visualization of pancreatic/common bile ducts(s)	Interqual		
		Cystourethroscopy, with biopsy(ies) with adjuctive blue light cystoscopy	•	8/1/2023	
C7:	550	with fluorescent imaging agent	Interqual	0/1/2022	
		Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging		8/1/2023	
		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			
C7:	7552	angiography including pharmacologically induced stress, initial vessel	Interqual		
		Catheter placement in coronary artery(s) for coronary angiography,		8/1/2023	
		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			
C7:	7553	pharmacologic agent administration, when performed Cystourethroscopy with adjunctive blue light cystoscopy with fluorescent	Interqual	0/1/0000	
C7	7554	imaging agent	Interqual	8/1/2023	
		Thyroidectomy, total or complete with parathyroid autotransplantation		8/1/2023	
C7:	7555	Service for diagnosis, evaluation, or treatment of a mental health or	Interqual	8/1/2023	
		substance use disorder, initial 15-29 minutes, provided remotely by hospital		0/1/2023	
		staff who are licensed to provide mental health services under applicable			
C7	900	state law(s), when the patient is in their home, and there is no associated professional service	Hayes Technologies		
		Service for diagnosis, evaluation, or treatment of a mental health or		8/1/2023	
		substance use disorder, initial 30-60 minutes, provided remotely by hospital staff who are licensed to provided mental health services under applicable			
		state law(s), when the patient is in their home, and there is no associated			
C7:	901	professional service Service for diagnosis, evaluation, or treatment of a mental health or	Hayes Technologies	0/1/2022	
		substance use disorder, each additional 15 minutes, provided remotely by		8/1/2023	
		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			
	902	primary service)	Hayes Technologies		
	3900	Magnetic resonance angiography with contrast, abdomen	Interqual	1/1/2023	
C8:	3901	Magnetic resonance angiography without contrast abdomen Magnetic resonance angiography without contrast followed by with	Interqual	1/1/2023 1/1/2023	
	3902	contrast, abdomen	Interqual	1/1/2023	
	3903	Magnetic resonance imaging with contrast breast; unilateral	Interqual	1/1/2023	
C8:	3904	Magnetic resonance imaging without contrast breast; unilateral Magnetic resonance imaging without contrast followed by with contrast	Interqual	1/1/2023 1/1/2023	
C8'	3905	breast; unilateral	Interqual	1/1/2023	
	3906	Magnetic resonance imaging with contrast breast; bilateral	Interqual	1/1/2023	
C8:	3907	Magnetic resonance imaging without contrast breast; bilateral Magnetic resonance imaging without contrast followed by with contrast,	Interqual	1/1/2023 1/1/2023	
C8′	3908	breast; bilateral	Interqual	1/1/2023	
Co	3909	Magnetic resonance angiography with contrast chest (excluding	Interqual	1/1/2023	
Cos	5505	myocardium) Magnetic resonance angiography without contrast chest (excluding	interqual	1/1/2023	
C8	3910	myocardium)	Interqual		
C8	8911	Magnetic resonance angiography without contrast followed by with contrast.	Interqual	1/1/2023	
	3912	Magnetic resonance angiography with contrast lower extremity	Interqual	1/1/2023	
C81	3913	Magnetic resonance angiography without contrast lower extremity	Interqual	1/1/2023	
C8	3914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	Interqual	1/1/2023	
	3918	Magnetic resonance angiography with contrast, pelvis	Interqual	1/1/2023	
C8'	8919	Magnetic resonance angiography without contrast, pelvis	Interqual	1/1/2023	
C8	3920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	Interqual	1/1/2023	
		Magnetic resonance angiography with contrast, spinal canal and contents		1/1/2023	
C8:	3931	Magnetic resonance angiography with contrast, spinal canal and	Interqual		
C8	3932	contents	Interqual	1/1/2023	
	3933	Magnetic resonance angiography without contrast followed by with	Interqual	1/1/2023	
	8933 8934	contrast, spinal canal and contents Magnetic resonance angiography with contrast, upper extremity	Interqual Interqual	1/1/2023	
	3935	Magnetic resonance angiography without contrast, upper extremity	Interqual	1/1/2023	
	2026	Magnetic resonance angiography without contrast followed by with		1/1/2023	
C8:	8936	contrast, upper extremity Computer-aided detection, including computer algorithm analysis of breast	Interqual	1/1/2023	
		mri image data for lesion detection/characterization, pharmacokinetic		_, _, _, _	
		analysis, with further physician review for interpretation (list separately in			
C8	3937	addition to code for primary procedure)	Interqual		
CO	9358	Dermal substitute, native, non denatured collagen, fetal bovine origin	Interqual	1/1/2023	
	.550	(SurgiMend Collagen Matrix), per 0.5 square cm Dermal substitute, native, non denatured collagen, neonatal bovine origin	Interqual	1/1/2023	
	360	(SurgiMend Collagen Matrix), per 0.5 square cm	Interqual		
	364	Porcine implant, Permacol, per square centimeter	Interqual Hayes Technologies	1/1/2023	
C9	9367	Endoform Dermal Template Placement and removal (if performed) of applicator into breast for radiation	Hayes Technologies	1/1/2023 1/1/2023	
		therapy	Interqual		
	9726		Understand	1/1/2023	
	9726 9727	Insertion of implants into the soft palate; minimum of three implants	Interqual		
C9			Interqual	1/1/2023	
C9.	9727	Insertion of implants into the soft palate; minimum of three implants Focused ultrasound ablation/therapeutic intervention, other than uterine	Interqual		
C9	727	Insertion of implants into the soft palate; minimum of three implants Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance		1/1/2023 1/1/2023	
C9.	9727	Insertion of implants into the soft palate; minimum of three implants Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	Interqual	1/1/2023	

	Code Description			
Code CO745		Clinical Review Criteria	Effective Date	COMMENTS
C9745	Nasal endoscopy, surgical; balloon dilation of eustachian tube Transperineal implantation of permanent adjustable balloon continence	Interqual	1/1/2023 1/1/2023	
C9746	device, with cystourethroscopy, when performed and/or fluoroscopy, when performed	Interqual		
	Transurethral destruction of prostate tissue; by radiofrequency water vapor	·	1/1/2023	
C9748 C9749	(steam) thermal therapy Repair of nasal vestibular lateral wall stenosis with implant(s)	Interqual Interqual	1/1/2023	
C9749	Insertion or removal and replacement of intracardiac ischemia monitoring	Interqual	1/1/2023	
	system including imaging supervision and interpretation and peri-operative			
C9750	interrogation and programming; complete system (includes device and	Interqual		
00.00	Creation of arteriovenous fistula, percutaneous; direct, any site, including		1/1/2023	
	all imaging and radiologic supervision and interpretation, when performed			
C9754	and secondary procedures to redirect blood flow (e.g., transluminal balloon	Interqual		
	Creation of arteriovenous fistula, percutaneous using magnetic-guided		1/1/2023	
	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),			
C9755	angiography, venography, and/or ultrasound, with radiologic supervision	Interqual		
	Laminatamy (hamilaminactamy) with decompression of narya root(s)		1/1/2023	
	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,			
C9757	alignment and sizing assessment, and image guidance; 1 interspace, lumbar	Interqual	1/1/2023	
	implantation of interatrial shunt or placebo control, including right heart		1/1/2023	
	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			
C9758	exemption (ide) study	Interqual		
	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer		1/1/2023	
	(e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when			
C9781	performed	Interqual	4 /4 /2000	
D5934 D5935	Mandibular resection prosthesis with guide flange Mandibular resection prosthesis without guide flange	Interqual Intergual	1/1/2023 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 D5999	Speech aid prosthesis; modification Unspecified maxillofacial prosthesis, by report	CMS Medicare Clinical Coverage Guidelines CMS Medicare Clinical Coverage Guidelines	1/1/2023 1/1/2023	
D7865	Arthroplasty, TMJ reshaping components	Interqual	1/1/2023	
	Unspecified temporomandibular joint dysfunctions (TMD) therapy, by	Interqual	1/1/2023	
D7899	report	·		
D8999 D9999	Unspecified orthodontic procedure, by report Unspecified adjunctive procedure, by report	Interqual Interqual	1/1/2023 1/1/2023	
E0118	Crutch substitute, lower leg platform, with or without wheels, each	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
	Stationary compressed gaseous oxygen system, rental; includes container,	Interqual	1/1/2023	
E0424	contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tuhing			
	Stationary compressed gas system, purchase; includes regulator, flowmeter,	Interqual	1/1/2023	
E0425	humidifier, nebulizer, cannula or mask, and tubing Portable gaseous oxygen system, rental; includes portable container,		4 /4 /2022	
E0431	regulator, flowmeter, humidifier, cannula or mask, and tubing	Interqual	1/1/2023	
50445	Topical oxygen delivery system, not otherwise specified, includes all	Interqual	1/1/2023	
E0446	supplies and accessories Home ventilator, multi-function respiratory device, also performs any or all	Interqual	1/1/2023	
	of the additional functions of oxygen concentration, drug nebulization,	interqual	1/1/2023	
E0467	aspiration, and cough stimulation, includes all accessories, components and			
E0470	Bipap- Respiratory assist device, bi-level pressure capability	Intergual	1/1/2023	
20.10	Respiratory assist device, bi-level pressure capability, with back-up rate	Interqual	1/1/2023	
	feature, used with noninvasive interface, e.g., nasal or facial mask			
E0471	(intermittent assist device with continuous positive airway pressure device)			
E0472	Respiratory assist device, bi-level pressure capability, with backup rate	Interqual	1/1/2023	
EU4/2	feature Ippb machine, all types, with built-in nebulization; manual or automatic	Interqual	1/1/2023	
E0500	valves: internal or external power source	·		
E0601	Continuous positive airway pressure (cpap) device	Interqual	1/1/2023	
E0481	Intrapulmonary percussive ventilation system and related accessories High frequency chest wall oscillation air-pulse generator system, (includes	Interqual Interqual	1/1/2023 1/1/2023	
E0483	hoses and vest), each	interqual		
50627	Seat lift mechanism incorporated into a combination lift-chair mechanism	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
E0627	Separate seat lift mechanism for use with patient owned furniture - non-	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
E0629	electric	CMS Medicare Clinical Coverage Guidelines		
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	
	Standing frame/table system, multi-position (e.g., 3-way stander), any size		1/1/2023	
E0641	including pediatric, with or without wheels Standing frame/table system, mobile (dynamic stander), any size including	CMS Medicare Clinical Coverage Guidelines		
E0642	pediatric pediatric	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
E0652	Pneumatic compressor, segmental home model	Interqual	1/1/2023	
	Segmental pneumatic appliance for use with pneumatic compressor, trunk	Interqual	1/1/2023	
FUhhh			1/1/2023	
E0656	Segmental preumatic appliance for use with preumatic appliance for use			
E0656	Segmental pneumatic appliance for use with pneumatic compressor, chest	Interqual		
	Segmental pneumatic appliance for use with pneumatic compressor, chest Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Interqual Interqual	1/1/2023	
E0657	Segmental pneumatic appliance for use with pneumatic compressor,			

	Code Description	an	F# 11 - D 1	
Code	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye	Clinical Review Criteria Interqual	Effective Date 1/1/2023	COMMENTS
E0692	protection; 4 ft. panel Ultraviolet light therapy system, includes bulbs/lamps, timer and eye	·		
E0693	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	
	Functional neuromuscular stimulator, transcutaneous stimulation of		1/1/2023	
E0764	muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	Interqual		
E0704	Electrical stimulation device used for cancer treatment, includes all	Interqual	1/1/2023	
E0766	accessories, any type	Interqual		
E0770	Functional electric stim NOS Infusion pump, implantable, non-programmable (includes all components,	Interqual	1/1/2023 1/1/2023	
E0782	e.g., pump, catheter, connectors, etc.)	Interqual		
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	Interqual	1/1/2023	
