



# BlueCross BlueShield of Illinois

This list includes Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System codes related to services and 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 a customer service representative to determine coverage for a specific medical service or supply.

**Green highlighted codes are managed by Carelon Medical Benefits Management for Medicaid members with Blue Cross Community Health Plans™.**

## Illinois Medicaid Prior Authorization Code List, Effective 10/1/2026

*This file is a searchable PDF.  
Use <CTRL F> to find your selected criteria.*

### IMPORTANT LINKS:

[Medical Policies for Blue Cross and Blue Shield of Illinois](#)

[Carelon Medical Policies](#)

[Prescription Drug Benefits](#)

For American Society of Addiction Medicine Criteria and MCG Care Guidelines, visit:

[Availity® Essentials](#)

CLINICAL CRITERIA and MEDICAL POLICY INFORMATION: Our service authorization program utilizes nationally recognized criteria in addition to our health plan specific medical policies to review for medical necessity and standard of care. Clinical Criteria Hierarchy includes Medicaid Provider Manual, MCG, BCBS Medical Policy Illinois, Medicare NCD/LCD Guidelines.

**OUT-OF-NETWORK REMINDER: Prior authorization is required for any services provided by out-of-network providers.**

| CPT and HCPCS Codes | Description of Procedure Code      | Medical Records Request Information Required                                                          | Clinical Criteria Category               | Medical Policy Number                  | Medical Policy Name                                                                                                                                                | Effective and Change Date | Date Posted to Website* |
|---------------------|------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 11950               | TX CONTOUR DEFECTS 1 CC/<          | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001               | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                          | Added prior to 9/1/2019   | 4/28/2026               |
| 11951               | TX CONTOUR DEFECTS 1.1-5.0CC       | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001               | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                          | Added prior to 9/1/2019   | 4/28/2026               |
| 11952               | TX CONTOUR DEFECTS 5.1-10CC        | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001               | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                          | Added prior to 9/1/2019   | 7/1/2026                |
| 11954               | TX CONTOUR DEFECTS >10.0 CC        | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001               | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                          | Added prior to 9/1/2019   | 4/28/2026               |
| 11960               | INSERT TISSUE EXPANDER(S)          | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR716.001                             | Cosmetic and Reconstructive Procedures                                                                                                                             | Added prior to 9/1/2019   |                         |
| 14021               | SCALP ADVANCEMENT OR REDUCTION     | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR717.001                             | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                                                    | Added 1/1/23              |                         |
| 15756               | Implants (gluteal, calf, pectoral) | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001               | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                          | Added 1/1/23              | 7/1/2026                |
| 15777               | Implants (gluteal, calf, pectoral) | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR717.001                             | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                                                    | Added 1/1/23              |                         |
| 15780               | DERMABRASION TOTAL FACE            | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001<br>THE801.030 | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Nonpharmacologic Treatment of Rosacea | Added prior to 9/1/2019   | 4/28/2026               |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                                                           | Clinical Criteria Category               | Medical Policy Number                      | Medical Policy Name                                                                                                                                                                   | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 15781               | DERMABRASION SEGMENTAL FACE   | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                  | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001<br>THE801.030     | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                             | Added prior to 9/1/2019   | 4/28/2026               |
| 15782               | DERMABRASION OTHER THAN FACE  | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                  | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001<br>THE801.030     | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                             | Added prior to 9/1/2019   | 4/28/2026               |
| 15783               | DERMABRASION SUPRFL ANY SITE  | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                  | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001<br>THE801.030     | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                             | Added prior to 9/1/2019   | 4/28/2026               |
| 15820               | REVISION OF LOWER EYELID      | Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes. | Outpatient Medical and surgical services | SUR716.004<br>SUR717.001                   | Blepharoplasty, Blepharoptosis and Brow Repair<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                     | Added prior to 9/1/2019   |                         |
| 15821               | REVISION OF LOWER EYELID      | Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes. | Outpatient Medical and surgical services | SUR716.004<br>SUR717.001                   | Blepharoplasty, Blepharoptosis and Brow Repair<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                     | Added prior to 9/1/2019   |                         |
| 15822               | REVISION OF UPPER EYELID      | Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes. | Outpatient Medical and surgical services | SUR716.004<br>SUR717.001                   | Blepharoplasty, Blepharoptosis and Brow Repair<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                     | Added prior to 9/1/2019   |                         |
| 15823               | REVISION OF UPPER EYELID      | Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes. | Outpatient Medical and surgical services | SUR716.004<br>SUR717.001                   | Blepharoplasty, Blepharoptosis and Brow Repair<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                     | Added prior to 9/1/2019   |                         |
| 15830               | EXC SKIN ABD                  | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                  | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001<br><br>SUR701.024 | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Surgical Treatments for Breast Cancer-Related Lymphedema | Added prior to 9/1/2019   | 7/1/2026                |
| 15832               | EXCISE EXCESSIVE SKIN THIGH   | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                  | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001<br><br>SUR701.024 | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Surgical Treatments for Breast Cancer-Related Lymphedema | Added prior to 9/1/2019   | 7/1/2026                |
| 15833               | EXCISE EXCESSIVE SKIN LEG     | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                  | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001<br><br>SUR701.024 | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Surgical Treatments for Breast Cancer-Related Lymphedema | Added prior to 9/1/2019   | 7/1/2026                |
| 15834               | EXCISE EXCESSIVE SKIN HIP     | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                  | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001<br><br>SUR701.024 | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Surgical Treatments for Breast Cancer-Related Lymphedema | Added prior to 9/1/2019   | 7/1/2026                |
