BlueCross BlueShield of Illinois

Blue Cross Medicare Advantage (PPO)[SM] and Blue Cross Medicare Advantage HMO Non-Delegated Model[SM] Prior Authorization Procedure Code List

Effective 12/21/2026

This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System codes related to services/categories for which prior authorization may be required. This list is not exhaustive. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Always check eligibility and benefits first, prior to rendering services. Member contracts differ in their benefits. Consult the member benefit booklet, or contact a customer service representative to determine coverage for a specific medical service or supply.

Except as otherwise noted in the "effective date" column, these prior authorization requirements are effective Jan. 1, 2026.

Utilization Management Process

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CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
148 New codes added effective 12/21/26		
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	12/21/2026
99437	CCM; each additional 30 minutes of physician/QHP time beyond the base service reported with 99491.	12/21/2026
99439	CCM; each additional 20 minutes of clinical staff time beyond the base service reported with 99490.	12/21/2026
99489	Complex CCM; each additional 30 minutes of clinical staff time beyond the base complex CCM service.	12/21/2026
99490	Chronic Care Management (CCM); first 20 minutes of clinical staff time per calendar month under physician/QHP direction.	12/21/2026
99491	CCM services personally performed by a physician or other qualified health care professional; first 30 minutes per month.	12/21/2026
0662U	Transplantation medicine (kidney allograft rejection), mRNA, gene-expression profiling by real-time quantitative PCR of 12 genes (11 content and 1 housekeeping), urine, algorithm reported as a rejection-risk score	12/21/2026
0664U	Transplantation medicine (kidney allograft failure), RNA expression transcriptome by next-generation sequencing (NGS), profiling of 13 genes, post-transplant peripheral blood, algorithm reported as a risk score for predicting progressive fibrosis in the kidney allograft	12/21/2026
0668U	Oncology (pancreas), DNA, genome sequencing with 5-hydroxymethylcytosine (5hmC) enrichment and glycan biomarker analysis, whole blood or plasma, algorithm reported as cancer detected or not detected	12/21/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0678U	Oncology (hereditary cancer), genome sequence for 117 genes (single-nucleotide variants, deletions/insertions, and characterized intronic variants), copy number variants, duplications/deletions, mobile element insertions and inversions, blood, saliva, cultured skin fibroblasts (skin biopsy) or extracted genomic DNA, diagnostic, identification and categorization of genetic variants	12/21/2026
0679U	Oncology (hereditary hematologic cancer), genomic DNA, whole genome sequence (single-nucleotide variants, deletions/insertions, and characterized intronic variants), copy number variants, duplications/deletions, mobile element insertions and inversions, analysis of over 105 genes, genomic DNA isolated from blood, saliva, cultured skin fibroblasts (skin biopsy), identification and categorization of genetic variants	12/21/2026
0682U	Oncology (lung cancer), DNA analysis of 1 methylation marker (cg05575921), methylation-sensitive digital PCR, whole blood, algorithm results reported as the 20 year-hazard ratio for lung cancer	12/21/2026
0683U	Oncology (lung cancer), DNA analysis of 2 methylation markers (1 content: cg05575921 and 1 normalizing: cg08141395), methylation-sensitive digital PCR, saliva, algorithm results reported as the 20-year hazard ratio for lung cancer	12/21/2026
0686U	Oncology (prostate), mRNA, next-generation sequencing (NGS) gene expression profiling of 22 genes, formalin fixed paraffin-embedded (FFPE) tissue, algorithm reported as risk score	12/21/2026
0688U	Oncology (colorectal cancer), analysis of minimal residual disease (MRD), next generation sequencing (NGS), circulating tumor DNA (ctDNA) analysis in whole blood and tumor for baseline assessment to evaluate current MRD status and for comparisons to subsequent MRD assessments	12/21/2026
0689U	Oncology (colorectal cancer), analysis of minimal residual disease (MRD) using patient specific assays, reported as amount of circulating tumor DNA (ctDNA) detection and trend over time	12/21/2026
0690U	Transplantation medicine (allograft rejection), quantification of donor-derived cell-free DNA (cfDNA) using digital PCR analysis of 45 single-nucleotide polymorphisms, plasma, reported as quantity of donor derived cfDNA in plasma to determine the probability of allograft rejection	12/21/2026
0693U	Oncology (head and neck), circulating tumor DNA (ctDNA), tumor-informed next generation sequencing (NGS) analysis for 699 genes of patient-specific somatic variants identified from primary tumor tissue, postoperative lymphatic exudate specimen, algorithm reported as presence or absence of ctDNA	12/21/2026
0694U	Oncology (monoclonal gammopathy), immunoprecipitation and matrix-assisted laser desorption/ionization time-of flight (MALDI-TOF) mass spectrometry, identification of intact monoclonal immunoglobulin isotypes (IgG, IgA, IgM, kappa, lambda), and M-protein concentrations in conjunction with turbidimetry, blood, semiquantitative	12/21/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0695U	Oncology (central nervous system), low-pass whole genome sequence analysis of cerebrospinal fluid, interrogation for chromosome arm-level and focal losses and gains	12/21/2026
0696U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, RNA analysis, 350 or more genes for RNA alterations (eg, gene rearrangements and splice isoforms)	12/21/2026
1054T	Focused non-shock wave ultrasonic propulsion of residual stone fragment(s) post lithotripsy, unilateral, including ultrasound guidance, fragment(s) less than or equal to 5 mm	12/21/2026
1055T	Intraoperative radiofrequency ablation of lumpectomy cavity, unilateral, including applicator placement and removal (List separately in addition to code for primary procedure)	12/21/2026
1056T	Cochlear infusion of pharmacologic agent (ie, gene therapy vector), including mastoidectomy, labyrinthotomy, and repair of fenestrations	12/21/2026
1057T	Insertion or replacement of subcutaneous neurostimulator pulse generators, with tunneling of 4 electrode arrays, bilateral supraorbital and occipital nerves, including all interrogation, programming, and imaging guidance, when performed	12/21/2026
1058T	Revision of implanted subcutaneous unilateral supraorbital and occipital neurostimulator system, including all interrogation, programming, and imaging guidance, when performed	12/21/2026
1059T	Removal of implanted subcutaneous unilateral supraorbital and occipital neurostimulator system	12/21/2026
1060T	Electronic analysis of implanted subcutaneous supraorbital-occipital neurostimulator pulse generator (eg, frequency, amplitude, pulse width, leads, electrode configuration); with complex programming by physician or other qualified health care professional	12/21/2026
1061T	Electronic analysis of implanted subcutaneous supraorbital-occipital neurostimulator pulse generator (eg, frequency, amplitude, pulse width, leads, electrode configuration); with simple programming by physician or other qualified health care professional	12/21/2026
1062T	Artificial insemination, transcervical intratubal, unilateral or bilateral, including imaging guidance	12/21/2026
1063T	Oncology (bladder), augmentative algorithmic analysis of histomorphologic features in digitized slides from formalin-fixed paraffin-embedded (FFPE) bladder cancer tissue (high-grade, non-muscle invasive), with clinicopathologic variables entered by the qualified health care professional; algorithm-derived parameters reported as prognostic of recurrence and progression, including hematoxylin and eosin staining of tissue sections, and digitization of glass microscope slides, when performed	12/21/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
1064T	Oncology (bladder), augmentative algorithmic analysis of histomorphologic features in digitized slides from formalin-fixed paraffin-embedded (FFPE) bladder cancer tissue (high-grade, non-muscle invasive), with clinicopathologic variables entered by the qualified health care professional; algorithm-derived parameters reported as predictive of response to Bacillus Calmette-Guérin (BCG) therapy, including hematoxylin and eosin staining of tissue sections, and digitization of glass microscope slides, when performed	12/21/2026
1065T	Cystourethroscopy, with CO2 cryotherapy spray, in a gaseous bladder environment with pressure monitoring, for treatment of; minor bladder lesion(s) (total lesion[s] diameters less than 0.5 cm)	12/21/2026
1066T	Cystourethroscopy, with CO2 cryotherapy spray, in a gaseous bladder environment with pressure monitoring, for treatment of; small bladder lesion(s) (total lesion[s] diameters greater than or equal to 0.5 cm and less than 2.0 cm)	12/21/2026
1067T	Cystourethroscopy, with CO2 cryotherapy spray, in a gaseous bladder environment with pressure monitoring, for treatment of; medium bladder lesion(s) (total lesion[s] diameters greater than or equal to 2.0 cm and less than 5.0 cm)	12/21/2026
1068T	Cystourethroscopy, with CO2 cryotherapy spray, in a gaseous bladder environment with pressure monitoring, for treatment of; large bladder lesion(s) (total lesion[s] diameters greater than or equal to 5.0 cm)	12/21/2026
1069T	Mechanical extremity (ie, hands and feet) cryocompression; individual glove and boot supplies with initial measurement, fitting, and therapy education	12/21/2026
1070T	Mechanical extremity (ie, hands and feet) cryocompression; individual glove and boot placement, initiation of cooling pre-chemotherapy and continuing through chemotherapy administration	12/21/2026
1071T	Mechanical extremity (ie, hands and feet) cryocompression; post-chemotherapy treatment continuation, each 30 minutes (List separately in addition to code for primary procedure)	12/21/2026
1072T	Liver allograft, normothermic machine perfusion; each additional hour of monitoring and management (List separately in addition to code for primary procedure)	12/21/2026
1073T	Liver allograft, normothermic machine perfusion; decannulation	12/21/2026
1074T	Liver allograft, hypothermic oxygenated perfusion; cannulation	12/21/2026
1075T	Liver allograft, hypothermic oxygenated perfusion; connection to perfusion device	12/21/2026
1076T	Liver allograft, hypothermic oxygenated perfusion; monitoring and management, first 2 hours	12/21/2026
1077T	Liver allograft, hypothermic oxygenated perfusion; each additional hour of monitoring and management (List separately in addition to code for primary procedure)	12/21/2026
1078T	Liver allograft, hypothermic oxygenated perfusion; decannulation	12/21/2026
1079T	3D quantitative transmission water bath volumetric ultrasound tomography, breast, with augmentative algorithmic derivation of breast tissue composition (ie, fibroglandular volume), bilateral, with physician or other qualified health care professional interpretation and report	12/21/2026
1080T	Insertion, intracapsular magnifier, with attachment to previously placed intraocular lens	12/21/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
1081T	Microvascular anastomosis between a lymph node and a vein, including robot assistance, when performed; initial anastomosis	12/21/2026
1082T	Microvascular anastomosis between a lymph node and a vein, including robot assistance, when performed; each additional anastomosis (List separately in addition to code for primary procedure)	12/21/2026
1083T	Stereotactic placement of infusion catheter(s), brain, for delivery of therapeutic agent(s), including computerized stereotactic planning and burr hole(s)	12/21/2026
1084T	Implantation of scaffolding allograft to reinforce the suprachoroidal space	12/21/2026
1085T	Assistive algorithmic analysis for identification of new lesions and determination of inter-lesion heterogeneity of change in metabolic activity and volume for advanced metastatic cancer, data sets from 2 or more previously acquired positron emission tomography (PET) and/or PET computed tomography (CT) (PET/CT) studies	12/21/2026
1086T	Intraprocedural estimate of coronary fractional flow derived by augmentative algorithmic analysis of data from real-time coronary angiography, with creation of functional map of coronary circulation, when performed, with review and interpretation (List separately in addition to code for primary procedure)	12/21/2026
1087T	Estimate of coronary fractional flow derived by augmentative algorithmic analysis of data from previously acquired coronary angiogram, with creation of functional map of coronary circulation, when performed, with automated result	12/21/2026
1088T	Percutaneous application of high-frequency neuromodulation signals using microneedle electrode array for the treatment of nociceptive or neuropathic pain, including electrode placement and patient training, per day	12/21/2026
1089T	Intraoperative quantitative micro-elastography tissue characterization, including real-time imaging and physician assessment, per breast	12/21/2026
1090T	Attachment and insertion of intraocular lens prosthesis–mounted drug-eluting implant (List separately in addition to code for primary procedure)	12/21/2026
1091T	Placement of permanent common carotid artery filter, percutaneous, bilateral, including ultrasound guidance, when performed	12/21/2026
1092T	Implantation of acellular scaffold (eg, hyaluronan), knee, single implant; into chondral defect, open	12/21/2026
1093T	Implantation of acellular scaffold (eg, hyaluronan), knee, single implant; into a chondral or osteochondral defect, arthroscopic	12/21/2026
1094T	each additional acellular scaffold implantation (List separately in addition to code for primary procedure)	12/21/2026
1095T	Harvesting and processing of autologous bone marrow aspirate concentrate (BMAC), with application onto scaffold or injection into anatomical recipient site (eg, subchondral bone, joint space, chondral lesion), including imaging guidance, when performed, for therapeutic musculoskeletal treatment, excluding spinal procedures	12/21/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
1096T	Injection(s) of thermoregulated multiphase suspension to demyelinate nerves innervating the knee joint, including imaging guidance, when performed	12/21/2026
1097T	Oncology (pancreas), augmentative algorithmic analysis of histomorphologic features in digitized slides from formalin-fixed paraffin-embedded pancreatic cancer tissue, algorithm-derived parameters reported as prediction of response to fluorouracil backbone versus gemcitabine backbone chemotherapy, including hematoxylin and eosin staining of tissue sections and digitization of glass microscope slides, when performed	12/21/2026
1098T	Placement of subretinal prosthesis, including vitrectomy	12/21/2026
1099T	Ablation of incompetent vein(s), extremity, transcutaneous, high intensity–focused ultrasound (HIFU), inclusive of all imaging guidance and monitoring	12/21/2026
1100T	Transcutaneous spinal neuromodulation programming, including history and physical examination, safety screening, selection and external placement of a multichannel spinal electrode pad, baseline spinal motor mapping, creation of individualized stimulation parameter sets for therapeutic activities, and patient and/or caregiver instruction, each 30 minutes	12/21/2026
1101T	Transcutaneous spinal neuromodulation application in combination with therapeutic activities, direct (one-on-one) patient contact using dynamic activities to improve functional performance, including individualized external placement of a multichannel spinal electrode pad, optimization of stimulation parameters across multiple channels, and delivery of transcutaneous spinal neuromodulation during functional task performance, each 15 minutes	12/21/2026
1102T	Intraoperative molecular assessment for lung tumor tissue, in-vivo (including assessment, when performed following lung resection), using computer-aided fluorescence imaging (List separately in addition to code for primary procedure)	12/21/2026
1103T	Intraoperative molecular assessment for ovarian, tubal, or peritoneal tumor tissue, in-vivo (including assessment, when performed following ovarian, tubal, or peritoneal resection), using computer-aided fluorescence imaging (List separately in addition to code for primary procedure)	12/21/2026
1104T	Noninvasive cardiopulmonary assessment, including quantitative parameters, respectively predictive of significant epicardial coronary artery disease, pulmonary hypertension, and/or elevated pulmonary capillary wedge pressure, derived by augmentative algorithmic analysis of orthogonal voltage gradient and photoplethysmography signals, with automated report	12/21/2026
1105T	Personalized neurostimulation pulse rate derived by augmentative algorithmic analysis of data from electroencephalogram (EEG) and electrocardiogram (ECG), including acquisition of EEG and single-lead ECG, with automated report	12/21/2026
1106T	Oncology (breast), augmentative algorithmic analysis of histomorphologic features in digitized hematoxylin and eosin stained slides from formalin-fixed paraffin embedded (FFPE) breast cancer tissue, algorithm-derived parameters reported as 5-year and 10-year risks of distant metastasis, including digitization of glass microscope slides and hematoxylin and eosin staining of tissue sections, when performed	12/21/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
1107T	Oncology (prostate), augmentative algorithmic analysis of histomorphologic features in digitized hematoxylin and eosin stained slide(s) from formalin-fixed paraffin-embedded (FFPE) prostate cancer tissue, algorithm-derived parameters reported as 10-year risk of distant metastasis and prostate cancer specific mortality, including hematoxylin and eosin staining of tissue sections, and digitization of glass microscope slides, when performed	12/21/2026
1108T	Stereotactic intracerebral implantation of therapeutic agent, unilateral, including cranial access and intraoperative imaging guidance, when performed; 1 or more injections along a single trajectory	12/21/2026
1109T	Stereotactic intracerebral implantation of therapeutic agent, unilateral, including cranial access and intraoperative imaging guidance, when performed; 1 or more injections along multiple trajectories	12/21/2026
1110T	Stereotactic intracerebral delivery of therapeutic agent, by controlled infusion, unilateral, including cranial access and intraoperative imaging guidance, when performed; single trajectory	12/21/2026
1111T	Stereotactic intracerebral delivery of therapeutic agent, by controlled infusion, unilateral, including cranial access and intraoperative imaging guidance, when performed; multiple trajectories	12/21/2026
A2046	Dermisphere hdrt, per square centimeter (add-on, list separately in addition to primary procedure)	12/21/2026
A2047	Lacertamatrix, per square centimeter (add-on, list separately in addition to primary procedure)	12/21/2026
A2048	Puraply mz, per milligram	12/21/2026
A2049	Theracor, per square centimeter (add-on, list separately in addition to primary procedure)	12/21/2026
A2050	Fibrillar collagen wound dressing, per milligram	12/21/2026
A4594	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece each.	12/21/2026
A6022	Collagen dressing, sterile, size more than 16 square (sq) inches (in) but less than or equal to 48 sq in each.	12/21/2026
A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 square (sq) inches (in) but less than or equal to 48 sq.in., each dressing.	12/21/2026
A6614	Supplies and accessories for use with an external ocular negative pressure pump, any type, per month	12/21/2026
A9270	Noncovered item or service	12/21/2026
A9595	Piflufolastat f-18, (pylarify), diagnostic, 1 millicurie	12/21/2026
A9613	Piflufolastat f 18 (pylarify truvu), diagnostic, 1 millicurie	12/21/2026
C9311	Injection, eplontersen, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	12/21/2026
C9312	Injection, trabectedin (apotex), not therapeutically equivalent to j9362, 0.01 mg	12/21/2026
C9313	Injection, pivekimab sunirine-pvzy, 0.01 mg	12/21/2026
E0607	Home blood glucose monitor	12/21/2026
E0683	Non-pneumatic, non-sequential, peristaltic wave compression pump.	12/21/2026
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	12/21/2026
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories	12/21/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
E0739	Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	12/21/2026
E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine and/or fecal management system	12/21/2026
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	12/21/2026
E2403	External ocular negative pressure pump, electric	12/21/2026
G0556	Advanced Primary Care Management (APCM), Level 1; monthly care management services for a patient with 0 or 1 chronic condition.	12/21/2026
G0557	Advanced Primary Care Management (APCM), Level 2; monthly care management services for a patient with 2 or more chronic conditions.	12/21/2026
G0558	Advanced Primary Care Management (APCM), Level 3; monthly care management services for a Qualified Medicare Beneficiary (QMB) with 2 or more chronic conditions.	12/21/2026
J0185	Injection, aprepitant, 1 mg	12/21/2026
J0870	Injection, imetelstat, 1 mg	12/21/2026
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	12/21/2026
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units	12/21/2026
J1434	Injection, fosaprepitant (focinvez), 1 mg	12/21/2026
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	12/21/2026
J1447	Injection, tbo-filgrastim, 1 microgram	12/21/2026
J1627	Injection, granisetron, extended-release, 0.1 mg	12/21/2026
J1757	Injection, tividenofusp alfa-eknm, 1 mg”	12/21/2026
J1818	Injection, pegzilarginase-nbln (Loargys), for infusion, 0.1 mg”	12/21/2026
J3300	Injection, triamcinolone acetonide (triesence), preservative free, 1 mg	12/21/2026
J3406	Injection, omidubicel-onlv, per therapeutic dose”	12/21/2026
J8999	Prescription drug, oral, chemotherapeutic, nos	12/21/2026
J9026	Injection, tarlatamab-dlle, 1 mg	12/21/2026
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	12/21/2026
J9035	Injection, bevacizumab, 10 mg	12/21/2026
J9039	Injection, blinatumomab, 1 microgram	12/21/2026
J9098	Injection, cytarabine liposome, 10 mg	12/21/2026
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	12/21/2026
J9281	Mitomycin pyelocalyceal instillation, 1 mg	12/21/2026
J9323	Injection, pemetrexed ditromethamine, 10 mg	12/21/2026
J9329	Injection, tislelizumab-jsgr, 1mg	12/21/2026
J9348	Injection, naxitamab-gqgk, 1 mg	12/21/2026
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	12/21/2026
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds.	12/21/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
L0486	Thoracic-lumbar-sacral orthosis, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated.	12/21/2026
L1330	Thoracic orthosis, sternal and/or sternocostal compression, may include anterior and/or posterior pads, panels, with or without frame, prefabricated, includes fitting and adjustment	12/21/2026
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	12/21/2026
L1933	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf.	12/21/2026
L1952	Ankle foot orthosis, spiral, (Institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf.	12/21/2026
L1971	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	12/21/2026
L1972	Ankle foot orthosis, plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, off-the shelf	12/21/2026
L3916	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	12/21/2026
L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping	12/21/2026
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	12/21/2026
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	12/21/2026
Q4207	Carbon life, per square centimeter (add-on, list separately in addition to primary procedure)	12/21/2026
Q4223	Dermabind sl optic, per square centimeter (add-on, list separately in addition to primary procedure)	12/21/2026
Q4243	Amchomatrix, per square centimeter (add-on, list separately in addition to primary procedure)	12/21/2026
Q5106	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	12/21/2026
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	12/21/2026
Q5172	Injection, filgrastim-laha (filkri), biosimilar, 1 microgram	12/21/2026
Q5173	Injection, denosumab-adet (Ponlimsi), biosimilar, 1 mg	12/21/2026
Codes effective prior to 12/21/26		
15820	Blepharoplasty, lower eyelid;	effective since before 9/1/2019
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	effective since before 9/1/2019