	implantable infusion pump, replacement Implantable programmable infusion pump, replacement (excludes		1/1/2023	
E0786	implantable intraspinal catheter) External ambulatory infusion pump, insulin, dosage rate adjustment using	Interqual		
E0787	therapeutic continuous glucose sensing	Interqual	1/1/2023	
50000	Manual wheelchair accessory, push-rim activated power assist system	Interqual	1/1/2023	
E0986 E1002	Wheelchair accessory, power seating system, tilt only	Interqual	1/1/2023	
	Wheelchair accessory, power seating system, recline only, without shear	Interqual	1/1/2023	
E1003	reduction Wheelchair accessory, power seating system, recline only, with mechanical	Interqual	1/1/2023	
E1004	shear reduction	c.quai		
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Interqual	1/1/2023	
	Wheelchair accessory, power seating system, combination tilt and recline,	Interqual	1/1/2023	
E1006	without shear reduction Wheelchair accessory, power seating system, combination tilt and recline,	Internal	1 /1 /2022	
E1007	with mechanical shear reduction	Interqual	1/1/2023	
E1008	Wheelchair accessory, power seating system, combination tilt and recline,	Interqual	1/1/2023	
£1008	with power shear reduction Wheelchair accessory, addition to power seating system, mechanically	Interqual	1/1/2023	
E1009	linked leg elevation system, including pushrod and leg rest, each			
E1009	Wheelchair accessory, addition to power seating system, power leg	Interqual	1/1/2023	
E1010	elevation system, including leg rest, pair Wheelchair; specially sized or constructed (indicate brand name, model	·		
E1220	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 Interqual	1/1/2023 1/1/2023	
	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	
E2502	<u>-</u>	Internual	1/1/2023	
	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	
E2504	Speech generating device, digitized speech, using pre-recorded messages,	Internual	1/1/2023	
E2506	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	
L2308	Speech generating device, synthesized speech, permitting multiple methods	Interqual	1/1/2023	
E2510	of message formulation and multiple methods of device access		1	
	Speech generating software program, for personal computer or personal	Interqual	1/1/2023	
E2511	digital assistant	·		
E2512 E2599	Accessory for speech generating device, mounting system Accessory for speech generating device, not otherwise classified	Interqual Interqual	1/1/2023 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	
	Services of speech and language pathologist in home health setting, each 15	Interqual	1/1/2023	
G0153	minutes Services performed by a qualified physical therapist, in the home health			
	setting, in the establishment or delivery of a safe and effective physical	Interqual	1/1/2023	
G0159	therapy maintenance program, each 15 minutes Services performed by a qualified occupational therapist, in the home		41-105	
	health setting, in the establishment or delivery of a safe and effective	Interqual	1/1/2023	
G0160	occupational therapy maintenance program, each 15 minutes		41:15:	
G0166 G0219	External counterpulsation, per treatment session PET imaging whole body; melanoma for non covered indications	Interqual Interqual	1/1/2023 1/1/2023	
G0219 G0235	PET imaging whole body; metahoma for non-covered indications PET imaging, any site, not otherwise specified	Interqual	1/1/2023	
-	PET imaging, full and partial-ring pet scanners only, for initial diagnosis of		1/1/2023	
G0252	breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	Interqual		
	Injection procedure for sacroiliac joint; provision of anesthetic, steroid		1/1/2023	
50250	and/or other therapeutic agent, with or without arthrography (when performed in ASC)	Interqual		
(コロノカロ		i constant		ļ.
G0260	Hyperbaric oxygen under pressure, full body chamber, per 30 minute		1/1/2023	
G0260 G0277 G0297		Interqual Hayes Technologies	1/1/2023 1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
	Care management services for behavioral health conditions, at least 20		8/1/2023	
	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			
G0323	consultation; and continuity of care with a designated member of the care	Hayes Technologies		
00323	Image-guided robotic linear accelerator-based stereotactic radiosurgery,	mayes reciniologies	1/1/2023	
60220	complete course of therapy in one session or first session of fractionated	La constant	, , ,	
G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery,	Interqual	1/1/2023	
	delivery including collimator changes and custom plugging, fractionated		1/1/2023	
G0340	treatment, all lesions, per session, second through fifth sessions, maximum	Interqual		
00540	five sessions per course of treatment Percutaneous islet cell transplant, includes portal vein catheterization and	micerqual	1/1/2023	
G0341	infusion	Interqual		
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	Interqual	1/1/2023	
	Laparoscopy for islet cell transplant, includes portal vein catheterization and		1/1/2023	
G0343	infusion Home sleep study test (HST) with type II portable monitor, unattended;	Interqual	1 /1 /2022	
	minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow,		1/1/2023	
G0398	respiratory effort and oxygen saturation	Interqual		
	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1		1/1/2023	
G0399	oxygen saturation	Interqual		
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	
	Intensive cardiac rehabilitation; with or without continuous ECG monitoring;		1/1/2023	
G0423	without exercise, per session	Interqual	. /. /2.22	
G0428 G0429	Collagen Meniscus Implant Dermal filler inject for LDS	Interqual Interqual	1/1/2023 1/1/2023	
00425		micerqual	1/1/2023	
	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of		, , ,	
G0448	pacing electrode, cardiac venous system, for left ventricular pacing	Intergual		
	Preparation with instillation of fecal microbiota by any method, including		1/1/2023	
G0455	assessment of donor specimen	Interqual	4 /4 /2022	
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate Autologous platelet rich plasma for non-diabetic chronic wounds/ulcers,	Interqual	1/1/2023 1/1/2023	
	including phlebotomy, centrifugation, and all other preparatory procedures,		1/1/2023	
G0460	administration and dressings, per treatment Services performed by a physical therapist assistant in the home health	Interqual	. /. /2.22	
	setting in the delivery of a safe and effective physical therapy maintenance		1/1/2023	
G2168	program, each 15 minutes	Interqual		
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	
	Radiation treatment delivery, single treatment area, single port or parallel		1/1/2023	
G6003	opposed ports, simple blocks or no blocks: up to 5mev	National Comprehensive Cancer Network	4 /4 /2022	
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	
0.5005	Radiation treatment delivery, single treatment area, single port or parallel		1/1/2023	
G6005	opposed ports, simple blocks or no blocks: 11-19mev	National Comprehensive Cancer Network	1/1/2023	
	Radiation treatment delivery, single treatment area, single port or parallel		1/1/2023	
G6006	opposed ports, simple blocks or no blocks: 20mev or greater dec3	National Comprehensive Cancer Network		
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	
0.000	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports		1/1/2023	
G6008	on a single treatment area, use of multiple blocks: 6-10mev Radiation treatment delivery, 2 separate treatment areas, 3 or more ports	National Comprehensive Cancer Network	1/1/2023	
G6009	on a single treatment area, use of multiple blocks: 11-19mev	National Comprehensive Cancer Network		
	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports		1/1/2023	
G6010	on a single treatment area, use of multiple blocks: 20 mev or greater	National Comprehensive Cancer Network	<u>L</u>	<u> </u>
	Radiation treatment delivery,3 or more separate treatment areas, custom		1/1/2023	
G6011	blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	National Comprehensive Cancer Network		
	Radiation treatment delivery,3 or more separate treatment areas, custom		1/1/2023	
G6012	blocking, tangential ports, wedges, rotational beam, compensators, electron	National Comprehensive Cancer Network		
00012	beam; 6-10mev Radiation treatment delivery,3 or more separate treatment areas, custom	radional comprehensive cancer NetWOLK	1/1/2023	
	blocking, tangential ports, wedges, rotational beam, compensators, electron	Netional Companies Companies Companies	, _, _323	
G6013	beam; 11-19mev Radiation treatment delivery,3 or more separate treatment areas, custom	National Comprehensive Cancer Network	1/1/2023	
	blocking, tangential ports, wedges, rotational beam, compensators, electron		1/1/2023	
G6014	beam; 20mev or greater Intensity modulated treatment delivery, single or multiple fields/arcs,via	National Comprehensive Cancer Network	1/1/2022	
	narrow spatially and temporally modulated beams, binary, dynamic mlc, per		1/1/2023	
G6015	treatment session	Interqual		
	Compensator-based beam modulation treatment delivery of inverse		1/1/2023	
	planned treatment using 3 or more high resolution (milled or cast)			
G6016	compensator, convergent beam modulated fields, per treatment session Intra-fraction localization and tracking of target or patient motion during	Interqual	1/4/2022	
	delivery of radiation therapy (eg,3d positional tracking, gating, 3d surface		1/1/2023	
G6017	tracking), each fraction of treatment	National Comprehensive Cancer Network		
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	
	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or		1/1/2023	
	continuous, by any means, guided by the results of measurements for:			
G9147	respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration	Interqual		
_				

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
	Alcohol and/or drug services; intensive outpatient (treatment program that		1/1/2023	
	operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis			
H0015	intervention, and activity therapies or education Mental health assessment, by non-physician - Assessment and treatment	Interqual	1/1/2023	
H0031	planning by a BCBA	Interqual		
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 H2012	Mental health services, not otherwise specified Behavioral health day treatment, per hour - Direct service by a BCBA	Interqual Interqual	1/1/2023 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	
				Managed by Ascenson RX Please Fax Request to 1
J0129	Orencia	Interqual	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 1
J0135	HUMIRA	Interqual	4/1/2023	855-394-7057
10470	Aduhelm		4/4/2022	Managed by Ascenson RX Please Fax Request to 1
J0172		Interqual	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 1:
J0178	EYLEA	Interqual	4/1/2023	855-394-7057
J0179	BEOVU	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 1 855-394-7057
30173	BLOVO	interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 1
J0202	Lemtrada	Interqual	4/1/2023	855-394-7057
J0219	NEXVIAZYME	Hayes Technologies	4/1/2023	Managed by Ascenson RX Please Fax Request to 1 855-394-7057
			1, 2, 2020	Managed by Ascenson RX Please Fax Request to 1
J0220	Alglucosidase alfa	Interqual	4/1/2023	855-394-7057
J0221	LUMIZYME	Interqual	4/1/2023	Managed by Ascenson 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 Ascenson RX Please Fax Request to 1 855-394-7057
30.03	Transfer	inter qua.	1/1/2020	Managed by Ascenson RX Please Fax Request to 1
J0490	Benlysta IV	Interqual	4/1/2023	855-394-7057
J0517	FASENRA	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 1 855-394-7057
				Managed by Ascenson RX Please Fax Request to 1
J0565	ZINPLAVA	Hayes Technologies	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 1
J0567	Brineura	Interqual	4/1/2023	855-394-7057
10504	Country	Have Taske Jasie	4/4/2022	Managed by Ascenson RX Please Fax Request to 1
J0584	Crysvita	Hayes Technologies	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 1:
J0585	вотох	Interqual	4/1/2023	855-394-7057
J0586	DYSPORT	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 1 855-394-7057
30380	DISTORT	interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 1
J0587	MYOBLOC	Interqual	4/1/2023	855-394-7057
J0588	XEOMIN	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 1 855-394-7057
				Managed by Ascenson RX Please Fax Request to 1
J0638	llaris	Interqual	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 1:
J0717	Cimzia	Interqual	4/1/2023	855-394-7057