| 15835               | EXCISE EXCESSIVE SKIN BUTTCK  | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                  | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001<br><br>SUR701.024 | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Surgical Treatments for Breast Cancer-Related Lymphedema | Added prior to 9/1/2019   | 7/1/2026                |
| 15836               | EXCISE EXCESSIVE SKIN ARM     | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                  | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001<br><br>SUR701.024 | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Surgical Treatments for Breast Cancer-Related Lymphedema | Added prior to 9/1/2019   | 7/1/2026                |
| 15837               | EXCISE EXCESS SKIN ARM/HAND   | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                  | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001<br><br>SUR701.024 | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Surgical Treatments for Breast Cancer-Related Lymphedema | Added prior to 9/1/2019   | 7/1/2026                |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                          | Clinical Criteria Category               | Medical Policy Number                          | Medical Policy Name                                                                                                                                                                                                         | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 15838               | EXCISE EXCESS SKIN FAT PAD    | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR716.001 SUR717.001<br>SUR701.024            | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Surgical Treatments for Breast Cancer-Related Lymphedema                                       | Added prior to 9/1/2019   | 7/1/2026                |
| 15839               | EXCISE EXCESS SKIN & TISSUE   | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR716.001 SUR717.001<br>SUR701.024 SUR716.017 | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Surgical Treatments for Breast Cancer-Related Lymphedema<br>Surgical Treatment of Gynecomastia | Added prior to 9/1/2019   | 7/1/2026                |
| 15847               | EXC SKIN ABD ADD-ON           | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR716.001<br>SUR701.024                       | Cosmetic and Reconstructive Procedures<br>Surgery for Lipedema and Lymphedema                                                                                                                                               | Added prior to 9/1/2019   |                         |
| 15876               | SUCTION LIPECTOMY HEAD&NECK   | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR716.001 SUR717.001<br>SUR701.024            | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Surgical Treatments for Breast Cancer-Related Lymphedema                                       | Added prior to 9/1/2019   | 7/1/2026                |
| 15877               | SUCTION LIPECTOMY TRUNK       | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR716.001 SUR717.001<br>SUR701.024            | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Surgical Treatments for Breast Cancer-Related Lymphedema                                       | Added prior to 9/1/2019   | 7/1/2026                |
| 15878               | SUCTION LIPECTOMY UPR EXTREM  | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR716.001 SUR717.001<br>SUR701.024            | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Surgical Treatments for Breast Cancer-Related Lymphedema                                       | Added prior to 9/1/2019   | 7/1/2026                |
| 15879               | SUCTION LIPECTOMY LWR EXTREM  | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR716.001 SUR717.001<br>SUR701.024            | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Surgical Treatments for Breast Cancer-Related Lymphedema                                       | Added prior to 9/1/2019   | 7/1/2026                |
| 17106               | DESTRUCTION OF SKIN LESIONS   | Letter of medical necessity, including condition being treated.                                       | Outpatient Medical and surgical services | SUR704.008 THE801.030                          | Laser Treatment of Congenital Port Wine Stain (PWS), Hemangiomas, and Other External Vascular Malformations<br>Nonpharmacologic Treatment of Rosacea                                                                        | Added 1/1/23              | 4/28/2026               |
| 17107               | DESTRUCTION OF SKIN LESIONS   | Letter of medical necessity, including condition being treated.                                       | Outpatient Medical and surgical services | SUR704.008 THE801.030                          | Laser Treatment of Congenital Port Wine Stain (PWS), Hemangiomas, and Other External Vascular Malformations<br>Nonpharmacologic Treatment of Rosacea                                                                        | Added prior to 9/1/2019   | 4/28/2026               |
| 17108               | DESTRUCTION OF SKIN LESIONS   | Letter of medical necessity, including condition being treated.                                       | Outpatient Medical and surgical services | SUR704.008 THE801.031                          | Laser Treatment of Congenital Port Wine Stain (PWS), Hemangiomas, and Other External Vascular Malformations<br>Nonpharmacologic Treatment of Rosacea                                                                        | Added 1/1/23              | 4/28/2026               |
| 17340               | CRYOTHERAPY OF SKIN           | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                                            | GRG PG-WS Wound and Skin Management GRG                                                                                                                                                                                     | Added prior to 9/1/2019   | 4/28/2026               |
| 17360               | SKIN PEEL THERAPY             | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                                            | GRG PG-WS Wound and Skin Management GRG                                                                                                                                                                                     | Added prior to 9/1/2019   | 4/28/2026               |
| 17380               | HAIR REMOVAL BY ELECTROLYSIS  | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001                       | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                                                                   | Added prior to 9/1/2019   |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                                                                            | Clinical Criteria Category               | Medical Policy Number                                    | Medical Policy Name                                                                                                                                                                 | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 19294               | IORT BREAST                   | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                   | Radiation Therapy                        | Carelon                                                  | Carelon                                                                                                                                                                             | Change 8/1/2025           |                         |
| 19296               | Place po breast cath for rad  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                   | Radiation Therapy                        | Carelon                                                  | Carelon                                                                                                                                                                             | Change 8/1/2025           |                         |
| 19297               | Place breast cath for rad     | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                   | Radiation Therapy                        | Carelon                                                  | Carelon                                                                                                                                                                             | Change 8/1/2025           |                         |
| 19298               | Place breast rad tube/caths   | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                   | Radiation Therapy                        | Carelon                                                  | Carelon                                                                                                                                                                             | Change 8/1/2025           |                         |