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
15822	Blepharoplasty, upper eyelid;	effective since before 9/1/2019
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	effective since before 9/1/2019
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	effective since before 9/1/2019
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	effective since before 9/1/2019
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	effective since before 9/1/2019
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	effective since before 9/1/2019
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	effective since before 9/1/2019
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	effective since before 9/1/2019
15876	Suction assisted lipectomy; head and neck	effective since before 9/1/2019
15877	Suction assisted lipectomy; trunk	effective since before 9/1/2019
15878	Suction assisted lipectomy; upper extremity	effective since before 9/1/2019
15879	Suction assisted lipectomy; lower extremity	effective since before 9/1/2019
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	1/1/2026
19316	Mastopexy	effective since before 9/1/2019
19318	Breast reduction	effective since before 9/1/2019
19325	Breast augmentation with implant	effective since before 9/1/2019
19328	Removal of intact breast implant	effective since before 9/1/2019
19342	Insertion or replacement of breast implant on separate day from mastectomy	effective since before 9/1/2019
19350	Nipple/areola reconstruction	effective since before 9/1/2019
19355	Correction of inverted nipples	effective since before 9/1/2019
19499	Unlisted procedure, breast	1/1/2026
20975	Electrical stimulation to aid bone healing; invasive (operative)	8/1/2026
20999	Unlisted procedure, musculoskeletal system, general	1/1/2026
21083	Impression and custom preparation; palatal lift prosthesis	effective since before 9/1/2019
21085	Impression and custom preparation; oral surgical splint	effective since before 9/1/2019

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
21089	Unlisted maxillofacial prosthetic procedure	1/1/2026
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	effective since before 9/1/2019
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	1/1/2026
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	1/1/2026
21299	Unlisted craniofacial and maxillofacial procedure	1/1/2026
21685	Repair, Revision, and/or Reconstruction Procedures on the Neck & Thorax	effective since before 9/1/2019
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	1/1/2026
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	1/1/2026
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	8/1/2026
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	8/1/2026
22513	PERQ VERTEBRAL AUGMENTATION	effective since before 9/1/2019
22514	PERQ VERTEBRAL AUGMENTATION	effective since before 9/1/2019
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	8/1/2026
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	8/1/2026
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	8/1/2026
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	8/1/2026
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	1/1/2026
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	8/1/2026
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	effective since before 9/1/2019

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	8/1/2026
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;	8/1/2026
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	8/1/2026
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;	8/1/2026
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	8/1/2026
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	effective since before 9/1/2019
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	effective since before 9/1/2019
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	effective since before 9/1/2019
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	effective since before 9/1/2019
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	effective since before 9/1/2019
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	effective since before 9/1/2019
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	4/1/2026
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	8/1/2026
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	8/1/2026
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	8/1/2026
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	effective since before 9/1/2019
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	effective since before 9/1/2019
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	8/1/2026
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	8/1/2026
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	8/1/2026
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	8/1/2026
22899	Unlisted procedure, spine	4/1/2026
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	effective since before 9/1/2019
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	8/1/2026
23929	Unlisted procedure, shoulder	8/1/2026
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	effective since before 9/1/2019

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	1/1/2024
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixation device	effective since before 9/1/2019
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	8/1/2026
27299	Unlisted procedure, pelvis or hip joint	4/1/2026
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	effective since before 9/1/2019
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	8/1/2026
28899	Unlisted procedure, foot or toes	1/1/2026
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	effective since before 9/1/2019
29999	Unlisted procedure, arthroscopy	4/1/2026
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	1/1/2026
30999	Unlisted procedure, nose	1/1/2026
31299	Unlisted procedure, accessory sinuses	1/1/2026
31599	Unlisted procedure, larynx	1/1/2026
32851	Lung transplant, single; without cardiopulmonary bypass	effective since before 9/1/2019
32852	Lung transplant, single; with cardiopulmonary bypass	effective since before 9/1/2019
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	effective since before 9/1/2019
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	effective since before 9/1/2019
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	1/1/2026
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	1/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	1/1/2026
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	1/1/2026
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	1/1/2026
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	1/1/2026
33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	effective since before 9/1/2019
33406	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)	effective since before 9/1/2019
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	effective since before 9/1/2019
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	effective since before 9/1/2019
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	effective since before 9/1/2019
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	1/1/2026
33420	Valvotomy, mitral valve; closed heart	effective since before 9/1/2019
33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass	effective since before 9/1/2019
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	effective since before 9/1/2019
33430	Replacement, mitral valve, with cardiopulmonary bypass	effective since before 9/1/2019
33460	Valvectomy, tricuspid valve, with cardiopulmonary bypass	effective since before 9/1/2019
33463	Valvuloplasty, tricuspid valve; without ring insertion	effective since before 9/1/2019
33474	Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass	effective since before 9/1/2019
33475	Replacement, pulmonary valve	effective since before 9/1/2019
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	effective since before 9/1/2019