10744	CARENUMA		4/4/2022	Managed by Ascenson RX Please Fax Request to 1
J0741	CABENUVA	Hayes Technologies	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 1:
J0775	Xiaflex	Interqual	4/1/2023	855-394-7057
J0791	Adakveo	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 1 855-394-7057
JU/31		Interqual	7/1/2023	Managed by Ascenson RX Please Fax Request to 1
J0885	EPOGEN	Interqual	4/1/2023	855-394-7057
J0893	Injection, decitabine (sun pharma) not therapeutically equivalent to j0894, 1 mg	Hayes Technologies	8/1/2023	
	, ,			Managed by Ascenson RX Please Fax Request to 1
J0896	Reblozyl	Hayes Technologies	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 1:
J0897	PROLIA	Interqual	4/1/2023	855-394-7057
J1300	Soliris	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 1- 855-394-7057
31300			7/ 1/ 2023	Managed by Ascenson RX Please Fax Request to 1
J1301	Radicava	Hayes Technologies	4/1/2023	855-394-7057
J1303	ULTOMIRIS	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 1 855-394-7057
				Managed by Ascenson RX Please Fax Request to 1
J1306	LEQVIO	Hayes Technologies	4/1/2023 1/1/2023	855-394-7057
J1426	Amondys 45, (casimersen)	Hayes Technologies		
J1427	Viltepso (viltolarsen)	Hayes Technologies	1/1/2023	
J1428	Exondys 51 (eteplirsen)	<u> </u>	1/1/2023	
		Hayes Technologies	1/1/2023	
J1429	Vyondys 53 (golodirsen)	Hayes Technologies	1	Managed by Ascenson RX Please Fax Request to 1
		Haves Technologies	4/1/2023	855-394-7057
J1437	MONOFERRIC	Hayes Technologies	4/1/2023	
				Managed by Ascenson RX Please Fax Request to 1
J1437 J1438	MONOFERRIC ENBREL	Interqual	4/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
J1442	NEUPOGEN	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 1 855-394-7057
J1458	Naglazyme	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 1 855-394-7057
				Managed by Ascenson RX Please Fax Request to 1
J1602	Simponi Aria	Interqual	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 1
J1627	SUSTOL	Hayes Technologies	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 1
J1628	Tremfya	Interqual	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 1
J1726	MAKENA	Hayes Technologies	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 1
J1745	INFLIXIMAB	Interqual	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 1
J1786	CEREZYME	Interqual	4/1/2023	855-394-7057
J1823	Uplizna	Hayes Technologies	4/1/2023	Managed by Ascenson RX Please Fax Request to 1 855-394-7057
J1930	Somatuline Depot	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 2 855-394-7057
J1950	Lupron Depot	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 2 855-394-7057
J1954	Injection, leuprolide acetate for depot suspension (lutrate), 7.5 mg	Interqual	8/1/2023	
J2182	NUCALA	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 3 855-394-7057
				Managed by Ascenson RX Please Fax Request to 1
J2323 J2326	TYSABRI Spinraza (nusinersen)	Interqual Interqual	4/1/2023 4/1/2023	855-394-7057
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	Interqual	8/1/2023	Managad by Associate DV Dies 15 D
J2350	OCREVUS	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 3 855-394-7057
J2353	SandoSTATIN LAR Depot	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 2 855-394-7057
J2356	Tezspire	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 2 855-394-7057
J2357	XOLAIR	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 3 855-394-7057
J2425	Kepivance	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 3 855-394-7057
				Managed by Ascenson RX Please Fax Request to
J2503	MACUGEN	Hayes Technologies	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to
J2506	NEULASTA	Interqual	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 2
J2507	Krystexxa	Interqual	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to
J2778	LUCENTIS	Interqual	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to
J2786	CINQAIR	Interqual	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to
J2796	Nplate	Interqual	4/1/2023	855-394-7057
J3032	VYEPTI	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 855-394-7057
J3060	ELELYSO	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 2 855-394-7057
J3111	Evenity	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 3 855-394-7057
J3241	TEPEZZA	Hayes Technologies	4/1/2023	Managed by Ascenson RX Please Fax Request to : 855-394-7057
J3245	llumya	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 855-394-7057
				Managed by Ascenson RX Please Fax Request to : 855-394-7057
J3262	Actemra	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to
J3315	Trelstar	Interqual	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 3
J3316	Triptodur	Interqual	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 3
J3357	STELARA SC	Interqual	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to
J3358	STELARA IV	Interqual	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to
J3380	ENTYVIO	Interqual	4/1/2023	855-394-7057
J3385	VPRIV	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 855-394-7057
J3396	Visudyne	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 855-394-7057
J3398	Luxturna (voretigene neparvovec-rzyl)	Interqual	4/1/2023	
J3399	Zolgenzma (onasemnogene abeparvovec-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	Managad by Assaul 1970
J7170	HEMLIBRA	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 855-394-7057
J7313	Iluvien	Hayes Technologies	4/1/2023	Managed by Ascenson RX Please Fax Request to 3 855-394-7057

1792 1792	Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
Page Page	17318	DUROLANE	Interqual		Managed by Ascenson RX Please Fax Request to 1-
Marcale to Account Fin Float Fin Respect to 1					Managed by Ascenson RX Please Fax Request to 1-
Managening to Septiment Managening to Se			·		Managed by Ascenson RX Please Fax Request to 1-
1712 1811 1812 1813					Managed by Ascenson RX Please Fax Request to 1-
Principal	J7324	ORTHOVISC	Interqual	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 1-
1972 MONOCHISTO	J7326	GEL-ONE	Interqual	4/1/2023	
1972	J7327	MONOVISC	Interqual	4/1/2023	855-394-7057
1733 TRINSC Meteoral 47,7203 TRINSC Meteoral 47,7203 TRINSC TRINSC Meteoral Meteoral 47,7203 TRINS	J7328	GELSYN-3	Interqual	4/1/2023	855-394-7057
1932 Titlus/OH					
1902 Tenentriq			Interqual		Managed by Ascenson RX Please Fax Request to 1-
	J7332	TRILURON	Interqual	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 1-
1903 Teconds	J9022	Tecentriq	Interqual	4/1/2023	
Mode Mode	J9033	Treanda	Hayes Technologies	4/1/2023	855-394-7057
1995 1997	J9035	AVASTIN	Interqual	4/1/2023	855-394-7057
Mode Vecuals	J9039	Blincyto	Interqual	4/1/2023	855-394-7057
Additional Advances Authorishment Auth	J9041	Velcade	Hayes Technologies	4/1/2023	
	J9042	Adcetris	Hayes Technologies	4/1/2023	Managed by Ascenson RX Please Fax Request to 1- 855-394-7057
Post Post					Managed by Ascenson RX Please Fax Request to 1-
		Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to			655 65 1 7657
					Managed by Ascenson RX Please Fax Request to 1-
Injection, Detectorable (hospiral), not therapeutically equivalent to Self-2023	J9047		Hayes Technologies		855-394-7057
Managed by Accessors RP Please Fax Request to 1	J9048		Interqual	8/1/2023	
Post Interqual 4/1/203 85-394-7057	J9049	j9041, 0.1 mg	Interqual		Managed by Ascenson RX Please Fax Request to 1-
Managed by Accession RX Please Fax Request to 1	J9055	Erbitux	Interqual	4/1/2023	855-394-7057
19119 Libtayo	J9057	Aliqopa	Hayes Technologies	4/1/2023	855-394-7057
Byt44 Daralex Faspro	J9119	Libtayo	Hayes Technologies	4/1/2023	855-394-7057
19145 Darzalex	J9144	Darzalex Faspro	Hayes Technologies	4/1/2023	
Managed by Ascenson RX Please Fax Request to 1	J9145	Darzalex	Hayes Technologies	4/1/2023	Managed by Ascenson RX Please Fax Request to 1- 855-394-7057
Managed by Ascenson RX Please Fax Request to 1	J9155	Firmagon	Interqual		Managed by Ascenson RX Please Fax Request to 1- 855-394-7057
Jight Hayes Technologies					Managed by Ascenson RX Please Fax Request to 1-
Managed by Ascenson RX Please Fax Request to 1					Managed by Ascenson RX Please Fax Request to 1-
Potelige		Empliciti	Hayes Technologies		Managed by Ascenson RX Please Fax Request to 1-
Japan	J9179	Halaven	Interqual	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 1-
J9223 Zepzelca	J9204	Poteligeo	Hayes Technologies	4/1/2023	
19228 Yervoy	J9223	Zepzelca	Hayes Technologies	4/1/2023	855-394-7057
19229 Besponsa	J9228	Yervoy	Interqual	4/1/2023	855-394-7057
J9271 KEYTRUDA Interqual 4/1/2023 855-394-7057 Managed by Ascenson RX Please Fax Request to 1	J9229	Besponsa	Hayes Technologies	4/1/2023	855-394-7057
J9299 OPDIVO	J9271	KEYTRUDA	Interqual	4/1/2023	
Managed by Ascenson RX Please Fax Request to 1	J9299	OPDIVO	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 1- 855-394-7057
Managed by Ascenson RX Please Fax Request to 1					Managed by Ascenson RX Please Fax Request to 1-
Managed by Ascenson RX Please Fax Request to 1 Managed by Ascenson RX Please Fax R					Managed by Ascenson RX Please Fax Request to 1-
Managed by Ascenson RX Please Fax Request to 1 Managed by Ascenson RX Please Fax R			-		Managed by Ascenson RX Please Fax Request to 1-
Folotyn Folotyn Hayes Technologies Hayes Technologies 4/1/2023	J9303	Vectibix	Interqual		855-394-7057 Managed by Ascenson RX Please Fax Request to 1-
19307 19307 19307 19307 19308 1930	J9306		Interqual	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 1-
J9308 Cyramza Interqual 4/1/2023 855-394-7057 J9311 RITUXAN HYCELA Interqual 4/1/2023 855-394-7057 J9312 RITUXAN Managed by Ascenson RX Please Fax Request to 1 J9312 RITUXAN Interqual 4/1/2023 855-394-7057 Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 8/1/2023 8/1/2023	J9307	Folotyn	Hayes Technologies	4/1/2023	855-394-7057
J9311 RITUXAN HYCELA Interqual 4/1/2023 855-394-7057 J9312 RITUXAN Interqual 4/1/2023 855-394-7057 Injection, pemetrexed (teva) not therapeutically equivalent to J9305, Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 8/1/2023	J9308	Cyramza	Interqual	4/1/2023	855-394-7057
J9312 RITUXAN Interqual 4/1/2023 855-394-7057 Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 8/1/2023 8/1/2023	J9311	RITUXAN HYCELA	Interqual	4/1/2023	855-394-7057
	J9312	RITUXAN	Interqual	4/1/2023	
	J9314	Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg	Interqual	8/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
				Managed by Ascenson RX Please Fax Request to 1-
J9316	PHESGO	Hayes Technologies	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 1-
J9317	Trodelvy	Hayes Technologies	4/1/2023	855-394-7057
J9325	Imlygic (talimogene laherparepvec)	Interqual	1/1/2023	
J9348	Danyelza	Hayes Technologies	4/1/2023	Managed by Ascenson RX Please Fax Request to 1- 855-394-7057
				Managed by Ascenson RX Please Fax Request to 1-
J9349	Monjuvi	Hayes Technologies	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 1-
J9354	Kadcyla	Interqual	4/1/2023	855-394-7057
J9355	HERCEPTIN	Interqual	4/1/2023	Managed by Ascenson RX Please Fax Request to 1- 855-394-7057
		·		Managed by Ascenson RX Please Fax Request to 1-
J9356	HERCEPTIN HYLECTA	Interqual	4/1/2023	855-394-7057 Managed by Ascenson RX Please Fax Request to 1-
J9358	Enhertu	Interqual	4/1/2023	855-394-7057
J9393	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg	Hayes Technologies	8/1/2023	
10204	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to	Have Tarken lands	8/1/2023	
J9394 J9399	j9395, 25 mg Unclassified Drugs or Biologicals	Hayes Technologies Interqual	1/1/2023	
K0005	Ultra-lightweight wheelchair	Interqual	1/1/2023	
K0009 K0010	Other manual wheelchair/base Standard-weight frame motorized/power wheelchair	Interqual CMS Medicare Clinical Coverage Guidelines	1/1/2023 1/1/2023	
	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration		1/1/2023	
K0011	control and braking	CMS Medicare Clinical Coverage Guidelines		
K0012 K0014	Lightweight portable motorized/power wheelchair Other motorized/power wheelchair base	CMS Medicare Clinical Coverage Guidelines CMS Medicare Clinical Coverage Guidelines	1/1/2023 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	
	Power operated vehicle, group 1 very heavy duty, patient weight capacity		1/1/2023	
K0802	451 to 600 pounds Power operated vehicle, group 2 standard, patient weight capacity up to	Interqual	1/1/2023	
K0806	and including 300 pounds Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to	Interqual	1/1/2023	
K0807	450 pounds Power operated vehicle, group 2 very heavy duty, patient weight capacity	Interqual	1/1/2023	