| 19303               | MASTECTOMY                    | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                                   | Outpatient Medical and surgical services | SUR717.001                                               | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                           | Added 1/1/23              | 7/1/2026                |
| 19316               | SUSPENSION OF BREAST          | Pre-operative evaluation, history and physical including functional impairment and operative report.                                                    | Outpatient Medical and surgical services | SUR717.001<br>SUR716.010<br>SUR716.011                   | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Mastopexy<br>Reconstructive Breast Surgery                                                       | Added prior to 9/1/2019   |                         |
| 19318               | REDUCTION OF LARGE BREAST     | Pre-operative evaluation, height/ weight, previous conservative treatment tried, pathology report, operative report, number of grams of tissue removed. | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001<br><br>SUR716.011<br>SUR716.012 | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Reconstructive Breast Surgery<br>Reduction Mammoplasty | Added prior to 9/1/2019   |                         |
| 19324               | ENLARGE BREAST                | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                                   | Outpatient Medical and surgical services | SUR717.001                                               | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                                                                     | Added prior to 9/1/2019   | 7/1/2026                |
| 19325               | ENLARGE BREAST WITH IMPLANT   | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                                   | Outpatient Medical and surgical services | SUR717.001<br>SUR716.011<br>SUR716.09                    | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Reconstructive Breast Surgery                                                                    | Added prior to 9/1/2019   | 7/1/2026                |
| 19328               | REMOVAL OF BREAST IMPLANT     | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                                   | Outpatient Medical and surgical services | SUR716.009<br>SUR716.011                                 | Reconstructive Breast Surgery/Manament of Breast Implants<br>Reconstructive Breast Surgery                                                                                          | Added prior to 9/1/2019   | 7/1/2026                |
| 19330               | REMOVAL OF IMPLANT MATERIAL   | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                                   | Outpatient Medical and surgical services | SUR716.009<br>SUR716.011                                 | Reconstructive Breast Surgery/Manament of Breast Implants<br>Reconstructive Breast Surgery                                                                                          | Added prior to 9/1/2019   | 7/1/2026                |
| 19350               | nipple graft                  | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                                   | Outpatient Medical and surgical services | SUR717.001, SUR716.011                                   | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Reconstructive Breast Surgery                                                                    | Added 1/1/23              |                         |
| 19357               | BREAST AUGMENTATION           | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                                   | Outpatient Medical and surgical services | SUR716.011                                               | Reconstructive Breast Surgery                                                                                                                                                       | Added 1/1/23              |                         |
| 19361               | BREAST AUGMENTATION           | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                                   | Outpatient Medical and surgical services | SUR716.011                                               | Reconstructive Breast Surgery                                                                                                                                                       | Added 1/1/23              |                         |
| 19364               | BREAST AUGMENTATION           | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                                   | Outpatient Medical and surgical services | SUR716.011                                               | Reconstructive Breast Surgery                                                                                                                                                       | Added 1/1/23              |                         |
| 19367               | BREAST AUGMENTATION           | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                                   | Outpatient Medical and surgical services | SUR716.011                                               | Reconstructive Breast Surgery                                                                                                                                                       | Added 1/1/23              |                         |
| 19368               | BREAST AUGMENTATION           | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                                   | Outpatient Medical and surgical services | SUR716.011                                               | Reconstructive Breast Surgery                                                                                                                                                       | Added 1/1/23              |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                                                                 | Clinical Criteria Category               | Medical Policy Number                                | Medical Policy Name                                                                                                                                                                                 | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 19369               | BREAST AUGMENTATION           | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                        | Outpatient Medical and surgical services | SUR716.011                                           | Reconstructive Breast Surgery                                                                                                                                                                       | Added 1/1/23              |                         |
| 19370               | BREAST AUGMENTATION           | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                        | Outpatient Medical and surgical services | SUR716.011                                           | Reconstructive Breast Surgery                                                                                                                                                                       | Added 1/1/23              |                         |
| 19371               | BREAST AUGMENTATION           | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                        | Outpatient Medical and surgical services | SUR716.011<br>SUR716.009                             | Reconstructive Breast Surgery<br>Reconstructive Breast Surgery/Management of Breast Implants                                                                                                        | Added 1/1/23              | 7/1/2026                |
| 19380               | BREAST AUGMENTATION           | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                        | Outpatient Medical and surgical services | SUR716.021, SUR716.011,<br>SUR716.009                | Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast<br>Reconstructive Breast Surgery<br>Reconstructive Breast Surgery/Management of Breast Implants                                 | Added 1/1/23              | 4/28/2026               |
| 20555               | PLACE NDL MUSC/TIS FOR RT     | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                        | Radiation Therapy                        | Carelon                                              | Carelon                                                                                                                                                                                             | Change 8/1/2025           |                         |