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	effective since before 9/1/2019
33945	Heart transplant, with or without recipient cardiectomy	effective since before 9/1/2019
33999	Unlisted procedure, cardiac surgery	1/1/2026
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	1/1/2026
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	1/1/2026
38129	Unlisted laparoscopy procedure, spleen	1/1/2026
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	1/1/2026
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	1/1/2026
38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	1/1/2026
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	1/1/2026
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	effective since before 9/1/2019
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	effective since before 9/1/2019
38589	Unlisted laparoscopy procedure, lymphatic system	1/1/2026
38999	Unlisted procedure, hemic or lymphatic system	1/1/2026
39499	Unlisted procedure, mediastinum	1/1/2026
39599	Unlisted procedure, diaphragm	1/1/2026
41874	Alveoloplasty, each quadrant (specify)	1/1/2026
41899	Unlisted procedure, dentoalveolar structures	1/1/2026
43289	Unlisted laparoscopy procedure, esophagus	1/1/2026
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	1/1/2026
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	effective since before 9/1/2019
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	effective since before 9/1/2019

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	effective since before 9/1/2019
43659	Unlisted laparoscopy procedure, stomach	1/1/2026
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	effective since before 9/1/2019
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	effective since before 9/1/2019
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	effective since before 9/1/2019
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	effective since before 9/1/2019
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	effective since before 9/1/2019
43800	Pyloroplasty	effective since before 9/1/2019
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	effective since before 9/1/2019
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	effective since before 9/1/2019
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	effective since before 9/1/2019
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	effective since before 9/1/2019
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	effective since before 9/1/2019
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	effective since before 9/1/2019
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	effective since before 9/1/2019
43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed	8/1/2026
43999	Unlisted procedure, stomach	effective since before 9/1/2019
44238	Unlisted laparoscopy procedure, intestine (except rectum)	1/1/2026
44899	Unlisted procedure, Meckel's diverticulum and the mesentery	1/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
44979	Unlisted laparoscopy procedure, appendix	1/1/2026
46999	Unlisted procedure, anus	1/1/2026
47379	Unlisted laparoscopic procedure, liver	1/1/2026
47579	Unlisted laparoscopy procedure, biliary tract	1/1/2026
48554	Transplantation of pancreatic allograft	effective since before 9/1/2019
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	1/1/2026
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	1/1/2026
50340	Recipient nephrectomy (separate procedure)	effective since before 9/1/2019
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	4/1/2026
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	effective since before 9/1/2019
50370	Removal of transplanted renal allograft	effective since before 9/1/2019
50949	Unlisted laparoscopy procedure, ureter	1/1/2026
53430	Urethroplasty, reconstruction of female urethra	effective since before 9/1/2019
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	effective since before 9/1/2019
53899	Unlisted procedure, urinary system	1/1/2026
54125	Amputation of penis; complete	effective since before 9/1/2019
54699	Unlisted laparoscopy procedure, testis	1/1/2026
55881	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;	1/1/2026
55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed	1/1/2026
55899	Unlisted procedure, male genital system	1/1/2026
55970	Intersex surgery; male to female	effective since before 9/1/2019
55980	Intersex surgery; female to male	effective since before 9/1/2019
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	effective since before 9/1/2019
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	effective since before 9/1/2019

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	effective since before 9/1/2019
58285	Vaginal hysterectomy, radical (Schauta type operation)	effective since before 9/1/2019
58578	Unlisted laparoscopy procedure, uterus	1/1/2026
60699	Unlisted procedure, endocrine system	1/1/2026
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with coNection to a single electrode array	1/1/2026
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with coNection to 2 or more electrode arrays	1/1/2026
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	8/1/2026
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	8/1/2026
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	8/1/2026
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	8/1/2026
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	8/1/2026
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	effective since before 9/1/2019
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	effective since before 9/1/2019
62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	8/1/2026
62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	8/1/2026
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	8/1/2026
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	effective since before 9/1/2019
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	8/1/2026
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	8/1/2026
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	8/1/2026
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	8/1/2026
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	8/1/2026
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	8/1/2026
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	8/1/2026
63032	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	8/1/2026
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	8/1/2026
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	8/1/2026
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	8/1/2026
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	8/1/2026
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	8/1/2026
63650	Percutaneous implantation of neurostimulator electrode array, epidural	11/1/2019
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	8/1/2026
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	11/1/2019
64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	8/1/2026
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	effective since before 9/1/2019
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	effective since before 9/1/2019
64567	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	8/1/2026
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	1/1/2026
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	1/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	1/1/2026
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	1/1/2026
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	1/1/2026
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	1/1/2026
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	effective since before 9/1/2019
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	effective since before 9/1/2019
64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming	8/1/2026
64999	Unlisted procedure, nervous system	4/1/2026
66999	Unlisted procedure, anterior segment of eye	1/1/2026
67999	Unlisted procedure, eyelids	1/1/2026
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	effective since before 9/1/2019
69930	Cochlear device implantation, with or without mastoidectomy	effective since before 9/1/2019
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	8/1/2026
77520	Proton treatment delivery; simple, without compensation	10/1/2025
77522	Proton treatment delivery; simple, with compensation	10/1/2025
77523	Proton treatment delivery; intermediate	10/1/2025
77525	Proton treatment delivery; complex	10/1/2025
77799	Unlisted Clinical Brachytherapy	1/1/2026
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	8/1/2026
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	effective since before 9/1/2019

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	8/1/2026
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)ACG: A-0098 (AC)	8/1/2026
78813	Positron emission tomography (PET) imaging; whole body	effective since before 9/1/2019
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	effective since before 9/1/2019
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	8/1/2026
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	8/1/2026
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	effective since before 9/1/2019
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	8/1/2026
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	8/1/2026
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	8/1/2026
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	8/1/2026
81195	ratu	8/1/2026
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	8/1/2026
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	8/1/2026
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	8/1/2026
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	8/1/2026
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	8/1/2026
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	8/1/2026
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	8/1/2026
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	8/1/2026
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	8/1/2026
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	8/1/2026
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	8/1/2026
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	8/1/2026
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	8/1/2026
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9G>A [c.3992-9G>A], F1388del) ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) CBFB/MYH11 (inv(16)) (eg, acute	8/1/2026
81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) Chromosome 1p-/19q- (eg, glial tumors), deletion analysis Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant) ESR1/PGR (receptor 1/progesterone	8/1/2026
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless-related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked intellectual disability), duplication/deletion analysis CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha)	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) AQP2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked intellectual disability), full gene sequence AVPR2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence BBS10 (Bardet-Biedl syndrome 10) (eg, Bardet-Biedl syndrome), full gene sequence BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence C10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial DNA depletion syndrome)	8/1/2026
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTA2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1)(eg, familial hypertrophic cardiomyopathy), full gene sequence ANKRD1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence ARSA (arylsulfatase A) (eg, arylsulfatase A deficiency), full gene sequence BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease,	8/1/2026
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons) ACADVL (acyl-CoA dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence ACTN4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence AFG3L2 (AFG3 ATPase family gene 3-like 2 [S. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence AIRE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence ALDH7A1 (aldehyde dehydrogenase 7 family, member A1) (eg, pyridoxine-dependent epilepsy), full gene sequence ANO5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence ANOS1 (anosmin-1) (eg, Kallmann syndrome 1), full gene sequence APP (amyloid beta [A4] precursor protein) (eg, Alzheimer disease), full gene sequence ASS1 (argininosuccinate synthase 1) (eg, citrullinemia type I), full gene sequ	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B) full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analy	8/1/2026
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscu	8/1/2026
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	8/1/2026
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	8/1/2026
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	8/1/2026
	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	8/1/2026
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	8/1/2026
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	8/1/2026
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	8/1/2026
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	1/1/2026
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	8/1/2026
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	8/1/2026
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	8/1/2026
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	8/1/2026
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	8/1/2026
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer, hereditary pancreatic cancer, hereditary prostate cancer), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	effective since before 9/1/2019
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	8/1/2026
81435	Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	effective since before 9/1/2019
81437	Hereditary neuroendocrine tumor-related disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	8/1/2026
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)	8/1/2026
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	8/1/2026
81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2	8/1/2026
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
81443	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)	8/1/2026
81445	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	8/1/2026
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	8/1/2026
81449	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	8/1/2026
81450	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, 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	effective since before 9/1/2019
81451	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	4/1/2023
81455	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, 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	effective since before 9/1/2019
81456	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	4/1/2023
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	1/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	1/1/2026
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	1/1/2026
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	8/1/2026
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	1/1/2026
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	1/1/2026
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	1/1/2026
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	8/1/2026
81479	Unlisted molecular pathology procedure	effective since before 9/1/2019
81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	8/1/2026
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	8/1/2026
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	1/1/2020

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	8/1/2026
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	8/1/2026
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	effective since before 9/1/2019
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	8/1/2026
81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	8/1/2026
81524	Oncology (central nervous system tumor), DNA methylation analysis of at least 10,000 methylation sites, utilizing DNA extracted from formalin-fixed tumor tissue, algorithm(s) reported as probability of matching a reference tumor family and class, and MGMT (O-6-methylguanine-DNA methyltransferase) promoter methylation status, if performed	8/1/2026
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	8/1/2026
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	8/1/2026
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	8/1/2026
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	8/1/2026
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	effective since before 9/1/2019