K0808 K0812	451 to 600 pounds Power operated vehicle, not otherwise classified	Interqual		
	Power wheelchair, group 1 standard, portable, sling/solid seat and back,	Interqual	1/1/2023 1/1/2023	
K0813	patient weight capacity up to and including 300 pounds Power wheelchair, group 1 standard, portable, captain's chair, patient	Interqual	1/1/2023	
K0814	weight capacity up to and including 300 pounds Power wheelchair, group 1 standard, sling/solid seat and back, patient	Interqual	1/1/2023	
K0815	weight capacity up to and including 300 pounds Power wheelchair, group 1 standard, captain's chair, patient weight capacity	Interqual	1/1/2023	
K0816	up to and including 300 pounds Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient	Interqual		
K0820	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	
	Power wheelchair, group 2 heavy duty, captain's chair, patient weight	·	1/1/2023	
K0825	capacity 301 to 450 pounds Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient	Interqual	1/1/2023	
K0826	weight capacity 451 to 600 pounds Power wheelchair, group 2 very heavy duty, captain's chair, patient weight	Interqual	1/1/2023	
K0827	capacity 451 to 600 pounds Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient	Interqual	1/1/2023	
K0828	weight capacity 601 pounds or more Power wheelchair, group 2 extra heavy duty, captain's chair, patient weight	Interqual		
K0829	capacity 601 pounds or more Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back,	Interqual	1/1/2023	
K0830	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	Interqual	1/1/2023	
	seat/back, patient weight capacity 301 to 450 pounds Power wheelchair, group 2 heavy duty, single power option, captain's chair,	·	1/1/2023	
K0838	patient weight capacity 301 to 450 pounds Power wheelchair, group 2 very heavy duty, single power option, sling/solid	Interqual 	1/1/2023	
K0839	seat/back, patient weight capacity 451 to 600 pounds Power wheelchair, group 2 extra heavy duty, single power option,	Interqual	1/1/2023	
K0840	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	
	Power wheelchair, group 2 standard, multiple power option, captain's chair,	·	1/1/2023	
K0842	patient weight capacity up to and including 300 pounds Power wheelchair, group 2 heavy duty, multiple power option, sling/solid	Interqual	1/1/2023	
K0843	seat/back, patient weight capacity 301 to 450 pounds Power wheelchair, group 3 standard, sling/solid seat/back, patient weight	Interqual	1/1/2023	
K0848	capacity up to and including 300 pounds	Interqual		

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity		1/1/2023	
	up to and including 300 pounds Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight	Interqual	1/1/2023	
K0850	capacity 301 to 450 pounds Power wheelchair, group 3 heavy duty, captain's chair, patient weight	Interqual	1/1/2023	
K0851	capacity 301 to 450 pounds Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient	Interqual		
K0852	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	Interqual	1/1/2023	
	weight capacity 601 pounds or more Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight		1/1/2023	
K0855	601 pounds or more Power wheelchair, group 3 standard, single power option, sling/solid	Interqual	1/1/2023	
K0856	seat/back, patient weight capacity up to and including 300 pounds Power wheelchair, group 3 standard, single power option, captain's chair,	Interqual		
K0857	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	
	Power wheelchair, group 3 heavy duty, single power option, captain's chair,		1/1/2023	
K0859	patient weight capacity 301 to 450 pounds Power wheelchair, group 3 very heavy duty, single power option, sling/solid	Interqual	1/1/2023	
K0860	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	
	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid		1/1/2023	
K0862	seat/back, patient weight capacity 301 to 450 pounds Power wheelchair, group 3 very heavy duty, multiple power option,	Interqual	1/1/2023	
K0863	sling/solid seat/back, patient weight capacity 451 to 600 pounds Power wheelchair, group 3 extra heavy duty, multiple power option,	Interqual		
K0864	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		1/1/2023	
KU869	up to and including 300 pounds Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight	Interqual	1/1/2023	
K0870	capacity 301 to 450 pounds Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient	Interqual	1/1/2023	
K0871	weight capacity 451 to 600 pounds	Interqual		
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	
	Power wheelchair, group 4 heavy duty, single power option, sling/solid		1/1/2023	
K0879	seat/back, patient weight capacity 301 to 450 pounds Power wheelchair, group 4 very heavy duty, single power option, sling/solid	Interqual	1/1/2023	
K0880	seat/back, patient weight 451 to 600 pounds	Interqual		
	Power wheelchair, group 4 standard multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		1/1/2023	
K0884	Power wheelchair, group 4 standard, multiple power option, captain's chair,	Interqual	1/1/2023	
K0885	weight capacity up to and including 300 pounds	Interqual		
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	
	Power wheelchair, group 5 pediatric, multiple power option, sling/solid		1/1/2023	
K0891	seat/back, patient weight capacity up to and including 125 pounds	Interqual		
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	
	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction		1/1/2023	
K1028	of snoring and obstructive sleep apnea, controlled by phone application	Interqual		
	Oral device/appliance for neuromuscular electrical stimulation of the	·	1/1/2023	
K1029	tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	Interqual		
	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only		1/1/2023	
K1030	, , , , , , , , , , , , , , , , , , , ,	Interqual		
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	
	Non-pneumatic sequential compression garment, half leg	·	1/1/2023	
K1033	Knee-ankle-foot orthotic (KAFO), any material, single or double upright,	Interqual	1/1/2023	
	stance control, automatic lock and swing phase release, any type activation,		1/1/2023	
12005		Internual		
L2005	includes ankle joint, any type, custom fabricated Knee ankle foot device, any material, single or double upright, swing and/or	Interqual	1/1/2023	
L2005	includes ankle joint, any type, custom fabricated knee ankle root device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all	Interqual	1/1/2023	
L2005	includes ankle joint, any type, custom fabricated Knee ankle Toot 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 Interqual		
	includes ankle joint, any type, custom fabricated knee ankle root 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		1/1/2023	
L2006 L5781	includes ankle joint, any type, custom fabricated knee ankle joint, any type, custom fabricated knee ankle root device, any material, singire 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 Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system Addition to lower limb prosthesis, vacuum pump, residual limb volume	Interqual		
L2006 L5781 L5782	includes ankle joint, any type, custom fabricated Knee ankle joot 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 Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty Addition, endoskeletal knee-shin system, single axis, fluid swing and stance	Interqual Interqual	1/1/2023	
L2006 L5781	includes ankle joint, any type, custom fabricated Knee ankle joot 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 Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Interqual	1/1/2023 1/1/2023 1/1/2023	
L2006 L5781 L5782	includes ankle joint, any type, custom fabricated Knee ankle joot 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 Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023	
L2006 L5781 L5782 L5828	includes ankle joint, any type, custom fabricated Knee ankle joot 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 Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023	
L2006 L5781 L5782 L5828 L5845	includes ankle joint, any type, custom fabricated Knee ankle root 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 Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control Addition, endoskeletal knee-shin system, stance flexion feature, adjustable Addition to endoskeletal knee-shin system, fluidstance extension, dampening feature, with or without adjustability Elec knee-shin swing/stance	Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
L2006 L5781 L5782 L5828 L5845 L5848 L5856	includes ankle joint, any type, custom fabricated Knee ankle joint, any type, custom fabricated Knee ankle joint, any material, singie 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 Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control Addition, endoskeletal knee-shin system, stance flexion feature, adjustable Addition to endoskeletal knee-shin system, fluidstance extension, dampening feature, with or without adjustability Elec knee-shin swing/stance Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
L2006 L5781 L5782 L5828 L5845 L5848 L5856	includes ankle joint, any type, custom fabricated Knee ankle root 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 Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control Addition, endoskeletal knee-shin system, stance flexion feature, adjustable Addition to endoskeletal knee-shin system, fluidstance extension, dampening feature, with or without adjustability Elec knee-shin swing/stance Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
L2006 L5781 L5782 L5828 L5845 L5848 L5856	includes ankle joint, any type, custom fabricated Knee ankle joint, any type, custom fabricated Knee ankle joint, any material, singie 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 Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control Addition, endoskeletal knee-shin system, stance flexion feature, adjustable Addition to endoskeletal knee-shin system, fluidstance extension, dampening feature, with or without adjustability Elec knee-shin swing/stance Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
L5930	High activity knee frame	Interqual	1/1/2023	
15000	Addition, endoskeletal ankle-foot or ankle system power assist, includes any	Internal	1/1/2023	
L5969	type motor(s) Endoskeletal ankle foot system, microprocessor controlled feature,	Interqual	1/1/2023	
L5973	dorsiflexion and/or plantar flexion control, includes power source	Interqual		
L5981	Flex-walk sys low ext prosth	Interqual	1/1/2023	
L5999	Lower extremity prosthes NOS Transcarpal/metacarpal or partial hand disarticulation prosthesis, external	Interqual	1/1/2023	
	power, self-suspended, inner socket with removable forearm section,		1/1/2023	
	electrodes and cables, two batteries, charger, myoelectric control of			
L6026	terminal device. excludes terminal device(s) Addition to upper extremity prosthesis, external powered, additional switch,	Interqual	1 /1 /2022	
L6611	any type	Interqual	1/1/2023	
L6638	Upper extremity addition to prosthesis, elec locking feature	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external		1/1/2023	
L6646	powered system	CMS Medicare Clinical Coverage Guidelines		
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	CMS Medicare Clinical Coverage Guidelines	1/1/2023	
L0048	actuator Terminal device, multiple articulating digit, includes motor(s), initial issue or	Civis iviedicare clinical coverage duidelines	1/1/2023	
L6715	replacement	CMS Medicare Clinical Coverage Guidelines		
	Electric hand, switch or myoelectric controlled, independently articulating		1/1/2023	
L6880	digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Interqual		
1.5000	Microprocessor control feature, addition to upper limb prosthetic terminal		1/1/2023	
L6882	device Wrist disarticulation, external power, self-suspended inner socket,	Interqual	1/1/2023	
	removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and		1/1/2023	
L6920	1 charger, switch control of terminal device	CMS Medicare Clinical Coverage Guidelines	4 1 - 10	
	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries		1/1/2023	
L6925	and one charger, myoelectric control of terminal device	CMS Medicare Clinical Coverage Guidelines		
	Below elbow, external power, self-suspended inner socket, removable		1/1/2023	
L6930	forearm shell, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	CMS Medicare Clinical Coverage Guidelines		
	Below elbow, external power, self-suspended inner socket, removable		1/1/2023	