| 20930               | SP BONE ALGRFT MORSEL ADD-ON  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                        | Musculoskeletal                          | Carelon                                              | Carelon                                                                                                                                                                                             | Change 8/1/2025           |                         |
| 20931               | SP BONE ALGRFT STRUCT ADD-ON  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                        | Musculoskeletal                          | Carelon                                              | Carelon                                                                                                                                                                                             | Change 8/1/2025           |                         |
| 20936               | SP BONE AGRFT LOCAL ADD-ON    | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                        | Musculoskeletal                          | Carelon                                              | Carelon                                                                                                                                                                                             | Change 8/1/2025           |                         |
| 20937               | SP BONE AGRFT MORSEL ADD-ON   | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                        | Musculoskeletal                          | Carelon                                              | Carelon                                                                                                                                                                                             | Change 8/1/2025           |                         |
| 20938               | SP BONE AGRFT STRUCT ADD-ON   | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                        | Musculoskeletal                          | Carelon                                              | Carelon                                                                                                                                                                                             | Change 8/1/2025           |                         |
| 20975               | ELECTRICAL BONE STIMULATION   | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                        | Outpatient Medical and surgical services | SURG705.013 SURG705.044                              | Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures<br>Electrical Bone Growth Stimulation of the Appendicular Skeleton                                                    | Added prior to 9/1/2019   | 4/28/2026               |
| 21087               | CHIN/NOSE IMPLANT             | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                        | Outpatient Medical and surgical services | SUR717.001                                           | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                                                                                     | Added 1/1/23              |                         |
| 21120               | RECONSTRUCTION OF CHIN        | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001<br>SUR705.030<br>SUR705.010 | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Orthognathic Surgery<br>Temporomandibular Joint (TMJ) Disorders (TMJD) | Added prior to 9/1/2019   | 4/28/2026               |
| 21121               | RECONSTRUCTION OF CHIN        | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001<br>SUR705.010               | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Temporomandibular Joint (TMJ) Disorders (TMJD)                         | Added prior to 9/1/2019   | 4/28/2026               |
| 21122               | RECONSTRUCTION OF CHIN        | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001<br>SUR705.030<br>SUR705.010 | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Orthognathic Surgery<br>Temporomandibular Joint (TMJ) Disorders (TMJD) | Added prior to 9/1/2019   | 4/28/2026               |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                                                                 | Clinical Criteria Category               | Medical Policy Number                                | Medical Policy Name                                                                                                                                                                                 | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 21123               | RECONSTRUCTION OF CHIN        | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001<br>SUR705.030<br>SUR705.010 | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Orthognathic Surgery<br>Temporomandibular Joint (TMJ) Disorders (TMJD) | Added prior to 9/1/2019   | 4/28/2026               |
| 21125               | AUGMENTATION LOWER JAW BONE   | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR717.001<br>SUR705.030                             | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Orthognathic Surgery                                                                                             | Added prior to 9/1/2019   |                         |
| 21127               | AUGMENTATION LOWER JAW BONE   | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR717.001<br>SUR705.030<br>SUR706.009               | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Orthognathic Surgery<br><del>Sleep Related Breathing Disorders: Surgical Management</del>                        | Added prior to 9/1/2019   |                         |
| 21137               | FOREHEAD RECONSTRUCTION       | History and physical, documentation of medical necessity and previous stages of reconstruction if done.                                      | Outpatient Medical and surgical services | SUR717.001                                           | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                                                                                     | Added 1/1/23              |                         |
| 21138               | REDUCTION OF FOREHEAD         | History and physical, documentation of medical necessity and previous stages of reconstruction if done.                                      | Outpatient Medical and surgical services | SUR716.001                                           | Cosmetic and Reconstructive Procedures                                                                                                                                                              | Added prior to 9/1/2019   |                         |
| 21139               | FOREHEAD RECONSTRUCTION       | History and physical, documentation of medical necessity and previous stages of reconstruction if done.                                      | Outpatient Medical and surgical services | SUR717.001                                           | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                                                                                     | Added 1/1/23              |                         |
| 21141               | LEFORT I-1 PIECE W/O GRAFT    | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030<br>SUR706.009<br>SUR705.010               | Orthognathic Surgery<br>Sleep Related Breathing Disorders: Surgical Management<br>Temporomandibular Joint (TMJ) Disorders (TMJD)                                                                    | Added prior to 9/1/2019   |                         |
| 21142               | LEFORT I-2 PIECE W/O GRAFT    | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030<br>SUR706.009<br>SUR705.010               | Orthognathic Surgery<br>Sleep Related Breathing Disorders: Surgical Management<br>Temporomandibular Joint (TMJ) Disorders (TMJD)                                                                    | Added prior to 9/1/2019   |                         |
| 21143               | LEFORT I-3/> PIECE W/O GRAFT  | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030<br>SUR706.009<br>SUR705.010               | Orthognathic Surgery<br>Sleep Related Breathing Disorders: Surgical Management<br>Temporomandibular Joint (TMJ) Disorders (TMJD)                                                                    | Added prior to 9/1/2019   |                         |
| 21145               | LEFORT I-1 PIECE W/ GRAFT     | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030<br>SUR705.010                             | Orthognathic Surgery<br>Temporomandibular Joint (TMJ) Disorders (TMJD)                                                                                                                              | Added prior to 9/1/2019   |                         |