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	8/1/2026
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	8/1/2026
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	8/1/2026
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	8/1/2026
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy	effective since before 9/1/2019
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	8/1/2026
81558	Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection	4/1/2025
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	8/1/2026
81599	Unlisted multianalyte assay with algorithmic analysis	effective since before 9/1/2019
86849	Unlisted immunology procedure	1/1/2026
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	1/1/2026
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	effective since before 9/1/2019
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	effective since before 9/1/2019
93799	Unlisted cardiovascular service or procedure	1/1/2026
95999	Unlisted neurological or neuromuscular diagnostic procedure	1/1/2026
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	8/1/2026
0008U	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next generation sequencing, formalin-fixed paraffin-embedded or fresh tissue or fecal sample, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline, and rifabutin	1/1/2026
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	1/1/2026
0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and urine, algorithms to predict high-grade prostate cancer risk	8/1/2026
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma	8/1/2026
0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma	8/1/2026
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 219 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)	8/1/2026
0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy	8/1/2026
0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin-embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents	8/1/2026
0020M	Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass	8/1/2026
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence or absence of variants and associated therapy(ies) to consider	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")	8/1/2026
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	8/1/2026
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	effective since before 9/1/2019
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	8/1/2026
0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score	8/1/2026
0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)	8/1/2026
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	8/1/2026
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	8/1/2026
0060U	Twin zygosity, genomic-targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood	8/1/2026
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)	8/1/2026
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	8/1/2026
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	8/1/2026
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	8/1/2026
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification	8/1/2026
0080U	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy	1/1/2026
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	8/1/2026
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	1/1/2020
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	1/1/2020
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	8/1/2026
0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	8/1/2026
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	8/1/2026
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intraocular retinal electrode array, with vitrectomy	8/1/2026
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified	8/1/2026
0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])	8/1/2026
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])	8/1/2026
0108U	Gastroenterology (Barrett's esophagus), whole slide-digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer	1/1/2026
0111U	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis, utilizing formalin-fixed paraffin-embedded tissue	8/1/2026
0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score	8/1/2026
0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus	8/1/2026
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA	8/1/2026
0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter	8/1/2026
0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)	8/1/2026
0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	8/1/2026
0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)	8/1/2026
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive pathogens	1/1/2026
0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement	8/1/2026
0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	8/1/2026
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	8/1/2026
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	8/1/2026
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	8/1/2026
0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)	8/1/2026
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)	8/1/2026
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	8/1/2026
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness	8/1/2026
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	1/1/2021
0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	8/1/2026
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	8/1/2026
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling)	8/1/2026
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	8/1/2026
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)	8/1/2026
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	8/1/2026
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	8/1/2026
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0221T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	8/1/2026
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions	8/1/2026
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	8/1/2026
0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery	8/1/2026
0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	8/1/2026
0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta	8/1/2026
0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications, deletions, and mobile element insertions	8/1/2026
0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	8/1/2026
0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	8/1/2026
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	8/1/2026
0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	8/1/2026
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	8/1/2026
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue	8/1/2026
0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	8/1/2026
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	8/1/2026
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space	8/1/2026
0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics	8/1/2026
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	8/1/2026
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest	8/1/2026
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	8/1/2026
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic	8/1/2026
0295U	Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, PR, SIAH2), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score	1/1/2026
0301U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR);	8/1/2026
0302U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis	8/1/2026
0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B)	4/1/2022
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	7/1/2022
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	8/1/2026
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	8/1/2026
0335T	Insertion of sinus tarsi implant	8/1/2026
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	8/1/2026
0338U	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker-expressing cells, peripheral blood	1/1/2026
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	8/1/2026
0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate	4/1/2023
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	8/1/2026
0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH	1/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	8/1/2026
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	8/1/2026
0356U	Oncology (oropharyngeal or anal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	8/1/2026
0358U	Neurology (mild cognitive impairment), analysis of β-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative	1/1/2026
0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	1/1/2026
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate	4/1/2023
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab	8/1/2026
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	8/1/2026
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	8/1/2026
0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed	8/1/2026
0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch urine, algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer	8/1/2026
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	8/1/2026
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	8/1/2026
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	8/1/2026
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	8/1/2026
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	8/1/2026
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	8/1/2026
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead)	8/1/2026
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	8/1/2026
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	8/1/2026
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate	8/1/2026
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)	8/1/2026
0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	8/1/2026
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	8/1/2026
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	8/1/2026
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	8/1/2026
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	8/1/2026
0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	8/1/2026
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	8/1/2026
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	8/1/2026
0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer	8/1/2026
0453U	Oncology (colorectal cancer), cell-free DNA (cfDNA), methylation-based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	8/1/2026
0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	8/1/2026
0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes	8/1/2026
0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes	8/1/2026
0463U	Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker	1/1/2026
0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result	8/1/2026
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	8/1/2026
0466U	Cardiology (coronary artery disease [CAD]), DNA, genome-wide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0467U	Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	8/1/2026
0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination	8/1/2026
0470U	Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma	8/1/2026
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations	1/1/2026
0473U	Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	10/1/2024
0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using next-generation sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene	8/1/2026
0475U	Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	8/1/2026
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm2 or part thereof, or 1% of body surface area of infants and children	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0481U	IDH1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors), next-generation sequencing (single-nucleotide variants [SNV], deletions, and insertions)	8/1/2026
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	8/1/2026
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	8/1/2026
0485U	Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden	8/1/2026
0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability	8/1/2026
0488U	Obstetrics (fetal antigen noninvasive prenatal test), cell-free DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected	8/1/2026
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells	8/1/2026
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	8/1/2026
0490U	Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential CD146, high molecular-weight melanoma-associated antigen, CD34 and CD45 protein biomarkers, peripheral blood	1/1/2026
0491U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of estrogen receptor (ER) protein biomarker-expressing cells, peripheral blood	1/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0492U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of PD-L1 protein biomarker-expressing cells, peripheral blood	1/1/2026
0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA	1/1/2025
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed	8/1/2026
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field	8/1/2026
0496U	Oncology (colorectal), cell-free DNA, 8 genes for mutations, 7 genes for methylation by real-time RT-PCR, and 4 proteins by enzyme-linked immunosorbent assay, blood, reported positive or negative for colorectal cancer or advanced adenoma risk	8/1/2026
0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffin-embedded (FFPE) tissue, next-generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection	8/1/2026
0500U	Autoinflammatory disease (VEXAS syndrome), DNA, UBA1 gene mutations, targeted variant analysis (M41T, M41V, M41L, c.118-2A>C, c.118-1G>C, c.118-9_118-2del, S56F, S621C)	1/1/2026
0501U	Oncology (colorectal), blood, quantitative measurement of cell-free DNA (cfDNA)	8/1/2026
0503U	Neurology (Alzheimer disease), beta amyloid (Aβ40, Aβ42, Aβ42/40 ratio) and tau-protein (ptau217, np-tau217, ptau217/np-tau217 ratio), blood, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS), algorithm score reported as likelihood of positive or negative for amyloid plaques	1/1/2026
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0506U	Gastroenterology (Barrett's esophagus), esophageal cells, DNA methylation analysis by next-generation sequencing of at least 89 differentially methylated genomic regions, algorithm reported as likelihood for Barrett's esophagus	8/1/2026
0507U	Oncology (ovarian), DNA, whole-genome sequencing with 5-hydroxymethylcytosine (5hmC) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected	8/1/2026
0510T	Removal of sinus tarsi implant	8/1/2026
0511T	Removal and reinsertion of sinus tarsi implant	8/1/2026
0511U	Oncology (solid tumor), tumor cell culture in 3D microenvironment, 36 or more drug panel, reported as tumor-response prediction for each drug	1/1/2026
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	8/1/2026
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only	8/1/2026
0518T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only	8/1/2026
0519T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter)	8/1/2026
0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	8/1/2026
0523U	Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of single-nucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffin-embedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change	8/1/2026
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)	8/1/2026
0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only	8/1/2026
0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0529U	Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis, saliva, report as risk score for VTE	8/1/2026
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	8/1/2026
0530U	Oncology (pan-solid tumor), ctDNA, utilizing plasma, next-generation sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copy-number alterations, with therapy association	8/1/2026
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	8/1/2026
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	8/1/2026
0532U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing for single- nucleotide variants, insertions/deletions, copy number variations, peripheral blood, buffy coat, saliva, buccal or tissue sample, results reported as positive or negative	8/1/2026
0533U	Drug metabolism (adverse drug reactions and drug response), genotyping of 16 genes (ie, ABCG2, CYP2B6, CYP2C9, CYP2C19, CYP2C, CYP2D6, CYP3A5, CYP4F2, DPYD, G6PD, GGCX, NUDT15, SLCO1B1, TPMT, UGT1A1, VKORC1), reported as metabolizer status and transporter function	8/1/2026
0534U	Oncology (prostate), microRNA, single-nucleotide polymorphisms (SNPs) analysis by RT-PCR of 32 variants, using buccal swab, algorithm reported as a risk score	8/1/2026
0536U	Red blood cell antigen (fetal RhD), PCR analysis of exon 4 of RHD gene and housekeeping control gene GAPDH from whole blood in pregnant individuals at 10+ weeks gestation known to be RhD negative, reported as fetal RhD status	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0537U	Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, next-generation sequencing, >2500 differentially methylated regions (DMRs), plasma, algorithm reported as positive or negative	8/1/2026
0538T	Cellular Therapy Procedures Ancillary Code	8/1/2026
0538U	Oncology (solid tumor), next- generation targeted sequencing analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis of 600 genes, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and copy number alterations, microsatellite instability, tumor mutation burden, reported as actionable variant	8/1/2026
0539U	Oncology (solid tumor), cell- free circulating tumor DNA (ctDNA), 152 genes, next- generation sequencing, interrogation for single- nucleotide variants, insertions/deletions, gene rearrangements, copy number alterations, and microsatellite instability, using whole-blood samples, mutations with clinical actionability reported as actionable variant	8/1/2026
0541T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study;	8/1/2026
0542T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report	8/1/2026
0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae	8/1/2026
0543U	Oncology (solid tumor), next- generation sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for single- nucleotide variants, multi-nucleotide variants, insertions and deletions from DNA, fusions in 24 genes and splice variants in 1 gene from RNA, and tumor mutation burden	8/1/2026
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	8/1/2026
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0549U	Oncology (urothelial), DNA, quantitative methylated real- time PCR of TRNA-Cys, SIM2, and NKX1-1, using urine, diagnostic algorithm reported as a probability index for bladder cancer and/or upper tract urothelial carcinoma (UTUC)	8/1/2026
0560U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood and tumor tissue, baseline assessment for design and construction of a personalized variant panel to evaluate current MRD and for comparison to subsequent MRD assessments	8/1/2026
0561U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for MRD	8/1/2026
0562U	Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants	8/1/2026
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	8/1/2026
0563U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 11 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative	1/1/2026
0564U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 10 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative	1/1/2026
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	8/1/2026
0565U	Oncology (hepatocellular carcinoma), next-generation sequencing methylation pattern assay to detect 6626 epigenetic alterations, cell- free DNA, plasma, algorithm reported as cancer signal detected or not detected	8/1/2026
0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0566U	Oncology (lung), qPCR- based analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result	8/1/2026
0567U	Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long reads, for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy-number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial DNA sequence and deletions, short tandem repeat genes, methylation status of selected regions, blood, saliva, amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variants	8/1/2026
0568U	Neurology (dementia), beta amyloid (Aβ40, Aβ42, Aβ42/40 ratio), tau-protein phosphorylated at residue (eg, pTau217), neurofilament light chain (NfL), and glial fibrillary acidic protein (GFAP), by ultra-high sensitivity molecule array detection, plasma, algorithm reported as positive, intermediate, or negative for Alzheimer pathology	1/1/2026
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	8/1/2026
0569U	Oncology (solid tumor), next- generation sequencing analysis of tumor methylation markers (>20000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate	8/1/2026
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	8/1/2026
0571U	Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionable variants	8/1/2026
0572T	Insertion of substernal implantable defibrillator electrode	8/1/2026
0573T	Removal of substernal implantable defibrillator electrode	8/1/2026
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	8/1/2026
0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	8/1/2026
0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia	8/1/2026
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	8/1/2026
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	8/1/2026
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	8/1/2026
0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	8/1/2026
0588T	Revision or removal of percutaneously placed integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	8/1/2026
0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	8/1/2026
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	8/1/2026
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	8/1/2026
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	8/1/2026
0601T	Ablation, irreversible electroporation; 1 or more tumors per organ, including fluoroscopic and ultrasound guidance, when performed, open	8/1/2026
0602U	Endocrinology (diabetes), insulin (INS) gene methylation using digital droplet PCR, insulin, and C- peptide immunoassay, serum, Hemoglobin A1c immunoassay, whole blood, algorithm reported as diabetes-risk score	8/1/2026
0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; initial device provision, set-up and patient education on use of equipment	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days	8/1/2026
0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days	8/1/2026
0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional	8/1/2026
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	8/1/2026
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	8/1/2026
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	8/1/2026
0611U	Oncology (liver), analysis of over 1,000 methylated regions, cell-free DNA from plasma, algorithm reported as a quantitative result (For additional PLA code with identical clinical descriptor, see 0612U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)	8/1/2026
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	8/1/2026
0612U	Oncology (liver), analysis of over 1,000 methylated regions, cell-free DNA from plasma, algorithm reported as a quantitative result (For additional PLA code with identical clinical descriptor, see 0611U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)	8/1/2026
0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	8/1/2026
0613U	Oncology (urothelial carcinoma), DNA methylation and mutation analysis of 6 biomarkers (TWIST1, OTX1, ONECUT2, FGFR3, HRAS, TERT promoter region), methylation-specific PCR and targeted next-generation sequencing, urine, algorithm reported as a probability index for bladder cancer and upper tract urothelial carcinoma	8/1/2026
0614T	Removal and replacement of substernal implantable defibrillator pulse generator	8/1/2026
0615U	Borrelia burgdorferi (Lyme disease), antibody detection of 26 recombinant protein groups, by immunoassay, IgM	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0616U	Neurology (dementia), DNA methylation analysis of more than 30,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0617U	Cardiovascular (atherosclerotic cardiovascular disease [ASCVD]), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0618U	Psychiatry (bipolar disorder), DNA methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0619U	Pulmonary (chronic obstructive pulmonary disease [COPD]), DNA methylation analysis of more than 18,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed	8/1/2026
0620U	Oncology (hepatocellular carcinoma), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0621T	Trabeculostomy ab interno by laser;	8/1/2026
0621U	Infectious disease (Lyme borreliosis), DNA methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope	8/1/2026
0622U	Psychiatry (major depressive disorder), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0623U	Autoimmune (multiple sclerosis), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0624U	Hepatology (nonalcoholic steatohepatitis [NASH]), DNA methylation analysis of 5,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0625U	Endocrinology (osteoporosis), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0626U	Neurology (Parkinson disease), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	8/1/2026
0627U	Psychiatry (schizophrenia), DNA methylation analysis of more than 15,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0628U	Nephrology (kidney disease-related genetic conditions), genomic analysis, renal disease panel, saliva, DNA, next-generation sequencing of 449 genes, reported as pathogenic or likely pathogenic variants of uncertain significance or risk alleles	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	8/1/2026
0629U	Infectious disease (tuberculosis), DNA, analysis of 1 target by PCR with clustered regularly interspaced short palindromic repeat (CRISPR)-based probe detection, plasma or serum, qualitative report as detected or not detected	8/1/2026
0630U	Oncology (breast), mRNA, gene expression profiling by microarray of 80 genes (80 content and 465 housekeeping), utilizing formalin-fixed paraffin-embedded tissue (FFPE), algorithm reported as an index that is diagnostic of a molecular subtype (luminal, basal, Her2)	8/1/2026
0631U	Oncology (solid tumor), DNA, sequence analysis of 15 genes including BRCA1 and BRCA2 for identification of clonal hematopoiesis, blood, reported as tumor derived or non-tumor derived	10/1/2026
0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	8/1/2026
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	8/1/2026
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	8/1/2026
0634U	Oncology (breast cancer), cell free DNA (cfDNA), evaluation of 11 ESR1 variants (E380Q, S463P, L536R, Y537C, Y537N, Y537S, D538G, V422del, L536H, L536P, Y537D) using droplet digital PCR (ddPCR), plasma, reported as positive or negative	10/1/2026
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	8/1/2026
0635U	Autoimmune (atopic dermatitis), mRNA, next generation sequencing (NGS), gene expression profiling of 487 genes, noninvasive skin surface scraping, algorithm reported as likelihood of response to therapy	10/1/2026
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	8/1/2026
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	8/1/2026
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	8/1/2026
0640U	Oncology (leptomeningeal metastases), tumor cell selection, identification, detection and enumeration based on differential CD318(CDCP1), SUSD2, CD340(erbB2/HER2), HGFR/cMET, FOLR1, EGFR, N cadherin, MUC1, EpCAM, and TROP2 antibody biomarkers, cerebrospinal fluid, reported as detection and quantification of tumor cells	10/1/2026
0641U	Oncology (minimal residual disease [MRD]), tumor DNA, next-generation sequencing (NGS), using formalin-fixed paraffin-embedded (FFPE) tissue and blood samples, initial (baseline) assessment	10/1/2026
0642U	Oncology (minimal residual disease [MRD]), tumor DNA, next-generation sequencing (NGS), whole blood, comparison to previously performed analyses, reported as trend in circulating tumor DNA (ctDNA) level	10/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0643U	Oncology (genitourinary cancer), cell-free circulating tumor DNA (ctDNA), 200 genes, next-generation sequencing (NGS), interrogation for single nucleotide variants (SNVs), insertions/deletions, gene rearrangements, copy number alterations, and tumor mutation burden, using urine, identify and report mutations with clinical actionability	10/1/2026
0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	8/1/2026
0644U	Oncology (leukemia), minimal residual disease (MRD) detection for rearrangements, blood or bone marrow, personalized assay design and baseline quantification	10/1/2026
0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	8/1/2026
0645U	Oncology (leukemia), minimal residual disease (MRD) detection for rearrangements, based on digital PCR, blood or bone marrow, reported as not detected or detected with estimated abundance	10/1/2026
0646T	Transcatheter tricuspid valve implantation (TTVI)/replacement with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	8/1/2026
0646U	Oncology (molecular residual disease), whole genome sequence analysis, cell-free DNA, whole blood, and formalin-fixed paraffin embedded (FFPE) tumor tissue DNA, baseline assessment	10/1/2026
0647U	Oncology (molecular residual disease), whole genome sequence analysis, cell-free DNA (cfDNA), whole blood, assessment utilizing patient specific tumor information, reported as negative or percent circulating tumor DNA (ctDNA)	10/1/2026
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ	8/1/2026
0648U	Oncology (solid tumor), targeted genomic sequencing analysis, to detect deletions, insertions, and substitutions in 42 genes, copy number amplifications in 10 genes, and fusions and splice variants in 18 driver genes from DNA and RNA extracted from formalin fixed paraffin-embedded (FFPE) tissue	10/1/2026
0649U	Neurology (Alzheimer disease), DNA, targeted next generation sequencing (NGS) of AD-1 and AD-2 target regions, whole blood, prognostic algorithmic analysis, reported as categorization of cognitive status	10/1/2026
0650U	Drug metabolism (adverse drug reactions and drug response), genotyping of 9 genes (ie, CYP2D6, CYP2C19, G6PD, SLCO1B1, HLA-B*58:01, NAT2, CYP2C9, VKORC1, ABCG2), reported as metabolizer status and transporter function	10/1/2026
0651U	Oncology (hereditary cancer), genomic DNA, 55 hereditary cancer pre-dispositioned genes, next-generation sequencing (NGS) and digital multiplex ligation-dependent probe amplification for variants, small indels (	10/1/2026
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	8/1/2026
0652U	Drug metabolism (adverse drug reactions), DNA analysis of 13 genes by targeted genotyping, using saliva or buccal swab, reported as diplotype and metabolizer status	10/1/2026
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0653U	Nephrology (inherited kidney disorders), DNA, analysis of approximately 700 genes associated with inherited kidney diseases by exome sequencing, using whole blood, saliva, or nail clipping, reported as an interpretive clinical report classifying pathogenic and likely pathogenic variants	10/1/2026
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	8/1/2026
0657U	Rare diseases (constitutional/heritable disorders), rapid whole genome sequence analysis of comparator nuclear and mitochondrial DNA by next generation sequencing (NGS), using blood or buccal sample, relevant variants reported with proband results (Use 0657U in conjunction with 0658U)	10/1/2026
0658U	Rare diseases (constitutional/heritable disorders), rapid whole genome sequence analysis of nuclear and mitochondrial DNA by next-generation sequencing (NGS) for single nucleotide variants (SNVs), insertions/deletions, copy number variants, uniparental disomy, and repeat expansions, using blood or buccal sample, identification and categorization of genetic variants (Use 0658U in conjunction with 0657U)	10/1/2026
0659U	Rare diseases (constitutional/heritable disorders), ultrarapid whole genome sequence analysis of nuclear and mitochondrial DNA by next-generation sequencing (NGS) for single nucleotide variants (SNVs), insertions/deletions, copy number variants, uniparental disomy, and repeat expansions, using blood or buccal sample, identification and categorization of genetic variants	10/1/2026
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	8/1/2026
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	8/1/2026
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	8/1/2026
0665T	Donor hysterectomy (including cold preservation); open, from living donor	8/1/2026
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	8/1/2026
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	8/1/2026
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	8/1/2026
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	8/1/2026
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	8/1/2026
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	8/1/2026
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	8/1/2026
0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	8/1/2026
0674T	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0675T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead	8/1/2026
0677T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead	8/1/2026
0679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	8/1/2026
0680T	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)	8/1/2026
0681T	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads	8/1/2026
0682T	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	8/1/2026
0683T	Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	8/1/2026
0684T	Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	8/1/2026
0685T	Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	8/1/2026
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	8/1/2026
0692T	Therapeutic ultrafiltration	8/1/2026
0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	8/1/2026
0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	8/1/2026
0699T	Injection, posterior chamber of eye, medication	8/1/2026
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	8/1/2026
0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization	8/1/2026
0708T	Intradermal cancer immunotherapy; preparation and initial injection	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	8/1/2026
0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	8/1/2026
0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	8/1/2026
0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	8/1/2026
0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume less than 50 mL	8/1/2026
0717t	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing, and concentration of ADRCs	8/1/2026
0718t	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral	8/1/2026
0719t	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment	8/1/2026
0725T	Vestibular device implantation, unilateral	8/1/2026
0726T	Removal of implanted vestibular device, unilateral	8/1/2026
0727T	Removal and replacement of implanted vestibular device, unilateral	8/1/2026
0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance	8/1/2026
0732T	Immunotherapy administration with electroporation, intramuscular	8/1/2026
0737T	Xenograft implantation into the articular surface	8/1/2026
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation	8/1/2026
0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed	8/1/2026
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance	8/1/2026
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	8/1/2026
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	8/1/2026
0776T	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment	8/1/2026
0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi	8/1/2026
0782T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus	8/1/2026
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	8/1/2026
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	8/1/2026
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	8/1/2026
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	8/1/2026
0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	8/1/2026
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	8/1/2026
0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)	8/1/2026
0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	8/1/2026
0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component	8/1/2026
0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	8/1/2026
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)	8/1/2026
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component	8/1/2026
0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	8/1/2026
0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers	8/1/2026
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach	8/1/2026
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach	8/1/2026
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	8/1/2026
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	8/1/2026
0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous	8/1/2026
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial	8/1/2026
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	8/1/2026
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	8/1/2026
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	8/1/2026
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed	8/1/2026
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	8/1/2026
0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report	8/1/2026
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	8/1/2026
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	8/1/2026
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	8/1/2026
0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)	8/1/2026
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater or equal to 50 mL	8/1/2026
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed	8/1/2026
0871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed	8/1/2026
0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed	8/1/2026
0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed	8/1/2026
0874T	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters	8/1/2026
0877T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	8/1/2026
0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure)	8/1/2026
0883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, minimum of 10 minutes;each additional nerve (List separately in addition to code for primary procedure)	8/1/2026
0884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed	8/1/2026
0885T	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	8/1/2026
0886T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	8/1/2026
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	8/1/2026
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation	8/1/2026
0890T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0891T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	8/1/2026
0892T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	8/1/2026
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion	8/1/2026
0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)	8/1/2026
0896T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (List separately in addition to code for primary procedure)	8/1/2026
0897T	Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report	8/1/2026
0898T	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report	8/1/2026
0908T	Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	8/1/2026
0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)	8/1/2026
0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only	8/1/2026
0923T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	8/1/2026
0933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0947T	Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed	8/1/2026
0950T	Ablation of benign prostate tissue, transrectal, with high intensity–focused ultrasound (HIFU), including ultrasound guidance (For ablation of malignant prostate tissue, transrectal, with high intensity– focused ultrasound [HIFU], including ultrasound guidance, use 55880)	8/1/2026
0951T	Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor	8/1/2026
0952T	revision or replacement, with mastoidectomy and replacement of sound processor	8/1/2026
0953T	revision or replacement, without mastoidectomy and replacement of sound processor	8/1/2026
0954T	replacement of sound processor only, with attachment to existing transducers	8/1/2026
0955T	removal, including removal of sound processor and all implant components	8/1/2026
0956T	Partial craniectomy, channel creation, and tunneling of electrode for sub-scalp implantation of an electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance	8/1/2026
0957T	Revision of sub-scalp implanted electrode array/receiver/telemetry unit for electrode (when required), including imaging guidance.	8/1/2026
0958T	Removal of sub-scalp implanted electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance (Do not report 0958T in conjunction with 0957T, 0960T)	8/1/2026
0959T	Removal or replacement of magnet from coil assembly that is connected to continuous bilateral electroencephalography monitoring system, including imaging guidance	8/1/2026
0960T	Replacement of sub-scalp implanted electrode array, receiver, and telemetry unit with tunneling of electrode for continuous bilateral electroencephalography monitoring system, including imaging guidance (Do not report 0960T in conjunction with 0957T, 0958T)	8/1/2026
0963T	Anoscopy with directed submucosal injection of bulking agent into anal canal (Do not report 0963T in conjunction with 46600)	8/1/2026
0964T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism	8/1/2026
0965T	dual arch, with additional mandibular advancement, non-fixed hinge mechanism	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
0966T	dual arch, with additional mandibular advancement, fixed hinge mechanism	8/1/2026
0967T	Transanal insertion of endoluminal temporary colorectal anastomosis protection device, including vacuum anchoring component and flexible sheath connected to external vacuum source and monitoring system	8/1/2026
0968T	Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with connection to electrode array (For insertion of cranial neurostimulator pulse generator or receiver other than skull mounted, see 61885, 61886) (For revision of cranial neurostimulator pulse generator or receiver other than skull mounted, use 61888) (For insertion of skull-mounted cranial neurostimulator pulse generator or receiver, use 61889)	8/1/2026
0969T	Removal of epicranial neurostimulator system (For removal of cranial neurostimulator pulse generator or receiver other than skull mounted, use 61888) (For removal of skull-mounted cranial neurostimulator pulse generator or receiver, use 61892)	8/1/2026
0970T	Ablation, benign breast tumor (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed, each tumor (Do not report 0970T in conjunction with 76641, 76642, 76940, 76942) (Report 0970T only once per tumor) (For cryosurgical ablation of fibroadenoma, use 19105) (For cryoablation of malignant breast tumor[s], use 0581T) (For laser ablation of malignant breast tumor[s], use 0971T)	8/1/2026
0971T	Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral (Do not report 0971T in conjunction with 76641, 76642, 76940, 76942) (Report 0971T only once per breast) (For cryoablation of breast fibroadenoma[s], use 19105) (For cryosurgical ablation of malignant breast tumor[s], use 0581T) (For laser ablation of benign breast tumor, use 0970T)	8/1/2026
0981T	Transcatheter implantation of wireless inferior vena cava sensor for long-term hemodynamic monitoring, including deployment of the sensor, radiological supervision and interpretation, right heart catheterization, and inferior vena cava venography, when performed (Do not report 0981T in conjunction with 36010, 36013, 37252, 37253, 75825, 76000, 93451, 93453, 93456, 93460, 93461, 93566, 93593, 93594, 93596, 93597) (For implantation of wireless pulmonary artery sensor, use 33289) (For remote monitoring of an implantable inferior vena cava pressure sensor, use 0982T)	8/1/2026
1026T	Transvaginal laser photobiomodulation therapy of pelvis	8/1/2026
1027T	Percutaneous insertion/replacement of neurostimulation catheter into SVC; mapping/programming; transvenous phrenic neurostimulation therapy (ventilated patients)	8/1/2026
1036T	Noninvasive hemodynamic assessment (pulmonary pressures, EF when performed) with algorithm + clinical report + physician/QHP interpretation	8/1/2026
1037T	Histotripsy (non-thermal acoustic ablation) of malignant pancreatic tissue, including imaging guidance	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
1038T	Autologous muscle cell therapy: injection(s) into tongue, incl esophagoscopy when performed	8/1/2026
1039T	Connectomic analysis of prior multi-modal brain MRI with physician/QHP interpretation and report	8/1/2026
1040T	Flexible bronchoscopy with bronchial cryotherapy, 1 lung (incl trachea when performed)	8/1/2026
1042T	Implantation of absorbable urologic scaffold for prosthetic urethra restoration (add-on)	8/1/2026
1043T	Quantitative MR (without imaging) liver tissue analysis (eg, PDFF, diffusion, T1) with automated report	8/1/2026
1044T	Harvest full-thickness skin for autologous heterogeneous skin-construct graft; first 5 sq cm or less	8/1/2026
1045T	Add-on to 1044T: each additional 5 sq cm (or part thereof)	8/1/2026
1046T	Autologous heterogeneous skin-construct graft application trunk/arms/legs; first 50 sq cm (or 0.5% BSA)	8/1/2026
1047T	Add-on to 1046T: each additional 50 sq cm (or additional 0.5% BSA)	8/1/2026
1048T	Autologous heterogeneous skin-construct graft application face/scalp/eyelids/mouth/neck/ears/orbits/genitalia/hands/feet/digits; first 50 sq cm (or 0.5% BSA)	8/1/2026
1049T	Autologous heterogeneous skin-construct graft application, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 50 sq cm, or each additional 0.5% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	10/1/2026
1050T	Insertion, subcutaneous heart failure decompensation monitor, containing sensors that measure, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds	10/1/2026
1051T	Removal of subcutaneous heart failure decompensation monitor	10/1/2026
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	effective since before 9/1/2019
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	1/1/2026
A0435	Fixed wing air mileage, per statute mile	effective since before 9/1/2019
A0999	Unlisted ambulance service	1/1/2026
A2001	Innovamatrix ac, per square centimeter	1/1/2026
A2002	Mirragen advanced wound matrix, per square centimeter	1/1/2026
A2005	Microlyte matrix, per square centimeter	1/1/2026
A2006	Novosorb synpath dermal matrix, per square centimeter	1/1/2026
A2007	Restrata, per square centimeter	1/1/2026
A2008	Theragenesis, per square centimeter	1/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
A2009	Symphony, per square centimeter	1/1/2026
A2010	Apis, per square centimeter	1/1/2026
A2011	Supra sdrm, per square centimeter	1/1/2026
A2012	Suprathel, per square centimeter	1/1/2026
A2013	Innovamatrix fs, per square centimeter	1/1/2026
A2014	Omeza collagen matrix, per 100 mg	1/1/2026
A2015	Phoenix wound matrix, per square centimeter	1/1/2026
A2016	Permeaderm b, per square centimeter	1/1/2026
A2017	Permeaderm glove, each	1/1/2026
A2018	Permeaderm c, per square centimeter	1/1/2026
A2019	Kerecis omega3 marigen shield, per square centimeter	1/1/2026
A2020	Ac5 advanced wound system (ac5)	1/1/2026
A2021	Neomatrix, per square centimeter	1/1/2026
A2022	Innovaburn or innovamatrix xl, per square centimeter	1/1/2026
A2024	Resolve matrix or xenopatch, per square centimeter	1/1/2026
A2025	Miro3d, per cubic centimeter	1/1/2026
A2027	Matriderm, per square centimeter	1/1/2026
A2028	Micromatrix flex, per mg	1/1/2026
A2029	Mirotract wound matrix sheet, per cubic centimeter	1/1/2026
A2037	G4derm plus/suprello, per milliliter	8/1/2026
A2040	Microlyte painguard, per square centimeter	8/1/2026
A2041	Foundation drs+ duo, per square centimeter	8/1/2026
A2042	Foundation drs+ solo, per square centimeter	8/1/2026
A2043	Biobrane, per square centimeter	8/1/2026
A2044	Biobrane glove, each	8/1/2026
A2045	Novashield or novogen wound matrix, per square centimeter	8/1/2026
A4238	monthly supply allowance for an adjunctive, non-implanted Continuous Glucose Monitor (CGM).	10/1/2026
A4239	monthly supply allowance for a non-adjunctive, non-implanted continuous glucose monitor (CGM)	10/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	8/1/2026
A8005	Powered, cable driven grip assist glove, hand, finger, includes microprocessor, pressure sensors, all components and accessories, custom fitted	8/1/2026
A8006	Powered, cable driven grip assist glove, hand, finger, includes pressure sensors, glove replacement only	8/1/2026
C1762	Connective tissue, human (includes fascia lata)	1/1/2026
C1821	Interspinous process distraction device (implantable)	1/1/2026
C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system	1/1/2026
C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	1/1/2026
C9047	Injection, caplacizumab-yhdp, 1 mg	8/1/2026
C9363	Skin substitute, integra meshed bilayer wound matrix, per square centimeter	1/1/2026
C9399	Unclassified drugs or biologicals	effective since before 9/1/2019
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	10/1/2025
E0194	Air fluidized bed	8/1/2026
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	8/1/2026
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	8/1/2026
E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each	8/1/2026
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	8/1/2026
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	effective since before 9/1/2019
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	effective since before 9/1/2019
E0658	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full arms and chest	8/1/2026
E0659	Segmental pneumatic appliance for use with pneumatic compressor, integrated, head, neck and chest	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less	effective since before 9/1/2019
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	effective since before 9/1/2019
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	effective since before 9/1/2019
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	effective since before 9/1/2019
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	effective since before 9/1/2019
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	effective since before 9/1/2019
E0784	External ambulatory infusion pump, insulin	10/1/2026
E1002	Wheelchair accessory, power seating system, tilt only	effective since before 9/1/2019
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	effective since before 9/1/2019
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	effective since before 9/1/2019
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	effective since before 9/1/2019
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	effective since before 9/1/2019
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	effective since before 9/1/2019
E1399	Durable medical equipment, miscellaneous	8/1/2026
E2100	Blood glucose monitor with integrated voice synthesizer.	10/1/2026
E2101	blood glucose monitor equipped with an integrated lancing and blood sampling mechanism	10/1/2026
E2102	adjunctive, non-implanted continuous glucose monitor (CGM) or receiver	10/1/2026
E2103	non-adjunctive, non-implanted continuous glucose monitor (CGM) or receiver	10/1/2026
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	effective since before 9/1/2019
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only	8/1/2026
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	effective since before 9/1/2019
E2512	Accessory for speech generating device, mounting system	8/1/2026
E2599	Accessory for speech generating device, not otherwise classified	effective since before 9/1/2019
E2609	Custom fabricated wheelchair seat cushion, any size	effective since before 9/1/2019
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	effective since before 9/1/2019
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	effective since before 9/1/2019
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	effective since before 9/1/2019
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	effective since before 9/1/2019
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	effective since before 9/1/2019
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	effective since before 9/1/2019
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	effective since before 9/1/2019
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	8/1/2026
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	effective since before 9/1/2019
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	effective since before 9/1/2019
G0162	Skilled services by a registered nurse (rn) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an rn to ensure that essential non-skilled care achieves its purpose in the home health or hospice setting)	effective since before 9/1/2019
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	1/1/2026
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	effective since before 9/1/2019
G0300	Direct skilled nursing services of a licensed practical nurse (lpn) in the home health or hospice setting, each 15 minutes	effective since before 9/1/2019
G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization or intensive outpatient setting, approximately 45 to 50 minutes	1/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
G0411	Interactive group psychotherapy, in a partial hospitalization or intensive outpatient setting, approximately 45 to 50 minutes	1/1/2026
J0129	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	9/1/2020
J0174	Injection, lecanemab-irmb, 1 mg	4/1/2024
J0175	Injection, donanemab-azbt, 2 mg	4/1/2025
J0177	Injection, aflibercept hd, 1 mg	4/1/2024
J0178	Injection, aflibercept, 1 mg	effective since before 9/1/2019
J0179	Injection, brolucizumab-dbll, 1 mg	9/1/2020
J0180	Injection, agalsidase beta, 1 mg	effective since before 9/1/2019
J0202	Injection, alemtuzumab, 1 mg	effective since before 9/1/2019
J0217	Injection, velmanase alfa-tycv, 1 mg	8/1/2026
J0218	Injection, olipudase alfa-rpcp, 1 mg	8/1/2026
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	8/1/2026
J0220	Alglucosidase alfa	8/1/2026
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	8/1/2026
J0222	Injection, Patisiran, 0.1 mg	10/1/2019
J0223	Injection, givosiran, 0.5 mg	1/1/2021
J0224	Injection, lumasiran, 0.5 mg	7/1/2022
J0225	Injection, vutrisiran, 1 mg	11/1/2022
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	8/1/2026
J0490	Injection, belimumab, 10 mg	effective since before 9/1/2019
J0491	Injection, anifrolumab-fnia, 1 mg	4/1/2022
J0517	Injection, benralizumab, 1 mg	1/1/2020
J0567	Brineura (cerliponase alfa)	8/1/2026
J0584	Injection, burosumab-twza 1 mg	1/1/2025
J0585	Injection, onabotulinumtoxina, 1 unit	effective since before 9/1/2019