L6935	forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one	CMS Medicare Clinical Coverage Guidelines		
10933	charger, myoelectric control of terminal device	Civis iviedicare clinical coverage duidelines	1/1/2023	
	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch,		, ,	
L6940	cables, 2 batteries and one charger, switch control of terminal device	CMS Medicare Clinical Coverage Guidelines		
	Elbow disarticulation, external power, molded inner socket, removable	emo medicare emiliar coverage caracimes	1/1/2023	
	humeral shell, outside locking hinges, forearm, Otto Bock or equal			
L6945	electrodes, cables, 2 batteries and one charger, myoelectric control of terminal device	CMS Medicare Clinical Coverage Guidelines		
	Above elbow, external power, molded inner socket, removable humeral		1/1/2023	
L6950	shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, 2	CMS Medicare Clinical Coverage Guidelines		
10930	batteries and one charger, switch control of terminal device Above elbow, external power, molded inner socket, removable humeral	civis iviedicare cilifical coverage duidelines	1/1/2023	
	shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables,		, ,	
L6955	2 batteries and one charger, myoelectric control of terminal device	CMS Medicare Clinical Coverage Guidelines		
	Shoulder disarticulation, external power, molded inner socket, removable		1/1/2023	
	shoulder shell, shoulder bulkhead, humeral section, mechanical elbow,			
L6960	forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	CMS Medicare Clinical Coverage Guidelines		
	Shoulder disarticulation, external power, molded inner socket, removable		1/1/2023	
	shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger,			
L6965	myoelectric control of terminal device	CMS Medicare Clinical Coverage Guidelines		
	Interscapular-thoracic, external power, molded inner socket, removable		1/1/2023	
	shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger,			
L6970	switch control of terminal device Interscapular-thoracic, external power, molded inner socket, removable	CMS Medicare Clinical Coverage Guidelines		
	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow,		1/1/2023	
	forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger,			
L6975	myoelectric control of terminal device	CMS Medicare Clinical Coverage Guidelines		
L7007	Electric hand, switch or myoelectric controlled, adult Electric hand, switch or myoelectric, controlled, pediatric	Interqual	1/1/2023	
L7008 L7009	Electric hand, switch or myoelectric, controlled, pediatric	Interqual Interqual	1/1/2023 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	
L/ 10U	Electronic elbow, microprocessor simultaneous control of elbow and	one medicare chinear coverage dataennes	1/1/2023	
L7181	terminal	CMS Medicare Clinical Coverage Guidelines		
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	
17400	Electronic elbow, adolescent, Variety Village or equal, myoelectrically	CMS Modisoro Clinis-I Courses Colinis	1/1/2023	
L7190	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 1/1/2023	
L8048	Unspecified maxillofacial prosthesis, by report, provided by a non-physician	CMS Medicare Clinical Coverage Guidelines		
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
	Implantable breast prosthesis, silicone or equal		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,
				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,
				50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C
				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,
		Lanca de la constanta de la co		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
L8600	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant,	Interqual	1/1/2023	3,2-2.1,2-3.011,2-3.012,2-3.011,2-3.013,203.3,230.1
L8605	analcanal, 1 ml, includes shipping and necessary supplies	Interqual	1/1/2023	
	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes		1/1/2023	
L8607	shipping and necessary supplies	Interqual		
L8608	Miscellaneous external component, supply or accessory for use with the	Interqual	1/1/2023	
L8614	argus ii retinal prosthesis system 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, pulse generator, any type	Interqual	1/1/2023	
	Patient programmer (external) for use with implantable programmable		1/1/2023	
L8681	neurostimulator pulse generator, replacement only	Interqual		
L8682	Implantable neurostimulator radiofrequency receiver	Interqual	1/1/2023	
	Radiofrequency transmitter (external) for use with implantable	Lanca de la constantina della	1/1/2023	
L8683	neurostimulator radiofrequency receiver Implantable neurostimulator pulse generator, single array, rechargeable,	Interqual	1/1/2023	
L8685	includes extension	Interqual	1/1/2023	
	Implantable neurostimulator pulse generator, single array, non-	·	1/1/2023	
L8686	rechargeable, includes extension	Interqual		
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable,	Interqual	1/1/2023	
L0007	includes extension Implantable neurostimulator pulse generator, dual array, non rechargeable,	Interqual	1/1/2023	
L8688	includes extension	Interqual	1/1/2023	
	External recharging system for battery (internal) for use with implantable		1/1/2023	
L8689	neurostimulator, replacement only External recharging system for battery (external) for use with implantable	Interqual	. / . /	
L8695	neurostimulator, replacement only	Interqual	1/1/2023	
	Miscellaneous component, supply or accessory for use with total artificial		1/1/2023	
L8698	heart system	Interqual	_, _,	
	Powered upper extremity range of motion assist device, elbow, wrist, hand		1/1/2023	
L8701	with single or double upright(s), includes microprocessor, sensors, all	Interqual		
20701	components and accessories, custom fabricated Powered upper extremity range of motion assist device, elbow, wrist, hand,	interique.	1/1/2023	
	finger, single or double upright(s), includes microprocessor, sensors, all		1, 1, 2020	
L8702	components and accessories, custom fabricated	Interqual		In office/outpatient setting (POS 11, 22) Prior auth > 3
			1/1/2023	visits
	Initiated episode of rehabilitation therapy, medical, or chiropractic care for			In home or other place of service (POS 12,99) PA
M1143	neck impairment	Interqual		required prior to initiation of treatment
	Hospice services provided to patient any time during the measurement		8/1/2023	
M1191	period	Interqual		
Q1004	New technology intraocular lens category 4 as defined in Federal Register notice	Interqual	1/1/2023	
Q100 i	New technology intraocular lens category 5 as defined in Federal Register	interqual	1/1/2023	
Q1005	notice	Interqual		
	Tisagenlecleucel, up to 250 million car-positive viable t cells, including	Interqual	1/1/2023	
Q2040	leukapheresis and dose preparation procedures, per infusion			
Q2040	Axicabtagene Ciloleucel (Yescarta), up to 200 Million Autologous Anti-CD19	Interqual	1/1/2023	
	CAR T Cells, Including Leukapheresis And Dose Preparation Procedures, Per	c. quui	1/1/2023	
Q2041	Infusion		ļ	
	Tisagenlecleucel (Kymriah), up to 600 million car-positive viable t cells,	Interqual	1/1/2023	
Q2042	including leukapheresis and dose preparation procedures, per therapeutic			
Q2072	dose Sipuleucel-T, minimum of 50 million autologous cd54+ cells activated with	Interqual	1/1/2023	
	PAP-GM-CSF, including leukapheresis and all other preparatory procedures,		_, _, _, _	
Q2043	per infusion		1	
Q2053	Tecartus (Brexucabtagene autoleucel)	Interqual	1/1/2023	
Q2033	Breyanzi – (lisocabtagene maraleuce)	Interqual	1/1/2023	
Q2054	-, - (c. quui	1/1/2023	
	Abecma - (Idecabtagene vicleucel)		1/1/2023	
Q2055		Interqual		
	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation		8/1/2023	
Q2056	antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Interqual		
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	
	Cymetra allograft	Interqual	1/1/2023	
Q4112			. /. /0000	1
Q4113	Graftjacket express allograft	Interqual	1/1/2023	
Q4113 Q4114	Integra flowable wound matrix	Interqual	1/1/2023	
Q4113				

Column					
Column	Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
Company		MatriStem micromatrix, 1 mg			
March April Control Q4121	TheraSkin, per sq cm	Interqual	1/1/2023		
Common	Q4122	DermACELL, per sq cm		1/1/2023	
	Q4123	AlloSkin RT, per sq cm	Interqual	1/1/2023	
Color	Q4124	OASIS ultra tri-layer wound matrix, per sq cm	Interqual	1/1/2023	
Garge Content Conten	Q4125	Arthroflex, per sq cm	Interqual	1/1/2023	
March September Conference Conferenc	Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm	Interqual	1/1/2023	
March	Q4127	Talymed, per sq cm	Interqual	1/1/2023	
GRID Collection of the state continues	Q4128	FlexHD, Allopatch HD, or Matrix HD, per sq cm	Interqual	1/1/2023	
March College Colleg	Q4130	Strattice TM, per sq cm	Interqual	1/1/2023	
Part	Q4132	Grafix core, per square centimeter	Interqual	1/1/2023	
General Common	Q4133	Grafix prime, per square centimeter	Interqual	1/1/2023	
Gentle Description of the content of the conten	Q4134	Hmatrix, per square centimeter	Interqual	1/1/2023	
	Q4135	Mediskin, per square centimeter	Interqual	1/1/2023	
Section Section of Prince parts are sectioned 1,17,000 1,000	Q4136	Ez-derm, per square centimeter	Interqual	1/1/2023	
Get	Q4137	Amnioexcel or Biodexcel, per square centimeter	Interqual	1/1/2023	
Gold Golden Gol	Q4138	Biodfence dryflex, per square centimeter	Interqual	1/1/2023	
GOLDA Methods of person contented Marcoland Ma	Q4139	Amniomatrix or Biodmatrix, inectable, 1 CC	Interqual	1/1/2023	
GALIA SOLIC Meding for the community per seguent contributer Company	Q4140	Biodfence, per square centimeter	Interqual	1/1/2023	
General Support Process Support Supp	Q4141	Alloskin AC, per square centimeter	Interqual	1/1/2023	
1945 Sprit,	Q4142	XCM biologic tissue matrix, per square centimeter	Interqual	1/1/2023	
Cold Cold	Q4143	Repriza, per square centimeter	Interqual	1/1/2023	
Col.161 Controlled metics or again extended 1,17,203	Q4145	Epifix, injectable, 1 MG	Interqual	1/1/2023	
G-1448 New T. L. par quarte continueder	Q4146	Tensix, per square centimeter	Interqual	1/1/2023	
Activity			Interqual		
C4450			Interqual		
CH151		Excellagen, 0.1 CC			
OHIS Seminative, per space confinement Intergraph Inf/2023 Interpretation Intergraph Inf/2023 Interpretation Intergraph Inf/2023 Interpretation Intergraph Inf/2023 Interpretation I	Q4150		Interqual		
Deltain Service program continenter Intergraph 11/1/2023					
C4155 Source, per square certimorer mitrograph 1/1/2023			Interqual		
Guiss Number or columba; ng Internal 1,17,0023 Internal 1		***			
G4156 More ILES, per square continentary Interpolal 11/2023 Interpolation per square continentary Interpolation			Interqual		
C4157					
Q4558		Neox 100, per square centimeter	Interqual		
G4199 Affence per square certamenter Intercipal 1/1/2023		Revitalon, per square centimeter	Interqual		
C45100		Marigen, per square centimeter	·		
G1552 So-comment wound markin, per seavare centimeter 11/17/2023	Q4159		Interqual		
Mantepor flow, Stock flow, Discretely flow, wounder flow, amongen-a, amongen-a, amongen-a, commongen-a, amongen-a, amon					
Delist	Q4161		Interqual		
Annique Sugars centimeter	04163		Internual	1/1/2023	
CA163 square centimeter Interqual 11/1/2023	Q4102		interqual	1/1/2022	
C4164 Seletion, per square centimeter Interqual 11/1/2023	Q4163		Interqual	1/1/2023	
Ox166 Cysle, per square centimeter Interqual III/2023 III/2023 Ox168 Annoband, 1 mg Interqual III/2023			1/1/2023		
Q4567 Traskin, per square centimeter Interqual 1/1/2023					
Ox169 Annicohand, 1.mg Interqual 11/1/2023 Ox170 O	Q4166	Cytal, per square centimeter	Interqual	1/1/2023	
Q4190 Artacent wound, per square centimeter Interqual 11/1/2023	Q4167	Truskin, per square centimeter	Interqual	1/1/2023	
Q4170 Cygnus, per square centimeter Interqual 11/1/2023	Q4168	Amnioband, 1 mg	Interqual	1/1/2023	
California Cal	Q4169	Artacent wound, per square centimeter	Interqual	1/1/2023	
Q4172 Puraphy or puraphy an presquare centimeter Interqual 11/12023 2 palingen or polingen spub, ser square centimeter Interqual 11/12023	Q4170	Cygnus, per square centimeter	Interqual	1/1/2023	
C4173 Palingen or palingen applas, per square centimeter Interqual 11/12023 11	Q4171	Interfyl, 1 mg	Interqual	1/1/2023	
Q4174 Pallingen or promatry, 0.36 mg per 0.25 cc Interqual 11/1/2023	Q4172	Puraply or puraply am, per square centimeter	Interqual	1/1/2023	
C4175	Q4173	Palingen or palingen xplus, per square centimeter	Interqual	1/1/2023	
0.4176 Neopatch, per square centimeter Interqual 11/1/203	Q4174	Palingen or promatrx, 0.36 mg per 0.25 cc	Interqual	1/1/2023	