| 21146               | LEFORT I-2 PIECE W/ GRAFT     | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030<br>SUR705.010                             | Orthognathic Surgery<br>Temporomandibular Joint (TMJ) Disorders (TMJD)                                                                                                                              | Added prior to 9/1/2019   |                         |
| 21147               | LEFORT I-3/> PIECE W/ GRAFT   | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030<br>SUR705.010                             | Orthognathic Surgery<br>Temporomandibular Joint (TMJ) Disorders (TMJD)                                                                                                                              | Added prior to 9/1/2019   |                         |
| 21150               | LEFORT II ANTERIOR INTRUSION  | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030                                           | Orthognathic Surgery                                                                                                                                                                                | Added prior to 9/1/2019   |                         |
| 21151               | LEFORT II W/BONE GRAFTS       | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030                                           | Orthognathic Surgery                                                                                                                                                                                | Added prior to 9/1/2019   |                         |
| 21154               | LEFORT III W/O LEFORT I       | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030                                           | Orthognathic Surgery                                                                                                                                                                                | Added prior to 9/1/2019   |                         |
| 21155               | LEFORT III W/ LEFORT I        | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030                                           | Orthognathic Surgery                                                                                                                                                                                | Added prior to 9/1/2019   |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                                                                 | Clinical Criteria Category               | Medical Policy Number                  | Medical Policy Name                                                                                                                    | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 21159               | LEFORT III W/FHDW/O LEFORT I  | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030                             | Orthognathic Surgery                                                                                                                   | Added prior to 9/1/2019   |                         |
| 21160               | LEFORT III W/FHD W/ LEFORT I  | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030                             | Orthognathic Surgery                                                                                                                   | Added prior to 9/1/2019   |                         |
| 21188               | RECONSTRUCTION OF MIDFACE     | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                        | Outpatient Medical and surgical services | SUR705.030                             | Orthognathic Surgery                                                                                                                   | Added prior to 9/1/2019   |                         |
| 21193               | RECONST LWR JAW W/O GRAFT     | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030<br>SUR706.009<br>SUR705.010 | Orthognathic Surgery<br>Sleep Related Breathing Disorders: Surgical Management<br>Temporomandibular Joint (TMJ) Disorders (TMJD)       | Added prior to 9/1/2019   |                         |
| 21194               | RECONST LWR JAW W/GRAFT       | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030<br>SUR706.009<br>SUR705.010 | Orthognathic Surgery<br>Sleep Related Breathing Disorders: Surgical Management<br>Temporomandibular Joint (TMJ) Disorders (TMJD)       | Added prior to 9/1/2019   |                         |
| 21195               | RECONST LWR JAW W/O FIXATION  | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030<br>SUR706.009<br>SUR705.010 | Orthognathic Surgery<br>Sleep Related Breathing Disorders: Surgical Management<br>Temporomandibular Joint (TMJ) Disorders (TMJD)       | Added prior to 9/1/2019   |                         |
| 21196               | RECONST LWR JAW W/FIXATION    | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030<br>SUR706.009<br>SUR705.010 | Orthognathic Surgery<br>Sleep Related Breathing Disorders: Surgical Management<br>Temporomandibular Joint (TMJ) Disorders (TMJD)       | Added prior to 9/1/2019   |                         |
| 21198               | RECONSTR LWR JAW SEGMENT      | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030<br>SUR706.009<br>SUR705.010 | Orthognathic Surgery<br>Sleep Related Breathing Disorders: Surgical Management<br>Temporomandibular Joint (TMJ) Disorders (TMJD)       | Added prior to 9/1/2019   |                         |
| 21199               | RECONSTR LWR JAW W/ADVANCE    | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030<br>SUR706.009<br>SUR705.010 | Orthognathic Surgery<br>Sleep Related Breathing Disorders: Surgical Management<br>Temporomandibular Joint (TMJ) Disorders (TMJD)       | Added prior to 9/1/2019   |                         |
| 21206               | RECONSTRUCT UPPER JAW BONE    | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030                             | Orthognathic Surgery                                                                                                                   | Added prior to 9/1/2019   |                         |
| 21208               | AUGMENTATION OF FACIAL BONES  | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030                             | Orthognathic Surgery                                                                                                                   | Added prior to 9/1/2019   |                         |
| 21209               | REDUCTION OF FACIAL BONES     | Fax BA to Dental Review. Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies. | Outpatient Medical and surgical services | SUR705.030                             | Orthognathic Surgery                                                                                                                   | Added prior to 9/1/2019   |                         |
| 21210               | FACE BONE GRAFT               | Submit history and physical, documentation of medical necessity including operative report.                                                  | Outpatient Medical and surgical services | SUR705.028<br>SUR705.030<br>SUR706.009 | Neuralgia Inducing Cavitational Osteonecrosis (NICO)<br>Orthognathic Surgery<br>Sleep Related Breathing Disorders: Surgical Management | Added prior to 9/1/2019   |                         |
| 21215               | LOWER JAW BONE GRAFT          | Submit history and physical, documentation of medical necessity including operative report.                                                  | Outpatient Medical and surgical services | SUR705.028<br>SUR705.030<br>SUR706.009 | Neuralgia Inducing Cavitational Osteonecrosis (NICO)<br>Orthognathic Surgery<br>Sleep Related Breathing Disorders: Surgical Management | Added prior to 9/1/2019   |                         |
| 21244               | RECONSTRUCTION OF LOWER JAW   | Submit history and physical, documentation of medical necessity including operative report.                                                  | Outpatient Medical and surgical services | SUR706.009                             | Sleep Related Breathing Disorders: Surgical Management                                                                                 | Added prior to 9/1/2019   |                         |
| 21245               | RECONSTRUCTION OF JAW         | Submit history and physical, documentation of medical necessity including operative report.                                                  | Outpatient Medical and surgical services | SUR706.009                             | Sleep Related Breathing Disorders: Surgical Management                                                                                 | Added prior to 9/1/2019   |                         |