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
J0586	Injection, abobotulinumtoxina, 5 units	effective since before 9/1/2019
J0587	Injection, rimabotulinumtoxinb, 100 units	effective since before 9/1/2019
J0588	Injection, incobotulinumtoxin a, 1 unit	effective since before 9/1/2019
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	4/1/2024
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	8/1/2026
J0638	Injection, canakinumab, 1 mg	8/1/2026
J0717	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	1/1/2026
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	8/1/2026
J0791	Injection, crizanlizumab-tmca, 5 mg	8/1/2026
J0801	Injection, corticotropin (acthar gel), up to 40 units	1/1/2026
J0896	Injection, luspatercept-aamt, 0.25 mg	1/1/2025
J0897	Injection, denosumab, 1 mg	1/1/2025
J1072	Injection, testosterone cypionate (azmiro), 1 mg	1/1/2026
J1073	Testosterone pellet, implant, 75 mg	4/1/2026
J1203	Injection, cipaglucosidase alfa-atga, 5 mg	8/1/2026
J1289	Injection, narsoplimab-wuug, 1 mg	10/1/2026
J1299	Injection, eculizumab, 2 mg	10/1/2025
J1300	Injection, eculizumab, 10 mg	8/1/2026
J1302	Injection, sutimlimab-jome, 10 mg	8/1/2026
J1303	Injection, ravulizumab-cwvz, 10 mg	10/1/2019
J1304	Injection, tofersen, 1 mg	8/1/2026
J1305	Injection, evinacumab-dgnb, 5mg	8/1/2026
J1306	Injection, inclisiran, 1 mg	10/1/2023
J1307	Injection, crovalimab-akkz, 10 mg	1/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
J1322	Injection, elosulfase alfa, 1 mg	8/1/2026
J1323	Injection, zolbetuximab-clzb, 2 mg	4/1/2026
J1326	Injection, zolbetuximab-clzb, 2 mg	4/1/2026
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	7/1/2024
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10^13 vector genomes	7/1/2024
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	7/1/2024
J1426	Casimersen	8/1/2026
J1427	Injection, viltolarsen, 10 mg	8/1/2026
J1428	Injection, eteplirsen, 10 mg	8/1/2026
J1429	Injection, golodirsen, 10 mg	8/1/2026
J1437	Injection, ferric derisomaltose, 10 mg	1/1/2026
J1438	Injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	1/1/2026
J1439	Injection, ferric carboxymaltose, 1 mg	1/1/2026
J1448	Injection, trilaciclib, 1mg	8/1/2026
J1449	Injection, eflapegrastim-xnst, 0.1 mg	4/1/2026
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	4/1/2026
J1458	Injection, galsulfase, 1 mg	8/1/2026
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	effective since before 9/1/2019
J1551	Injection, immune globulin (cutaquig), 100 mg	10/1/2023
J1552	Injection, immune globulin (alyglo), 500 mg	1/1/2026
J1553	Yimmugo	8/1/2026
J1554	Injection, immune globulin (asceniv), 500 mg	effective since before 9/1/2019
J1555	Injection, immune globulin (cuvitru), 100 mg	effective since before 9/1/2019
J1556	Injection, immune globulin (bivigam), 500 mg	effective since before 9/1/2019
J1557	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	effective since before 9/1/2019
J1558	Injection, immune globulin (xembify), 100 mg	10/1/2023
J1559	Injection, immune globulin (hizentra), 100 mg	effective since before 9/1/2019