C4178 Floweraminofip. 0.1 cc Interqual 1/1/2023 C4178 Floweraminoptic, per square centimeter Interqual 1/1/2023 C4179 Flowerderm, per square centimeter Interqual 1/1/2023 C4180 Rents, per square centimeter Interqual 1/1/2023 C4180 Rents, per square centimeter Interqual 1/1/2023 C4180 Armio wound, per square centimeter Interqual 1/1/2023 C4182 Transcyte, per square centimeter Interqual 1/1/2023 C4183 Surgigaria, per square centimeter Interqual 1/1/2023 C4184 Cellesta, per square centimeter Interqual 1/1/2023 C4185 Cellesta flowable ambino (12 mg per ct.); per 0.5 cc Interqual 1/1/2023 C4186 Egifts, per square centimeter Interqual 1/1/2023 C4187 Epicord, per square centimeter Interqual 1/1/2023 C4189 Artacent ac, 1 mg Interqual 1/1/2023 C4189 Artacent ac, 2 mg Interqual 1/1/2023 C4189 Artacent ac, 2 mg Interqual 1/1/2023 C4193 C4194 Restorigin, per square centimeter Interqual 1/1/2023 C4193 Restorigin, per square centimeter Interqual 1/1/2023 C4195 Restorigin, per square centimeter Interqual 1/1/2023 C4195 Paraply, per square centimeter Interqual 1/1/2023 C4196 Paraply, per square centimeter Interqual 1/1	Q4175	Miroderm, per square centimeter	Interqual	1/1/2023	
Q4178 FlowerAmniopatch, per square centimeter Intergual	Q4176	Neopatch, per square centimeter	Interqual	1/1/2023	
Q4180 Revita, per square centimeter Interqual 11/1/2023	Q4177	Floweramnioflo, 0.1 cc	Interqual	1/1/2023	
Q4180 Revita, per square centimeter Interqual 11/1/2023 Q4181 Amnio wound, per square centimeter Interqual 1/1/2023 Q4182 Transyte, per square centimeter Interqual 11/1/2023 Q4183 Surggraft, per square centimeter Interqual 11/1/2023 Q4184 Cellesta, per square centimeter Interqual 11/1/2023 Q4185 Cellesta flowable annion (25 mg per cyl) per 0.5 cc Interqual 11/1/2023 Q4185 Cellesta flowable annion (25 mg per cyl) per 0.5 cc Interqual 11/1/2023 Q4186 Epifk, per square centimeter Interqual 11/1/2023 Q4187 Epicord, per square centimeter Interqual 11/1/2023 Q4188 Amnio Armor, per square centimeter Interqual 11/1/2023 Q4189 Artacent ac, per square centimeter Interqual 11/1/2023 Q4190 Artacent ac, per square centimeter Interqual 11/1/2023 Q4191 Restorigin, 1 cc Interqual 11/1/2023 Q4192 Restorigin, 1 cc Interqual 11/1/2023 Q4193 Restorigin, 1 cc Interqual 11/1/2023 Q4194 Novechor, per square centimeter Interqual 11/1/2023 Q4194 Novechor, per square centimeter Interqual 11/1/2023 Q4195 Puraply m, per square centimeter Interqual 11/1/2023 Q4196 Puraply m, per square centimeter Interqual 11/1/2023 Q4197 Puraply x, per square centimeter Interqual 11/1/2023 Q4198 Puraply m, per square centimeter Interqual 11/1/2023 Q4199 Puraply x, per square centimeter Interqual 11/1/2023 Q4199 Puraply x, per square centimeter Interqual 11/1/2023 Q4199 Qygnus matrix, per square centimeter Interqual 11/1/2023 Q4204 Sinte, per square centimeter Interqual 11/1/2023 Q4205 Sinte, per square centimeter Interqual 11/1/2023 Q4206 Sinte, per square centimeter Interqual 11/1/2023 Q4207 Matrion, per square centimeter Interqual 11/1/2023 Q4208 Dema-gide, per square centimeter Interqual 11/1/2023 Q4209 Dema-gide, per square centimeter Interqual 11/1/2023	Q4178	Flower Amniopatch, per square centimeter	Interqual	1/1/2023	
Q4181	Q4179	Flowerderm, per square centimeter	Interqual	1/1/2023	
Q4122 Transcyte, per square centimeter Interqual 1/1/2023	Q4180	Revita, per square centimeter		1/1/2023	
Q4183 Surgigraft, per square centimeter Interqual I.1/2023		Amnio wound, per square centimeter			
Q4183 Surgigraft, per square centimeter Interqual I.1/2023					
Q4184 Cellesta per square centimeter Interqual 1/1/2023		Surgigraft, per square centimeter			
Q4186 Epifix, per square centimeter Interqual 1/1/2023	Q4184	Cellesta, per square centimeter	Interqual	1/1/2023	
Q4187 Epicord, per square centimeter Interqual 1/1/2023	Q4185		Interqual	1/1/2023	
Q4188	Q4186	Epifix, per square centimeter	Interqual	1/1/2023	
Q4189	Q4187	Epicord, per square centimeter	Interqual		
Q4190					
Q4191 Restorigin, per square centimeter Interqual 1/1/2023 Q4192 Restorigin, 1 cc Interqual 1/1/2023 1/1/2023		, 0			
Q4192 Restorigin, 1 cc	Q4190		Interqual		
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 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 Keroxx (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 Human health factor 10 amniotic patch (hhf10-p), per square centimeter Interqual 1/1/2023 Amniobind, per square centimeter Interqual 1/1/2023 Human health factor 10 amniotic patch (hhf10-p), per square centimeter Interqual 1/1/2023 Amniobind, per square centimeter Hayes Technologies 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 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 Keroxx (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 Human health factor 10 amniotic patch (hhf10-p), per square centimeter Hayes Technologies 1/1/2023 Amniobind, per square centimeter Hayes Technologies 1/1/2023					
Q4195Puraply, per square centimeterInterqual1/1/2023Q4196Puraply am, per square centimeterInterqual1/1/2023Q4197Puraply xt, per square centimeterInterqual1/1/2023Q4198Genesis anniotic membrane, per square centimeterInterqual1/1/2023Q4199Cygnus matrix, per square centimeterInterqual1/1/2023Q4200Skin te, per square centimeterInterqual1/1/2023Q4201Matrion, per square centimeterInterqual1/1/2023Q4202Keroxx (2.5g/cc), 1ccInterqual1/1/2023Q4203Derma-gide, per square centimeterInterqual1/1/2023Q4204Xwrap, per square centimeterInterqual1/1/2023Human health factor 10 amniotic patch (hhf10-p), per square centimeterHayes Technologies1/1/2023Q4224Amniobind, per square centimeterHayes Technologies1/1/2023					
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 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 Keroxx (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 Q4204 Turaply am, per square centimeter Interqual 1/1/2023 Q4205 Human health factor 10 amniotic patch (hhf10-p), per square centimeter Hayes Technologies 1/1/2023 Q4224 Amniobind, per square centimeter Hayes Technologies 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 Keroxx (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 Q4204 The per square centimeter Interqual 1/1/2023 Q4204 Amniobind, per square centimeter Interqual 1/1/2023 Human health factor 10 amniotic patch (hhf10-p), per square centimeter Hayes Technologies 1/1/2023 Amniobind, per square centimeter Hayes Technologies 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 Keroxx (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 Q4204 Human health factor 10 amniotic patch (hhf10-p), per square centimeter Hayes Technologies 1/1/2023 Q4224 Amniobind, per square centimeter Hayes Technologies 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 Keroxx (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 Human health factor 10 amniotic patch (hhf10-p), per square centimeter Hayes Technologies 1/1/2023 Q4224 Amniobind, per square centimeter Hayes Technologies 1/1/2023					
Q4199 Cygnus matrix, per square centimeter Interqual 1/1/2023 Q4201 Skin te, per square centimeter Interqual 1/1/2023 Q4201 Matrion, per square centimeter Interqual 1/1/2023 Q4202 Keroxx (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 Human health factor 10 amniotic patch (hhf10-p), per square centimeter Hayes Technologies 1/1/2023 Q4224 Amniobind, per square centimeter Hayes Technologies 1/1/2023	Q4198	Genesis amniotic membrane, per square centimeter	Interqual		
Q4200 Skin te, per square centimeter Interqual 1/1/2023 Q4201 Matrion, per square centimeter Interqual 1/1/2023 Q4202 Keroxx (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 Human health factor 10 amniotic patch (hhf10-p), per square centimeter Hayes Technologies 1/1/2023	04465	Common modello, man accommon constituents	Interqual	1/1/2023	
Q4201 Matrion, per square centimeter Interqual 1/1/2023 Q4202 Keroxx (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 Human health factor 10 amniotic patch (hhf10-p), per square centimeter Hayes Technologies 1/1/2023 Q4224 Amniobind, per square centimeter Hayes Technologies 1/1/2023				1/1/2000	
Q4202 Keroxx (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 Human health factor 10 amniotic patch (hhf10-p), per square centimeter Amniobind, per square centimeter Amniobind, per square centimeter Hayes Technologies 1/1/2023 Amniobind, per square centimeter Hayes Technologies 1/1/2023					
Q4203 Derma-gide, per square centimeter Interqual 1/1/2023 Q4204 Xwrap, per square centimeter Interqual 1/1/2023 Human health factor 10 amniotic patch (hhf10-p), per square centimeter Q4224 Amniobind, per square centimeter Hayes Technologies 1/1/2023 Amniobind, per square centimeter Hayes Technologies 1/1/2023					
Q4204 Xwrap, per square centimeter Interqual 1/1/2023 Human health factor 10 amniotic patch (hhf10-p), per square centimeter Hayes Technologies 1/1/2023 Q4224 Amniobind, per square centimeter Hayes Technologies 1/1/2023					
Human health factor 10 amniotic patch (hhf10-p), per square centimeter Q4224 Amniobind, per square centimeter Hayes Technologies 1/1/2023 1/1/2023					
Q4224 Amniobind, per square centimeter Hayes Technologies 1/1/2023	Q4204				
Amniobind, per square centimeter Hayes Technologies 1/1/2023	1	muman nearth factor 10 amniotic patch (nnr10-p), per square centimeter	Hayes recnnologies	1/1/2023	
Amniobind, per square centimeter Hayes Technologies 1/1/2023	0.433.4				
	Q4224	Ampighind per square continuetos	Hayes Tashnalagies	1/1/2022	
Q4225	1	Anniopino, per square centimeter	nayes recnnologies	1/1/2023	
CJJPP	0.4335				
	Q4225		<u> </u>	1	

	Code Description			
Code	Mlg-complete, per square centimeter	Clinical Review Criteria Hayes Technologies	Effective Date 1/1/2023	COMMENTS
	wig-complete, per square centimeter	nayes recrinologies	1/1/2023	
Q4256				
	Relese, per square centimeter	Hayes Technologies	1/1/2023	
Q4257				
Q 1237	Enverse, per square centimeter	Hayes Technologies	1/1/2023	
Q4258 Q5001	Hospice or home healthcare provided in patient's home/residence	Interqual	1/1/2023	
Q5001 Q5002	Hospice or home healthcare provided in assisted living facility	Interqual	1/1/2023	
05003	Hospice care provided in nursing long-term care facility (LTC) or non skilled	Intergual	1/1/2023	
Q5003 Q5004	nursing facility (NF) Hospice care provided in skilled nursing facility (SNF)	Interqual 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 Q5008	Hospice care provided in long-term care facility Hospice care provided in inpatient psychiatric facility	Interqual Interqual	1/1/2023 1/1/2023	
	Hospice or home healthcare provided in place not otherwise specified (NOS)		1/1/2023	
Q5009 Q5010	Hospice home care provided in a hospice facility	Interqual Interqual	1/1/2023	
Q5010	nospice nome care provided in a nospice radiity	interqual	8/1/2023	Managed by Ascenson RX Please Fax Request to 1-
Q5101	FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	InterQual		586-693-4768
Q5103	INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	InterQual	8/1/2023	Managed by Ascenson RX Please Fax Request to 1- 586-693-4768
Q5103	INFLICINAL TIB, BIOSIIVIILAN, (INFLECTNA), 10 ING	interqual	8/1/2023	Managed by Ascenson RX Please Fax Request to 1-
Q5104	INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	InterQual		586-693-4768
05107	DELVACIZUMAAD AMUMD DIOCIMUAD (MAVACI) 10 MAC	late-0l	8/1/2023	Managed by Ascenson RX Please Fax Request to 1-
Q5107	BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	InterQual	8/1/2023	586-693-4768 Managed by Ascenson RX Please Fax Request to 1-
Q5108	PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	InterQual		586-693-4769
			8/1/2023	Managed by Ascenson RX Please Fax Request to 1-
Q5110	PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	InterQual	8/1/2023	586-693-4769 Managed by Ascenson RX Please Fax Request to 1-
Q5111	PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	InterQual	0, 1, 2023	586-693-4769
			8/1/2023	Managed by Ascenson RX Please Fax Request to 1-
Q5115	Rituximab-ABBS, Biosimilar, TRUXIMA, 10 mg	InterQual	8/1/2023	586-693-4768 Managed by Ascenson RX Please Fax Request to 1-
Q5118	BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	InterQual	0/1/2023	586-693-4768
			8/1/2023	Managed by Ascenson RX Please Fax Request to 1-
Q5119	Rituximab-PVVR, Biosimilar, RUXIENCE, 10 mg	InterQual	8/1/2023	586-693-4768 Managed by Ascenson RX Please Fax Request to 1-
Q5120	PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO), 0.5 MG	InterQual	6/1/2023	586-693-4769