| CPT and HCPCS Codes | Description of Procedure Code                             | Medical Records Request Information Required                                                | Clinical Criteria Category               | Medical Policy Number | Medical Policy Name                                    | Effective and Change Date | Date Posted to Website* |
|---------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------|-----------------------|--------------------------------------------------------|---------------------------|-------------------------|
| 21246               | RECONSTRUCTION OF JAW                                     | Submit history and physical, documentation of medical necessity including operative report. | Outpatient Medical and surgical services | SUR706.009            | Sleep Related Breathing Disorders: Surgical Management | Added prior to 9/1/2019   |                         |
| 21270               | AUGMENTATION CHEEK BONE                                   | Submit history and physical, documentation of medical necessity including operative report. | Outpatient Medical and surgical services | SUR716.001            | Cosmetic and Reconstructive Procedures                 | Added prior to 9/1/2019   |                         |
| 21685               | HYOID MYOTOMY & SUSPENSION                                | Submit history and physical, documentation of medical necessity including operative report. | Outpatient Medical and surgical services | SUR706.009            | Sleep Related Breathing Disorders: Surgical Management | Added prior to 9/1/2019   |                         |
| 22505               | MANIPULATION OF SPINE                                     | Submit history and physical, documentation of medical necessity including operative report. | Outpatient Medical and surgical services | THE803.016            | Manipulation Under Anesthesia                          | Added prior to 9/1/2019   |                         |
| 22510               | PERQ CERVICOTHORACIC INJECT                               | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                | Change 8/1/2025           |                         |
| 22511               | PERQ LUMBOSACRAL INJECTION                                | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                | Change 8/1/2025           |                         |
| 22512               | VERTEBROPLASTY ADDL INJECT                                | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                | Change 8/1/2025           |                         |
| 22513               | PERQ VERTEBRAL AUGMENTATION                               | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                | Change 8/1/2025           |                         |
| 22514               | PERQ VERTEBRAL AUGMENTATION                               | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                | Change 8/1/2025           |                         |
| 22515               | PERQ VERTEBRAL AUGMENTATION                               | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                | Change 8/1/2025           |                         |
| 22533               | LAT LUMBAR SPINE FUSION                                   | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                | Change 8/1/2025           |                         |
| 22534               | LAT THOR/LUMB ADDL SEG                                    | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                | Change 8/1/2025           |                         |
| 22551               | NECK SPINE FUSE&REMOV BEL C2                              | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                | Change 8/1/2025           |                         |
| 22552               | ADDL NECK SPINE FUSION                                    | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                | Change 8/1/2025           |                         |
| 22554               | NECK SPINE FUSION                                         | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                | Change 8/1/2025           |                         |
| 22558               | LUMBAR SPINE FUSION                                       | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                | Change 8/1/2025           |                         |
| 22585               | ADDITIONAL SPINAL FUSION                                  | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                | Change 8/1/2025           |                         |
| 22595               | NECK SPINAL FUSION                                        | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                | Change 8/1/2025           |                         |
| 22600               | NECK SPINE FUSION                                         | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                | Change 8/1/2025           |                         |
| 22610               | Arthodesis, post or post-lat, single interspace, thoracic | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                | Change 8/1/2025           |                         |
| 22612               | LUMBAR SPINE FUSION                                       | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                | Change 8/1/2025           |                         |
| 22614               | SPINE FUSION EXTRA SEGMENT                                | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                | Change 8/1/2025           |                         |



| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required          | Clinical Criteria Category | Medical Policy Number | Medical Policy Name | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|-------------------------------------------------------|----------------------------|-----------------------|---------------------|---------------------------|-------------------------|
| 22630               | LUMBAR SPINE FUSION           | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22632               | SPINE FUSION EXTRA SEGMENT    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22633               | LUMBAR SPINE FUSION COMBINED  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22634               | SPINE FUSION EXTRA SEGMENT    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22800               | POST FUSION </6 VERT SEG      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22802               | POST FUSION 7-12 VERT SEG     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22804               | POST FUSION 13/> VERT SEG     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22808               | ANT FUSION 2-3 VERT SEG       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22810               | ANT FUSION 4-7 VERT SEG       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22812               | ANT FUSION 8/> VERT SEG       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22840               | INSERT SPINE FIXATION DEVICE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22841               | INSERT SPINE FIXATION DEVICE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22842               | INSERT SPINE FIXATION DEVICE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22843               | INSERT SPINE FIXATION DEVICE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22844               | INSERT SPINE FIXATION DEVICE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22845               | INSERT SPINE FIXATION DEVICE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22846               | INSERT SPINE FIXATION DEVICE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22847               | INSERT SPINE FIXATION DEVICE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22848               | INSERT PELV FIXATION DEVICE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22853               | INSJ BIOMECHANICAL DEVICE     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22854               | INSJ BIOMECHANICAL DEVICE     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22856               | CERV ARTIFIC DISKECTOMY       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 22857               | LUMBAR ARTIF DISKECTOMY       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                          | Clinical Criteria Category               | Medical Policy Number | Medical Policy Name                                                      | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------|--------------------------------------------------------------------------|---------------------------|-------------------------|
| 22858               | SECOND LEVEL CER DISKECTOMY   | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                  | Change 8/1/2025           |                         |
| 22859               | INSJ BIOMECHANICAL DEVICE     | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                  | Change 8/1/2025           |                         |
| 22861               | REVISE CERV ARTIFIC DISC      | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                  | Change 8/1/2025           |                         |
| 22862               | REVISE LUMBAR ARTIF DISC      | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                  | Change 8/1/2025           |                         |
| 22864               | REMOVE CERV ARTIF DISC        | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                  | Change 8/1/2025           |                         |
| 22867               | INSJ STABLI DEV W/DCMPRN      | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR712.029            | Interspinous and Interlaminar Stabilization/Distractor Devices (Spacers) | Added prior to 9/1/2019   | 7/1/2026                |
| 22868               | INSJ STABLI DEV W/DCMPRN      | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR712.029            | Interspinous and Interlaminar Stabilization/Distractor Devices (Spacers) | Added prior to 9/1/2019   | 7/1/2026                |
| 22869               | INSJ STABLI DEV W/O DCMRN     | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR712.029            | Interspinous and Interlaminar Stabilization/Distractor Devices (Spacers) | Added prior to 9/1/2019   | 7/1/2026                |
| 22870               | INSJ STABLI DEV W/O DCMRN     | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR712.029            | Interspinous and Interlaminar Stabilization/Distractor Devices (Spacers) | Added prior to 9/1/2019   | 7/1/2026                |
| 22999               | ABDOMEN SURGERY PROCEDURE     | Submit history and physical, documentation of medical necessity including operative report.           | Outpatient Medical and surgical services | MCG                   | MCG SG-MS Musculoskeletal Surgery or Procedure GRG                       | 1/1/2026                  | 11/1/2025               |
| 23000               | REMOVAL OF CALCIUM DEPOSITS   | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                   | MCG SG-MS Musculoskeletal Surgery or Procedure GRG                       | 1/1/2026                  | 11/1/2025               |
| 23020               | RELEASE SHOULDER JOINT        | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                   | MCG SG-MS Musculoskeletal Surgery or Procedure GRG                       | 1/1/2026                  | 11/1/2025               |
| 23120               | PARTIAL REMOVAL COLLAR BONE   | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                  | Change 8/1/2025           |                         |
| 23130               | REMOVE SHOULDER BONE PART     | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                  | Change 8/1/2025           |                         |
| 23410               | REPAIR ROTATOR CUFF ACUTE     | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                  | Change 8/1/2025           |                         |
| 23412               | REPAIR ROTATOR CUFF CHRONIC   | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                  | Change 8/1/2025           |                         |
| 23415               | RELEASE OF SHOULDER LIGAMENT  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                  | Change 8/1/2025           |                         |
| 23420               | REPAIR OF SHOULDER            | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                  | Change 8/1/2025           |                         |
| 23430               | REPAIR BICEPS TENDON          | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                  | Change 8/1/2025           |                         |
| 23440               | REMOVE/TRANSPLANT TENDON      | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                  | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                          | Clinical Criteria Category               | Medical Policy Number | Medical Policy Name                                | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------|----------------------------------------------------|---------------------------|-------------------------|
| 23450               | REPAIR SHOULDER CAPSULE       | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 23455               | REPAIR SHOULDER CAPSULE       | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 23460               | REPAIR SHOULDER CAPSULE       | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 23462               | REPAIR SHOULDER CAPSULE       | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 23465               | REPAIR SHOULDER CAPSULE       | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 23466               | REPAIR SHOULDER CAPSULE       | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 23470               | RECONSTRUCT SHOULDER JOINT    | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 23472               | RECONSTRUCT SHOULDER JOINT    | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 23473               | REVIS RECONST SHOULDER JOINT  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 23474               | REVIS RECONST SHOULDER JOINT  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 25310               | TRANSPLANT FOREARM TENDON     | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                   | MCG SG-MS Musculoskeletal Surgery or Procedure GRG | Added prior to 9/1/2019   | 7/1/2026                |
| 25312               | TRANSPLANT FOREARM TENDON     | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                   | MCG SG-MS Musculoskeletal Surgery or Procedure GRG | Added prior to 9/1/2019   | 7/1/2026                |
| 26480               | TRANSPLANT HAND TENDON        | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                   | MCG SG-MS Musculoskeletal Surgery or Procedure GRG | Added prior to 9/1/2019   | 7/1/2026                |
| 26483               | TRANSPLANT/GRAFT HAND TENDON  | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                   | MCG SG-MS Musculoskeletal Surgery or Procedure GRG | Added prior to 9/1/2019   | 7/1/2026                |
| 26485               | TRANSPLANT PALM TENDON        | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                   | MCG SG-MS Musculoskeletal Surgery or Procedure GRG | Added prior to 9/1/2019   | 7/1/2026                |
| 26489               | TRANSPLANT/GRAFT PALM TENDON  | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                   | MCG SG-MS Musculoskeletal Surgery or Procedure GRG | Added prior to 9/1/2019   | 7/1/2026                |
| 27096               | INJECT SACROILIAC JOINT       | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27125               | PARTIAL HIP REPLACEMENT       | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27130               | TOTAL HIP ARTHROPLASTY        | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27132               | TOTAL HIP ARTHROPLASTY        | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27134               | REVISE HIP JOINT REPLACEMENT  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                          | Clinical Criteria Category               | Medical Policy Number | Medical Policy Name                                | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------|----------------------------------------------------|---------------------------|-------------------------|
| 27137               | REVISE HIP JOINT REPLACEMENT  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27138               | REVISE HIP JOINT REPLACEMENT  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27278               | ARTHRODESIS SACROILIAC JOINT  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27279               | ARTHRODESIS SACROILIAC JOINT  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27280               | FUSION OF SACROILIAC JOINT    | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27332               | REMOVAL OF KNEE CARTILAGE     | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27333               | REMOVAL OF KNEE CARTILAGE     | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27334               | REMOVE KNEE JOINT LINING      | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27335               | REMOVE KNEE JOINT LINING      | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27396               | TRANSPLANT OF THIGH TENDON    | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                   | MCG SG-MS Musculoskeletal Surgery or Procedure GRG | Added prior to 9/1/2019   | 7/1/2026                |