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	effective since before 9/1/2019
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	effective since before 9/1/2019
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	effective since before 9/1/2019
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	effective since before 9/1/2019
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	effective since before 9/1/2019
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immuneglobulin	effective since before 9/1/2019
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	1/1/2026
J1577	Injection, immune globulin (qivigy), 100 mg	8/1/2026
J1595	Injection, glatiramer acetate, 20 mg	1/1/2026
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	effective since before 9/1/2019
J1602	Injection, golimumab, 1 mg, for intravenous use	effective since before 9/1/2019
J1628	Injection, guselkumab, 1 mg	7/1/2025
J1640	Injection, hemin, 1 mg	1/1/2026
J1743	Injection, idursulfase, 1 mg	8/1/2026
J1744	icatibant (Firaxyr/Sajazir)	8/1/2026
J1745	Injection, infliximab, excludes biosimilar, 10 mg	effective since before 9/1/2019
J1747	Spevigo (spesolimab-sbzo)	8/1/2026
J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	1/1/2026
J1786	Injection, imiglucerase, 10 units	8/1/2026
J1823	Injection, inebilizumab-cdon, 1 mg	10/1/2021
J1930	Injection, lanreotide, 1 mg	1/1/2025
J1931	Injection, laronidase, 0.1 mg	8/1/2026
J1932	Injection, lanreotide, (cipla), 1 mg	1/1/2025

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	1/1/2025
J1952	Leuprolide injectable, camcevi, 1 mg	4/1/2026
J2182	Injection, mepolizumab, 1 mg	effective since before 9/1/2019
J2267	Injection, mirikizumab-mrkz, 1 mg	10/1/2024
J2323	Injection, natalizumab, 1 mg	effective since before 9/1/2019
J2326	Injection, nusinersen, 0.1 mg	8/1/2026
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	10/1/2023
J2329	Injection, ublituximab-xiiy, 1mg	7/1/2023
J2350	Injection, ocrelizumab, 1 mg	effective since before 9/1/2019
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	1/1/2026
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	1/1/2025
J2356	Injection, tezepelumab-ekko, 1 mg	10/1/2023
J2357	Injection, omalizumab, 5 mg	effective since before 9/1/2019
J2361	Injection, depemokimab-ulaa, 1 mg	8/1/2026
J2468	Injection, palonosetron hydrochloride (posfrea), 25 micrograms	4/1/2026
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	1/1/2025
J2507	Injection, pegloticase, 1 mg	8/1/2026
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	1/1/2024
J2777	Injection, faricimab-svoa, 0.1 mg	4/1/2024
J2778	Injection, ranibizumab, 0.1 mg	effective since before 9/1/2019
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	7/1/2022
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	10/1/2023
J2782	Injection, avacincaptad pegol, 0.1 mg	8/1/2026
J2789	Riboflavin 5'-phosphate, ophthalmic solution (epioxahd/epioxa), up to 2 ml	10/1/2026
J2802	Injection, romiplostim, 1 microgram	4/1/2026
J2840	Injection, sebelipase alfa, 1 mg	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
J2860	Injection, siltuximab, 10 mg	4/1/2026
J2998	Injection, plasminogen, human-tvmh, 1 mg	8/1/2026
J3032	Injection, eptinezumab-jjmr, 1 mg	1/1/2021
J3055	Injection, talquetamab-tgvs, 0.25 mg	4/1/2026
J3060	Injection, taliglucerase alfa, 10 units	8/1/2026
J3111	Injection, romosozumab-aqqg, 1 mg	8/1/2026
J3145	Injection, testosterone undecanoate, 1 mg	1/1/2026
J3241	Injection, teprotumumab-trbw, 10 mg	8/1/2026
J3245	Injection, tildrakizumab, 1 mg	1/1/2020
J3247	Injection, secukinumab, intravenous, 1 mg	10/1/2024
J3262	Injection, tocilizumab, 1 mg	1/1/2025
J3263	Injection, toripalimab-tpzi, 1 mg	4/1/2026
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg-Zilretta	1/1/2020
J3315	Injection, triptorelin pamoate, 3.75 mg	4/1/2026
J3357	Ustekinumab, for subcutaneous injection, 1 mg	effective since before 9/1/2019
J3358	Ustekinumab, for intravenous injection, 1 mg	effective since before 9/1/2019
J3380	Injection, vedolizumab, intravenous, 1 mg	effective since before 9/1/2019
J3385	Injection, velaglucerase alfa, 100 units	8/1/2026
J3386	Injection, etuvetidigene autotemcel, per treatment	10/1/2026
J3387	Injection, elivaldogene autotemcel, per treatment	8/1/2026
J3389	Topical administration, prademagene zamikeracel, per treatment	8/1/2026
J3392	Casgevy	8/1/2026
J3393	Zynteglo	8/1/2026
J3394	Lyfgenia (Injection, lovotibeglogene autotemcel, per treatment)	8/1/2026
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	8/1/2026
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes	8/1/2026
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 ml	7/1/2024
J3404	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	8/1/2026
J3405	Injection, onasemnogene abeparvovec-brve, per treatment	10/1/2026
J3590	Unclassified biologics	effective since before 9/1/2019