			8/1/2023	Managed by Ascenson RX Please Fax Request to 1-
Q5121	INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	InterQual	0/1/2022	586-693-4768
Q5122	PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	InterQual	8/1/2023	Managed by Ascenson RX Please Fax Request to 1- 586-693-4768
-1-	, , , , , , , , , , , , , , , , , , , ,		8/1/2023	Managed by Ascenson RX Please Fax Request to 1-
Q5123	Rituximab-ARRX, Biosimilar, RIABNI, 10 mg	InterQual	0/1/0000	586-693-4768
Q5124	RANIBIZUMAB-NUNA, BIOSIMILAR, (BYOOVIZ), 0.1 MG	InterQual	8/1/2023	Managed by Ascenson RX Please Fax Request to 1- 586-693-4768
			8/1/2023	Managed by Ascenson RX Please Fax Request to 1-
Q5129	BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG	InterQual		586-693-4768
S0201 S0810	Partial hospitalization services, less than 24 hours, per diem Photorefractive Keratectomy	Interqual Hayes Technologies	1/1/2023 1/1/2023	
S1030	Continuous noninvasive glucose monitoring device, purchase	Interqual	1/1/2023	
	Artificial Pancreas Device System (eg, Low Glucose Suspend [LGS] Feature)		1/1/2023	
	Including Continuous Glucose Monitor, Blood Glucose Device, Insulin Pump			
S1034	And Computer Algorithm That Communicates With All Of The Devices Cranial remolding orthosis, rigid, with soft interface material, custom	Interqual	1 /1 /2022	
S1040	fabricated, includes fitting and adjustment(s)	Interqual	1/1/2023	
S1090	MOMETASONE FUROATE SINUS IMPLANT, 370 MICROGRAMS	Interqual	1/1/2023	
S2053 S2054	Transplantation of small intestine and liver allografts Transplantation of multivisceral organs	Interqual Interqual	1/1/2023 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 Breast reconstruction with gluteal artery perforator (GAP) flap, including	Interqual	1/1/2023 1/1/2023	
	harvesting of the flap, microvascular transfer, closure of donor site and	L	1,1,2023	
S2066	shaping the flap into a breast, unilateral Breast reconstruction of a single breast with "stacked" deep inferior	Interqual	1/1/2023	
	epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP)		2, 1, 2023	
	flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral			
S2067		Interqual	41:10:	
	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the		1/1/2023	
S2068	flap, microvascular transfer, closure of donor site and shaping the flap into a	Interqual		
S2088	hreast unilateral Laser-assisted uvulopalatoplasty (LAUP)	Interqual	1/1/2023	
	(Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres) is an older code,		1/1/2023	
	but is being added to the program along with our yttrium-90 policy. This			
S2095	code will be billed once per treatment session when the patient is treated	Interqual		
S2102	with vttrium-90 microspheres Islet cell tissue transplant from pancreas; allogenic	Interqual	1/1/2023	
S2103	Adrenal tissue transplant to brain	Hayes Technologies	1/1/2023	
	Adoptive immunotherapy i.e., development of specific anti-tumor reactivity		1/1/2023	
S2107	(e.g. tumor-infiltrating lymphocyte therapy) per course of treatment	Hayes Technologies		
S2117 S2140	ARTHROEREISIS, SUBTALAR Cord blood harvesting for transplantation, allogeneic	Interqual Haves Technologies	1/1/2023 1/1/2023	
S2140 S2142	Cord blood-derived stem-cell transplantation, allogeneic	Hayes Technologies Hayes Technologies	1/1/2023	
		, . <u> </u>		

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
5000	Bone marrow or blood-derived peripheral stem cell harvesting and		1/1/2023	
	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			
S2150	emergency services) Solid organ(s), complete or segmental, single organ or combination of	Interqual	1/1/0000	
	organs; deceased or living donor(s), procurement, transplantation, and		1/1/2023	
	related complications including: drugs; supplies; hospitalization with			
	outpatient follow-up; medical/surgical, diagnostic, emergency, and			
S2152	rehabilitative services; and the number of days of pre- and post-transplant care in the global definition	Interqual		
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	
	Decompression procedure, percutaneous, of nucleus pulposus of		1/1/2023	
S2348	intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	Interqual		
	Diskectomy, anterior, with decompression of spinal cord and/or nerve	·	1/1/2023	
S2350	root(s), including osteophytectomy; lumbar, single interspace Diskectomy, anterior, with decompression of spinal cord and/or nerve	Interqual	1/1/2023	
	root(s), including osteophytectomy; lumbar, each additional interspace (list		1/1/2023	
S2351	separately in addition to code for primary procedure)	Interqual		
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	
62022	Complete APC gene sequence analysis for susceptibility to familial	Internal	1/1/2023	
S3833	adenomatous polyposis (FAP) and attenuated fap DNA analysis for germline mutations of the RET proto-oncogene for	Interqual	1/1/2023	
\$3840	susceptibility to multiple endocrine neoplasia type 2	Interqual		
S3841	Genetic testing for retinoblastoma	Interqual	1/1/2023	
S3842	Gene test Hippel-Lindau DNA analysis for APOE epilson 4 allele for susceptibility to Alzheimer's	Interqual	1/1/2023	
S3852	disease	Interqual	1/1/2023	<u> </u>
\$3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit	Interqual	1/1/2023	
33801	(scn5a) and varients for suspected Brugada syndrome	interqual	1/1/2023	
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Interqual		
	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the		1/1/2023	
S3866	family	Interqual		
	Comparative genomic hybridization (CGH) microarray testing for		1/1/2023	
S3870	developmental delay, autism spectrum disorder and/or intellectual disability	Interqual		
S8035	Magnetic source imaging	Interqual	1/1/2023	
S8037	Magnetic resonance cholangiopancreatography (MRCP)	Interqual	1/1/2023	
S8042	Magnetic resonance imaging (MRI), low-field Scintimammography (radioimmunoscintigraphy of the breast), unilateral,	Interqual	1/1/2023	
S8080	including supply of radiopharmaceutical	Interqual	1/1/2023	
COOOF	Fluorine-18 fluorodeoxyglucose(F-18 FDG) imaging using dual-head		1/1/2023	
S8085	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	
30330		interqual	1/1/2023	
S9055	Procuren or other growth factor preparation to promote wound healing	Hayes Technologies		
	Coma stimulation, per diem		1/1/2023	
S9056		Hayes Technologies	1/1/2022	
	Nursing care, in the home; by registered nurse, per hour (use for general	Hayes Technologies	1/1/2023	
\$9123	nursing care only, not to be used when CPT codes 99500-99602 can be used)	Interqual		
S9123 S9124	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour	Interqual Interqual	1/1/2023	
\$9123 \$9124 \$9126	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem	Interqual Interqual Interqual	1/1/2023 1/1/2023	
S9123 S9124	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour	Interqual Interqual	1/1/2023	
\$9123 \$9124 \$9126 \$9128	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem	Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem Home infusion therapy, pain management infusion; administrative services,	Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary	Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
59123 59124 59126 59128 59129 59131	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem 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	Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary	Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
59123 59124 59126 59128 59129 59131	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem 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) Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care	Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129 \$9131	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem 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 59326, 59327, or 59328) 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	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
59123 59124 59126 59128 59129 59131	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem 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) 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 (Home infusion therapy, intermittent (less than 24 hours) pain management	Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129 \$9131	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem 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) 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 Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129 \$9131 \$9325	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem 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) 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 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	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129 \$9131	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem 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 59326, 59327, or 59328) 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 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 Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129 \$9131 \$9325	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem 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 59326, 59327, or 59328) 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 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 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 Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129 \$9131 \$9325	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem 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, 59328) 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 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 Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment infusion; administrative services, professional pharmacy services, care coordination, and all secessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129 \$9131 \$9325	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem 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 \$9326, \$9327, or \$9328) 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 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 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 Home infusion therapy, themotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129 \$9131 \$9325	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem 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) 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 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 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 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 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 Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129 \$9131 \$9325	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem Physical therapy; in the home, per diem 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 59326, 59327, or 59328) 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 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 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 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 Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129 \$9131 \$9325 \$9325	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem 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) 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 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 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 Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, professional pharm	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129 \$9131 \$9325 \$9325	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem Physical therapy; in the home, per diem 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 59326, 59327, or 59328) 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 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 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 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 Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129 \$9131 \$9325 \$9325	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem Physical therapy; in the home, per diem 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) 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 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 Home infusion therapy, continuous (24 hours or more) chemotherapy supplies and equipment (drugs and nursing visits coded separately), per diem 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 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 Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129 \$9131 \$9325 \$9325	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem Physical therapy; in the home, per diem 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) 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 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 Home infusion therapy, continuous (24 hours or more) management infusion; administrative services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem 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 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 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 di	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129 \$9131 \$9325 \$9325 \$9326 \$9327	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem Physical therapy; in the home, per diem 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) 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 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 Home infusion therapy, continuous (24 hours or more) chemotherapy supplies and equipment (drugs and nursing visits coded separately), per diem 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 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 Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129 \$9131 \$9325 \$9325	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem Physical therapy; in the home, per diem 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) 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 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 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 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 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 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	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129 \$9131 \$9325 \$9325 \$9326 \$9327	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem 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) 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 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 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 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 Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem 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 Home infusion therapy, experiment per services,	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129 \$9131 \$9325 \$9325 \$9326 \$9327 \$9328 \$9329	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem Physical therapy; in the home, per diem 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) 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 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 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 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 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 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 vi	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129 \$9131 \$9325 \$9325 \$9326 \$9327	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem 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) 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 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 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 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 Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem Home infusion therapy, continuous (28 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 Home infusion therapy, continuous anticoagulant	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129 \$9131 \$9325 \$9325 \$9326 \$9327 \$9328 \$9329	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem Physical therapy; in the home, per diem 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) 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 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 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 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 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 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	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	
\$9123 \$9124 \$9126 \$9128 \$9129 \$9131 \$9325 \$9325 \$9326 \$9327 \$9328 \$9329	nursing care only, not to be used when CPT codes 99500-99602 can be used) Nursing care, in the home; by licensed practical nurse, per hour Hospice care, in the home, per diem Speech therapy, in the home, per diem Occupational therapy, in the home, per diem Physical therapy; in the home, per diem 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) 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 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 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 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 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 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 Home infusi	Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual Interqual	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
	Home therapy; enteral nutrition; administrative services, professional		1/1/2023	
	pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem			
S9340	Home therapy; enteral nutrition via gravity; administrative services,	Interqual	1/1/2023	
	professional pharmacy services, care coordination, and all necessary		1,1,2020	
S9341	supplies and equipment (enteral formula and nursing visits coded separately), per diem	Interqual		
	Home therapy; enteral nutrition via pump; administrative services,	·	1/1/2023	
	professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded			
S9342	separately), per diem Home therapy; enteral nutrition via bolus; administrative services,	Interqual	. /. /2.22	
	professional pharmacy services, care coordination, and all necessary		1/1/2023	
S9343	supplies and equipment (enteral formula and nursing visits coded	Interqual		
33343	separately). per diem Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., Factor	interqual	1/1/2023	
	VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing			
S9345	visits coded separately), per diem	Interqual		
	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination,		1/1/2023	
20045	and all necessary supplies and equipment (drugs and nursing visits coded			
S9346	separately), per diem Home infusion therapy, uninterrupted, long-term, controlled rate	Interqual	1/1/2023	
	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			
S9347	senarately). ner diem Home infusion therapy, sympathomimetic/inotropic agent infusion therapy	Interqual	. /. /2.22	
	(e.g., Dobutamine); administrative services, professional pharmacy services,		1/1/2023	
S9348	care coordination, and all necessary supplies and equipment (drugs and	Interqual		
37348	nursing visits coded separately), per diem Home infusion therapy, continuous or intermittent anti-emetic infusion	interqual	1/1/2023	
	therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits			
S9351	coded separately), per diem	Interqual		
	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all		1/1/2023	
	necessary supplies and equipment (drugs and nursing visits coded			
S9353	separately), per diem Home infusion therapy, chelation therapy; administrative services,	Interqual	1/1/2023	
	professional pharmacy services, care coordination, and all necessary		1/1/2023	
S9355	supplies and equipment (drugs and nursing visits coded separately), per	Interqual		
	Home infusion therapy, enzyme replacement intravenous therapy; (e.g.,	·	1/1/2023	
	Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing			
S9357	visits coded separately), per diem	Interqual	. /. /2.22	
	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services,		1/1/2023	
S9359	care coordination, and all necessary supplies and equipment (drugs and	Interqual		
33333	nursing visits coded separately), per diem Home infusion therapy, diuretic intravenous therapy; administrative	interqual	1/1/2023	
	services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded			
S9361	separately), per diem	Interqual		
	Home infusion therapy, anti-spasmodic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all		1/1/2023	
S9363	necessary supplies and equipment (drugs and nursing visits coded	Interqual		
55565	separately), per diem Home infusion therapy, total parenteral nutrition (TPN); administrative	inter qual	1/1/2023	
	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			
S9364	codes S9365-S9368 using daily volume scales) Home infusion therapy, total parenteral nutrition (TPN); one liter per day,	Interqual	. /. /2.22	
	administrative services, professional pharmacy services, care coordination,		1/1/2023	
	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			
S9365	coded separately), per diem	Interqual	1/1/2023	
	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional		1, 1, 2023	
	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			
S9366	separately), per diem(drugs and nursing visits coded separately), per diem	Interqual		
	Home infusion therapy, total parenteral nutrition (IPN); more than two liters but no more than three liters per day, administrative services,		1/1/2023	
	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			
S9367	senarately) ner diem	Interqual	1/1/2023	
	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care		1,1,2023	
	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			
\$9368	nursing visits coded separately), per diem	Interqual	<u> </u>	
	Home therapy, intermittent anti-emetic injection therapy; administrative		1/1/2023	
	services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded			
S9370	separately), per diem Home therapy, intermittent anticoagulant injection therapy (e.g., Heparin);	Interqual	1/1/2023	
	administrative services, professional pharmacy services, care coordination,		1/1/2023	
	and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (Do not use this code for flushing of infusion devices			
\$9372	with Heparin to maintain patency)	Interqual		
				·

Code	Code Description	Clinical Review Criteria	Effective Date	COMMENTS
	Home infusion therapy, hydration therapy; administrative services,		1/1/2023	
	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 \$9374-\$9377 using daily			
S9373	volume scales)	Interqual		
	Home infusion therapy, hydration therapy; one liter per day, administrative		1/1/2023	
	services, professional pharmacy services, care coordination, and all			
	necessary supplies and equipment (drugs and nursing visits coded			
S9374	separately), per diem	Interqual		
	Home infusion therapy, hydration therapy; more than one liter but no more		1/1/2023	
	than two liters per day, administrative services, professional pharmacy			
	services, care coordination, and all necessary supplies and equipment (drugs			
S9375	and nursing visits coded separately), per diem	Interqual		
	Home infusion therapy, hydration therapy; more than two liters but no		1/1/2023	
	more than three liters per day, administrative services, professional			
	pharmacy services, care coordination, and all necessary supplies and			
S9376	equipment (drugs and nursing visits coded separately), per diem	Interqual		
	Home infusion therapy, hydration therapy; more than three liters per day,		1/1/2023	
	administrative services, professional pharmacy services, care coordination,			
	and all necessary supplies and equipment (drugs and nursing visits coded			
S9377	separately), per diem	Interqual		
	Home infusion therapy, not otherwise classified; administrative services,		1/1/2023	
	professional pharmacy services, care coordination, and all necessary			
	supplies and equipment (drugs and nursing visits coded separately), per			
S9379	diem	Interqual		
	Medical food nutritionally complete, administered orally, providing 100% of		1/1/2023	
S9433	nutritional intake	Interqual		
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	
	Ambulance service, conventional air services, Non Emergency transport,		1/1/2023	
S9960	one way (fixed wing)	CMS Medicare Clinical Coverage Guidelines	, , , , , , ,	
	Ambulance service, conventional air service, Non Emergency transport, one		1/1/2023	
S9961	way (rotary wing)	CMS Medicare Clinical Coverage Guidelines	, ,====	
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	Intergual	1/1/2023	