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
J7170	Hemlibra	8/1/2026
J7171	Injection, adamts13, recombinant-krhn, 10 iu	8/1/2026
J7175	Coagadex	8/1/2026
J7176	Injection, human fibrinogen - chmt (fesilty), 1 mg	10/1/2026
J7179	Vonvendi	8/1/2026
J7180	Corifact	8/1/2026
J7181	Tretten	8/1/2026
J7182	Novoeight	8/1/2026
J7183	Wilate	8/1/2026
J7185	Xyntha	8/1/2026
J7186	Alphante	8/1/2026
J7187	Humate-P	8/1/2026
J7188	Obizur	8/1/2026
J7189	Factor viia (antihemophilic factor, recombinant), (novoseven rt), 1 microgram	8/1/2026
J7190	Factor viii (antihemophilic factor, human) per i.u.	effective since before 9/1/2019
J7191	Factor viii (antihemophilic factor (porcine)), per i.u.	effective since before 9/1/2019
J7192	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	effective since before 9/1/2019
J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	effective since before 9/1/2019
J7194	Factor ix, complex, per i.u.	effective since before 9/1/2019
J7195	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	effective since before 9/1/2019
J7196	antithrombin recombinant	8/1/2026
J7197	Thrombate III	8/1/2026
J7198	Feiba NF	8/1/2026
J7199	Hemophilia clotting factor, not otherwise clasified	8/1/2026
J7200	Rixubis	8/1/2026
J7201	Alprolix	8/1/2026
J7202	Idelvion	8/1/2026
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	8/1/2026
J7204	Esperoct	8/1/2026
J7205	Eloctate	8/1/2026
J7207	Adynovate	8/1/2026
J7208	Jivi	8/1/2026
J7209	Nuwiq	8/1/2026
J7210	Afstyla	8/1/2026
J7211	Kovaltry	8/1/2026
J7212	Sevenfact	8/1/2026
J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviiio), per factor viii i.u.	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	1/1/2026
J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	1/1/2026
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	1/1/2026
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	effective since before 9/1/2019
J7320	Hyaluronan or derivitive, genvisc 850, for intra-articular injection, 1 mg	1/1/2020
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	effective since before 9/1/2019
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	effective since before 9/1/2019
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	9/1/2020
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	effective since before 9/1/2019
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	effective since before 9/1/2019
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	effective since before 9/1/2019
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	effective since before 9/1/2019
J7328	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	effective since before 9/1/2019
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	1/1/2020
J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	10/1/2019
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	9/1/2020
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	1/1/2022
J7352	Afamelanotide implant, 1 mg	8/1/2026
J7355	Injection, travoprost, intracameral implant, 1 microgram	8/1/2026
J7999	Compounded drug, not otherwise classified	4/1/2026
J9003	Leuprolide injectable (Camcevi ETM), 1 mg	8/1/2026
J9011	Injection, datopotamab deruxtecandlnk, 1 mg	8/1/2026
J9022	Injection, atezolizumab, 10 mg	1/1/2025
J9023	Injection, avelumab, 10 mg	4/1/2026
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	4/1/2026
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	4/1/2026
J9034	injection, bendamustine hcl (bendeka), 1 mg	4/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
J9036	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg	4/1/2026
J9038	axatilimab-csfr (Niktimvo)	8/1/2026
J9042	Injection, brentuximab vedotin, 1 mg	4/1/2026
J9043	Injection, cabazitaxel, 1 mg	4/1/2026
J9047	Injection, carfilzomib, 1 mg	1/1/2025
J9053	Injection, belantamab mafodotin-blmf, 0.1 mg	10/1/2026
J9055	Injection, cetuximab, 10 mg	1/1/2025
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	4/1/2026
J9061	Injection, amivantamab-vmjw, 2 mg	4/1/2026
J9062	Injection, amivantamab 5 mg and hyaluronidase-lpuj	10/1/2026
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	4/1/2026
J9072	Injection, cyclophosphamide (avyxa), 5 mg	4/1/2026
J9119	Injection, cemiplimab-rwlc, 1 mg	4/1/2026
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	1/1/2025
J9145	Injection, daratumumab, 10 mg	1/1/2025
J9172	Injection, docetaxel (docivyx), 1 mg	4/1/2026
J9173	Injection, durvalumab, 10 mg	1/1/2025
J9176	Injection, elotuzumab, 1 mg	4/1/2026
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	1/1/2025
J9179	Injection, eribulin mesylate, 0.1 mg	4/1/2026
J9183	Gemcitabine intravesical system, 225 mg	8/1/2026
J9200	Injection, floxuridine, 500 mg	4/1/2026
J9202	Goserelin acetate implant, per 3.6 mg	4/1/2026
J9204	Injection, mogamulizumab-kpkc, 1 mg	4/1/2026
J9205	Injection, irinotecan liposome, 1 mg	4/1/2026
J9223	Injection, lurbinectedin, 0.1 mg	4/1/2026
J9227	Injection, isatuximab-irfc, 10 mg	4/1/2026
J9228	Injection, ipilimumab, 1 mg	1/1/2025
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	4/1/2026
J9232	Injection, docetaxel (hospira), not therapeutically equivalent to j9171, 1 mg	10/1/2026
J9256	Injection, nipocalimab-aahu, 3 mg	8/1/2026
J9264	Injection, paclitaxel protein-bound particles, 1 mg	1/1/2025
J9271	Injection, pembrolizumab, 1 mg	1/1/2025
J9272	Injection, dostarlimab-gxly, 10 mg	4/1/2026
J9273	Injection, tisotumab vedotin-tftv, 1 mg	4/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
J9274	Injection, tebentafusp-tebn, 1 microgram	4/1/2026
J9276	Injection, zanidatamab-hrii, 2 mg	4/1/2026
J9277	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph	8/1/2026
J9278	Injection, carboplatin (Avyxa), 1 mg	8/1/2026
J9282	Mitomycin, intravesical instillation, 1 mg	8/1/2026
J9286	Injection, glofitamab-gxbm, 2.5 mg	4/1/2026
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	4/1/2026
J9292	Injection, pemetrexed dipotassium, 10 mg	4/1/2026
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	4/1/2026
J9299	Injection, nivolumab, 1 mg	1/1/2025
J9301	Injection, obinutuzumab, 10 mg	4/1/2026
J9303	Injection, panitumumab, 10 mg	4/1/2026
J9304	Injection, pemetrexed (pemfexy), 10 mg	4/1/2026
J9306	Injection, pertuzumab, 1 mg	1/1/2025
J9307	Injection, pralatrexate, 1 mg	4/1/2026
J9308	Injection, ramucirumab, 5 mg	4/1/2026
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	4/1/2026
J9311	Injection, rituximab 10 mg and hyaluronidase	4/1/2026
J9312	Injection, rituximab, 10 mg	1/1/2025
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zz	4/1/2026
J9317	Injection, sacituzumab govitecan-hziy, 2.5 m	4/1/2026
J9319	Injection, romidepsin, lyophilized, 0.1 mg	4/1/2026
J9321	Injection, epcoritamab-bysp, 0.16 mg	4/1/2026
J9322	Injection, pemetrexed (bluepoint), not therapeutically equ	4/1/2026
J9324	Injection, pemetrexed (pemrydi rtu), 10 mg	4/1/2026
J9325	Injection, talimogene laherparepvec, per 1 million plaque	4/1/2026
J9326	Injection, telisotuzumab vedotin-tllv, 1 mg	8/1/2026
J9330	Injection, temsirolimus, 1 mg	4/1/2026
J9332	Injection, efgartigimod alfa-fcab, 2mg	7/1/2023
J9333	Injection, rozanolixizumab-noli, 1 mg	1/1/2024
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	1/1/2024
J9347	Injection, tremelimumab-actl, 1 mg	4/1/2026
J9349	Injection, tafasitamab-cxix, 2 mg	4/1/2026
J9350	Injection, mosunetuzumab-axgb, 1 mg	4/1/2026
J9353	Injection, margetuximab-cmkb, 5 m	4/1/2026
J9354	Injection, ado-trastuzumab emtansine, 1 mg	4/1/2026
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	4/1/2026
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	4/1/2026
J9357	Injection, valrubicin, intravesical, 200 mg	4/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	1/1/2025
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	4/1/2026
J9362	Injection, trabectedin, 0.01 mg	10/1/2026
J9376	Injection, pozelimab-bbfg, 1 mg	4/1/2024
J9380	Injection, teclistamab-cqyv, 0.5 mg	4/1/2026
J9381	Injection, teplizumab-mzwv, 5 mcg	8/1/2026
J9400	Injection, ziv-aflibercept, 1 mg	4/1/2026
J9600	Injection, porfimer sodium, 75 mg	4/1/2026
J9601	Injection, linvoseltamab-gcpt, 1 mg	8/1/2026
J9999	Not otherwise classified, antineoplastic drugs	1/1/2024
K0005	Ultralightweight wheelchair	effective since before 9/1/2019
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	effective since before 9/1/2019
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	effective since before 9/1/2019
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	effective since before 9/1/2019
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	effective since before 9/1/2019

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
L0456	Tlso, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	8/1/2026
L0457	Tlso, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf	8/1/2026
L0464	Tlso, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	4/1/2026
L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	8/1/2026
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	4/1/2026
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	8/1/2026
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf	8/1/2026
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	4/1/2026
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	4/1/2026
L1844	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	8/1/2026
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	8/1/2026
L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	4/1/2026
L1960	Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated	8/1/2026
L1970	Ankle foot orthosis, plastic with ankle joint, custom fabricated	8/1/2026
L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	8/1/2026
L2020	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'ak' orthosis), custom fabricated	4/1/2026
L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	8/1/2026
L3730	Elbow orthosis, double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	8/1/2026
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	effective since before 9/1/2019

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	effective since before 9/1/2019
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	effective since before 9/1/2019
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	effective since before 9/1/2019
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	8/1/2026
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	effective since before 9/1/2019
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	effective since before 9/1/2019
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	8/1/2026
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	effective since before 9/1/2019
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	effective since before 9/1/2019
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	effective since before 9/1/2019
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	8/1/2026
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	effective since before 9/1/2019
L5981	All lower extremity prostheses, flex-walk system or equal	effective since before 9/1/2019
L5984	All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability	4/1/2026
L5986	All lower extremity prostheses, multi-axial rotation unit ('mcp' or equal)	8/1/2026
L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon	effective since before 9/1/2019
L5999	Lower extremity prosthesis, not otherwise specified	effective since before 9/1/2019
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	effective since before 9/1/2019

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	effective since before 9/1/2019
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	effective since before 9/1/2019
L7259	Electronic wrist rotator, any type	effective since before 9/1/2019
L7499	Upper extremity prosthesis, not otherwise specified	8/1/2026
L8040	Nasal prosthesis, provided by a non-physician	effective since before 9/1/2019
L8500	Artificial larynx, any type	8/1/2026
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	effective since before 9/1/2019
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	1/1/2026
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	1/1/2022
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	1/1/2022
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	4/1/2026
Q2050	injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	4/1/2026
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	1/1/2022
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	1/1/2022
Q2055	Idecabtagene vicleucel, up to 510 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	4/1/2024
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	4/1/2023
Q2057	Tecelra	8/1/2026
Q2058	Obecabtagene autoleucel, up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	10/1/2026
Q4101	Apligraf, per square centimeter	1/1/2026
Q4103	Oasis burn matrix, per square centimeter	1/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter	1/1/2026
Q4105	Integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix, per square centimeter	1/1/2026
Q4106	Dermagraft, per square centimeter	1/1/2026
Q4107	Graftjacket, per square centimeter	1/1/2026
Q4108	Integra matrix, per square centimeter	1/1/2026
Q4110	Primatrix, per square centimeter	1/1/2023
Q4116	Alloderm, per square centimeter	1/1/2026
Q4117	Hyalomatrix, per square centimeter	1/1/2023
Q4118	Matristem micromatrix, 1 mg	1/1/2026
Q4121	Theraskin, per square centimeter	1/1/2023
Q4122	Dermacell, dermacell awm or dermacell awm porous, per square centimeter	1/1/2026
Q4123	Alloskin rt, per square centimeter	1/1/2026
Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter	1/1/2026
Q4127	Talymed, per square centimeter	1/1/2026
Q4128	Flex hd, or allopatch hd, per square centimeter	1/1/2026
Q4131	Epifix or epicord, per square centimeter	1/1/2026
Q4132	Grafix core and grafixpl core, per square centimeter	1/1/2026
Q4133	Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter	1/1/2023
Q4134	Hmatrix, per square centimeter	1/1/2026
Q4135	Mediskin, per square centimeter	1/1/2026
Q4137	Amnioexcel, amnioexcel plus or biodexcel, per square centimeter	1/1/2026
Q4138	Biodfence dryflex, per square centimeter	1/1/2026
Q4140	Biodfence, per square centimeter	1/1/2026
Q4141	Alloskin ac, per square centimeter	1/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
Q4143	Repriza, per square centimeter	1/1/2026
Q4146	Tensix, per square centimeter	1/1/2026
Q4147	Architect, architect px, or architect fx, extracellular matrix, per square centimeter	1/1/2026
Q4148	Neox cord 1k, neox cord rt, or clarix cord 1k, per square centimeter	1/1/2026
Q4150	Allowrap ds or dry, per square centimeter	1/1/2026
Q4151	Amnioband or guardian, per square centimeter	1/1/2026
Q4152	Dermapure, per square centimeter	1/1/2026
Q4153	Dermavest and plurivest, per square centimeter	1/1/2026
Q4154	Biovance, per square centimeter	1/1/2026
Q4156	Neox 100 or clarix 100, per square centimeter	1/1/2026
Q4157	Revitalon, per square centimeter	1/1/2026
Q4158	Kerecis omega3, per square centimeter	1/1/2023
Q4159	Affinity, per square centimeter	1/1/2026
Q4160	Nushield, per square centimeter	1/1/2026
Q4161	Bio-connekt wound matrix, per square centimeter	1/1/2026
Q4162	Woundex flow, bioskin flow, 0.5 cc	1/1/2026
Q4163	Woundex, bioskin, per square centimeter	1/1/2026
Q4164	Helicoll, per square centimeter	1/1/2026
Q4167	Truskin, per square centimeter	1/1/2026
Q4169	Artacent wound, per square centimeter	1/1/2023
Q4170	Cygnus, per square centimeter	1/1/2026
Q4172	Puraply or puraply am, per square centimeter	1/1/2026
Q4173	Palingen or palingen xplus, per square centimeter	1/1/2026
Q4175	Miroderm, per square centimeter	1/1/2026
Q4176	Neopatch or therion, per square centimeter	1/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
Q4178	Floweramniopatch, per square centimeter	1/1/2026
Q4179	Flowerderm, per square centimeter	1/1/2026
Q4180	Revita, per square centimeter	1/1/2026
Q4181	Amnio wound, per square centimeter	1/1/2026
Q4182	Transcyte, per square centimeter	1/1/2026
Q4183	Surgigraft, per square centimeter	1/1/2026
Q4184	Cellesta or cellesta duo, per square centimeter	1/1/2026
Q4186	Epifix, per square centimeter	1/1/2023
Q4187	Epicord, per square centimeter	1/1/2026
Q4188	Amnioarmor, per square centimeter	1/1/2026
Q4190	Artacent ac, per square centimeter	1/1/2026
Q4191	Restorigin, per square centimeter	1/1/2023
Q4193	Coll-e-derm, per square centimeter	1/1/2026
Q4194	Novachor, per square centimeter	1/1/2026
Q4195	Puraply, per square centimeter	1/1/2026
Q4196	Puraply am, per square centimeter	1/1/2026
Q4197	Puraply xt, per square centimeter	1/1/2026
Q4198	Genesis amniotic membrane, per square centimeter	1/1/2026
Q4199	Cygnus matrix, per square centimeter	1/1/2026
Q4200	Skin te, per square centimeter	1/1/2026
Q4201	Matrion, per square centimeter	1/1/2026
Q4203	Derma-gide, per square centimeter	1/1/2026
Q4205	Membrane graft or membrane wrap, per square centimeter	1/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
Q4208	Novafix, per square centimeter	1/1/2026
Q4209	Surgraft, per square centimeter	1/1/2026
Q4210	Axolotl graft or axolotl dualgraft, per square centimeter	1/1/2026
Q4211	Amnion bio or Axobiomembrane, per square centimeter	1/1/2026
Q4216	Artacent cord, per square centimeter	1/1/2026
Q4217	Woundfix, biowound, woundfix plus, biowound plus, woundfix xplus or biowound xplus, per square centimeter	1/1/2026
Q4218	Surgicord, per square centimeter	1/1/2026
Q4219	Surgigraft-dual, per square centimeter	1/1/2026
Q4221	Amniowrap2, per square centimeter	1/1/2026
Q4222	Progenamatrix, per square centimeter	1/1/2026
Q4226	Myown skin, includes harvesting and preparation procedures, per square centimeter	1/1/2026
Q4227	Amniocore, per square centimeter	1/1/2026
Q4229	Cogenex amniotic membrane, per square centimeter	1/1/2026
Q4232	Corplex, per square centimeter	1/1/2026
Q4234	Xcellerate, per square centimeter	1/1/2026
Q4235	Amniorepair or altiply, per square centimeter	1/1/2026
Q4237	Cryo-cord, per square centimeter	1/1/2026
Q4238	Derm-maxx, per square centimeter	1/1/2026
Q4239	Amnio-maxx or amnio-maxx lite, per square centimeter	1/1/2026
Q4240	Corecyte, for topical use only, per 0.5 cc	1/1/2026
Q4242	Amniocyte plus, per 0.5 cc	1/1/2026
Q4245	Amniotext, per cc	1/1/2026
Q4248	Dermacyte amniotic membrane allograft, per square centimeter	1/1/2026
Q4249	Amniply, for topical use only, per square centimeter	1/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
Q4250	Amnioamp-mp, per square centimeter	1/1/2026
Q4252	Vendaje, per square centimeter	1/1/2026
Q4253	Zenith amniotic membrane, per square centimeter	1/1/2026
Q4254	Novafix dl, per square centimeter	1/1/2023
Q4258	Enverse, per square centimeter	1/1/2026
Q4262	Dual layer impax membrane, per square centimeter	1/1/2026
Q4268	Surgraft ft, per square centimeter	1/1/2026
Q4271	Complete ft, per square centimeter	1/1/2026
Q4278	Epieffect, per square centimeter	1/1/2026
Q4282	Cygnus dual, per square centimeter	1/1/2026
Q4285	Nudyn dl or nudyn dl mesh, per square centimeter	1/1/2026
Q4286	Nudyn sl or nudyn slw, per square centimeter	1/1/2026
Q4294	Amnio quad-core, per square centimeter	4/1/2026
Q4299	Amnicore pro+, per square centimeter	4/1/2026
Q4309	Via matrix, per square centimeter	1/1/2026
Q4319	Sanograft, per square centimeter	1/1/2026
Q4320	Pellograft, per square centimeter	1/1/2026
Q4331	Axolotl graft, per square centimeter	1/1/2026
Q4332	Axolotl dualgraft, per square centimeter	1/1/2026
Q4353	Xceed tl matrix, per square centimeter (add-on, list separately in addition to primary procedure)	10/1/2026
Q4354	Palingen dual-layer membrane, per square centimeter	1/1/2026
Q4357	Xwrap plus, per square centimeter	1/1/2026
Q4358	Xwrap dual, per square centimeter	1/1/2026
Q4361	Epiexpress, per square centimeter	1/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter	1/1/2026
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter	1/1/2026
Q4365	Amnio burgeon dual-layer membrane, per square centimeter	1/1/2026
Q4366	Dual layer amnio burgeon x-membrane, per square centimeter	1/1/2026
Q4383	Axolotl graft ultra, per square centimeter	1/1/2026
Q4385	Apollo ft, per square centimeter	1/1/2026
Q4386	Acesso trifaca, per square centimeter	1/1/2026
Q4388	Neothelium 4l, per square centimeter	1/1/2026
Q4389	Neothelium 4l plus, per square centimeter	1/1/2026
Q4392	Grafix duo, per square centimeter	1/1/2026
Q4393	Surgraft ac, per square centimeter	1/1/2026
Q4394	Surgraft aca, per square centimeter	1/1/2026
Q4395	Acelagraft, per square centimeter	1/1/2026
Q4396	Natalin, per square centimeter	1/1/2026
Q4397	Summit aaa, per square centimeter	1/1/2026
Q4398	Summit ac, per square centimeter	8/1/2026
Q4399	Summit fx, per square centimeter	8/1/2026
Q4400	Polygon3 membrane, per square centimeter	8/1/2026
Q4401	Absolv3 membrane, per square centimeter	8/1/2026
Q4402	Xwrap 2.0, per square centimeter	8/1/2026
Q4403	Xwrap dual plus, per square centimeter	8/1/2026
Q4404	Xwrap hydro plus, per square centimeter	8/1/2026
Q4405	Xwrap fenestra plus, per square centimeter	8/1/2026
Q4406	Xwrap fenestra, per square centimeter	8/1/2026
Q4407	Xwrap tribus, per square centimeter	8/1/2026
Q4408	Xwrap hydro, per square centimeter	8/1/2026
Q4409	Amniomatrixf3x, per square centimeter	8/1/2026
Q4410	Amchomatrixdl, per square centimeter	8/1/2026
Q4411	Amniomatrixf4x, per square centimeter	8/1/2026
Q4412	Cygnus solo, per square centimeter	8/1/2026
Q4413	Cygnus solo, per square centimeter	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
Q4414	Simplichor, per square centimeter	8/1/2026
Q4418	Biolab membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4419	Biolab membrane wrap lite flow, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4421	Biolab membrane wrap solo, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4422	A/c wrap, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4423	Biolab tri-membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4424	Revive ft, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4425	Revive tl, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4426	Dermabind tl + or dermabind tl x, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4427	Dermabind dl n or dermabind dl + or dermabind dl x, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4428	Dermabind sl n or dermabind sl + or dermabind sl x, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4429	Dermabind ch n or dermabind ch x, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4435	Renati membrane, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4436	Renati ac membrane, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4437	Revival ac, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4438	Pretect, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4439	Instagraft, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4440	Curamatrix, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	1/1/2026
Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	1/1/2026
Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	1/1/2026
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	effective since before 9/1/2019
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	effective since before 9/1/2019
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	4/1/2026
Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	4/1/2026
Q5111	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	4/1/2026
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	4/1/2026
Q5113	injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	4/1/2026
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	4/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
Q5115	Truxima	1/1/2025
Q5116	injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	4/1/2026
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	4/1/2026
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	1/1/2025
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	1/1/2025
Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	4/1/2026
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	4/1/2021
Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	4/1/2026
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	1/1/2024
Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	1/1/2026
Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	4/1/2026
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	4/1/2026
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	1/1/2023
Q5129	injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	4/1/2026
Q5130	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg	4/1/2026
Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	1/1/2025
Q5134	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	1/1/2026
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	1/1/2026
Q5136	Inj. denosumab-bbdz, 1mg	4/1/2026
Q5137	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	8/1/2026
Q5138	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	7/1/2025
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	1/1/2026
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	1/1/2026
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	7/1/2025
Q5149	Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg	1/1/2026
Q5150	Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg	1/1/2026
Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	10/1/2025
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	10/1/2025

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
Q5153	Injection, aflibercept-yszy (opuviz), biosimilar, 1 mg	1/1/2026
Q5154	Injection, omalizumab-igec (omlyclo), biosimilar, 5 mg	1/1/2026
Q5155	Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg	1/1/2026
Q5156	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg"	4/1/2026
Q5157	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg	4/1/2026
Q5158	Injection, denosumab-bnht (bomyntra/conexxence), biosimilar, 1 mg	4/1/2026
Q5159	Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg	4/1/2026
Q5160	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg	8/1/2026
Q5161	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	8/1/2026
Q5162	Injection, denosumab-nxxp (bildyos/bilprevda), biosimilar, 1 mg	8/1/2026
Q5164	Injection, ustekinumab-hmny (starjemza), biosimilar, 1 mg	8/1/2026
Q5165	Injection, denosumab-mobz (oziltus), biosimilar, 1 mg	8/1/2026
Q5166	Injection, denosumab-desu (osvyrti/jubereq), biosimilar, 1 mg	8/1/2026
Q5167	Injection, denosumab-qbde (enoby/xtrenbo), biosimilar, 1 mg	8/1/2026
Q5168	Injection, ranibizumab-leyk (nufymco), biosimilar, 0.1 mg	8/1/2026
Q5169	Injection, pegfilgrastim-unne (armlupeg), biosimilar, 0.5 mg	8/1/2026
Q5170	Injection, aflibercept-boav (eydenzelt), biosimilar, 1 mg	8/1/2026
Q5171	Injection, denosumab-mobz (boncresa), biosimilar, 1 mg	8/1/2026
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	1/1/2026
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	10/1/2025
Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg	10/1/2025
Q9999	Injection, ustekinumab-aauz (otulfi), biosimilar, 1 mg	10/1/2025
T1000	Private duty / independent nursing service(s) - licensed, up to 15 minutes	4/1/2023
T1001	Nursing assessment / evaluation	4/1/2023
T1002	Rn services, up to 15 minutes	4/1/2023
T1003	Lpn/lvn services, up to 15 minutes	4/1/2023
T1021	Home health aide or certified nurse assistant, per visit	8/1/2026
T1031	Nursing care, in the home, by licensed practical nurse, per diem	8/1/2026

CPT and HCPCS codes that require authorization	Description of Procedure Code	Effective date
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