| 27397               | TRANSPLANTS OF THIGH TENDONS  | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                   | MCG SG-MS Musculoskeletal Surgery or Procedure GRG | Added prior to 9/1/2019   | 7/1/2026                |
| 27403               | REPAIR OF KNEE CARTILAGE      | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27405               | REPAIR OF KNEE LIGAMENT       | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27407               | REPAIR OF KNEE LIGAMENT       | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27409               | REPAIR OF KNEE LIGAMENTS      | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27412               | AUTOCHONDROCYTE IMPLANT KNEE  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27415               | OSTEOCHONDRAL KNEE ALLOGRAFT  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27416               | OSTEOCHONDRAL KNEE AUTOGRAFT  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27418               | REPAIR DEGENERATED KNEECAP    | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27420               | REVISION OF UNSTABLE KNEECAP  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27422               | REVISION OF UNSTABLE KNEECAP  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |
| 27424               | REVISION/REMOVAL OF KNEECAP   | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                            | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code             | Medical Records Request Information Required                                                          | Clinical Criteria Category               | Medical Policy Number | Medical Policy Name                                                                        | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 27425               | LAT RETINACULAR RELEASE OPEN              | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                    | Change 8/1/2025           |                         |
| 27427               | RECONSTRUCTION KNEE                       | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                    | Change 8/1/2025           |                         |
| 27428               | RECONSTRUCTION KNEE                       | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                    | Change 8/1/2025           |                         |
| 27429               | RECONSTRUCTION KNEE                       | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                    | Change 8/1/2025           |                         |
| 27430               | REVISION OF THIGH MUSCLES                 | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                   | MCG S-770 (ISC) Knee: Patella Reconstruction or Realignment                                | 1/1/2026                  | 11/1/2025               |
| 27437               | Arthroplasty, patella; without prosthesis | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                    | Change 8/1/2025           |                         |
| 27438               | REVISE KNEECAP WITH IMPLANT               | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                    | Change 8/1/2025           |                         |
| 27440               | REVISION OF KNEE JOINT                    | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                    | Change 8/1/2025           |                         |
| 27441               | REVISION OF KNEE JOINT                    | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                    | Change 8/1/2025           |                         |
| 27442               | REVISION OF KNEE JOINT                    | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                    | Change 8/1/2025           |                         |
| 27443               | REVISION OF KNEE JOINT                    | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                    | Change 8/1/2025           |                         |
| 27445               | REVISION OF KNEE JOINT                    | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                    | Change 8/1/2025           |                         |
| 27446               | REVISION OF KNEE JOINT                    | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                    | Change 8/1/2025           |                         |
| 27447               | TOTAL KNEE ARTHROPLASTY                   | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                    | Change 8/1/2025           |                         |
| 27486               | REVISE/REPLACE KNEE JOINT                 | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                    | Change 8/1/2025           |                         |
| 27487               | REVISE/REPLACE KNEE JOINT                 | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                    | Change 8/1/2025           |                         |
| 27690               | REVISE LOWER LEG TENDON                   | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                   | MG-SG Musculoskeletal Surgery or Procedure GRG                                             | Added prior to 9/1/2019   | 7/1/2026                |
| 27691               | REVISE LOWER LEG TENDON                   | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                   | MG-SG Musculoskeletal Surgery or Procedure GRG                                             | Added prior to 9/1/2019   | 7/1/2026                |
| 27692               | REVISE ADDITIONAL LEG TENDON              | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                   | MG-SG Musculoskeletal Surgery or Procedure GRG                                             | Added prior to 9/1/2019   | 7/1/2026                |
| 28890               | HI ENRGY ESWT PLANTAR FASCIA              | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | SUR705.018            | Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries | Added prior to 9/1/2019   |                         |
| 29805               | SHOULDER ARTHROSCOPY DX                   | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                    | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required          | Clinical Criteria Category | Medical Policy Number | Medical Policy Name | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|-------------------------------------------------------|----------------------------|-----------------------|---------------------|---------------------------|-------------------------|
| 29806               | SHOULDER ARTHROSCOPY/SURGERY  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29807               | SHOULDER ARTHROSCOPY/SURGERY  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29819               | SHOULDER ARTHROSCOPY/SURGERY  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29820               | SHOULDER ARTHROSCOPY/SURGERY  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29821               | SHOULDER ARTHROSCOPY/SURGERY  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29822               | SHOULDER ARTHROSCOPY/SURGERY  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29823               | SHOULDER ARTHROSCOPY/SURGERY  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29824               | SHOULDER ARTHROSCOPY/SURGERY  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29825               | SHOULDER ARTHROSCOPY/SURGERY  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29826               | SHOULDER ARTHROSCOPY/SURGERY  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29827               | ARTHROSCOP ROTATOR CUFF REPR  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29828               | ARTHROSCOPY BICEPS TENODESIS  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29860               | HIP ARTHROSCOPY DX            | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29861               | HIP ARTHRO W/FB REMOVAL       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29862               | HIP ARTHRO W/DEBRIDEMENT      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29863               | HIP ARTHRO W/SYNOVECTOMY      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29866               | AUTGRFT IMPLNT KNEE W/SCOPE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29867               | ALLGRFT IMPLNT KNEE W/SCOPE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29868               | MENISCAL TRNSPL KNEE W/SCPE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29870               | KNEE ARTHROSCOPY DX           | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29871               | KNEE ARTHROSCOPY/DRAINAGE     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29873               | KNEE ARTHROSCOPY/SURGERY      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 29874               | KNEE ARTHROSCOPY/SURGERY      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                | Clinical Criteria Category               | Medical Policy Number | Medical Policy Name                                                             | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------|-----------------------|---------------------------------------------------------------------------------|---------------------------|-------------------------|
| 29875               | KNEE ARTHROSCOPY/SURGERY      | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                                         | Change 8/1/2025           |                         |
| 29876               | KNEE ARTHROSCOPY/SURGERY      | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                                         | Change 8/1/2025           |                         |
| 29877               | KNEE ARTHROSCOPY/SURGERY      | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                                         | Change 8/1/2025           |                         |
| 29879               | KNEE ARTHROSCOPY/SURGERY      | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                                         | Change 8/1/2025           |                         |
| 29880               | KNEE ARTHROSCOPY/SURGERY      | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                                         | Change 8/1/2025           |                         |
| 29881               | KNEE ARTHROSCOPY/SURGERY      | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                                         | Change 8/1/2025           |                         |
| 29882               | KNEE ARTHROSCOPY/SURGERY      | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                                         | Change 8/1/2025           |                         |
| 29883               | KNEE ARTHROSCOPY/SURGERY      | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                                         | Change 8/1/2025           |                         |
| 29884               | KNEE ARTHROSCOPY/SURGERY      | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                                         | Change 8/1/2025           |                         |
| 29885               | KNEE ARTHROSCOPY/SURGERY      | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                                         | Change 8/1/2025           |                         |
| 29886               | KNEE ARTHROSCOPY/SURGERY      | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                                         | Change 8/1/2025           |                         |
| 29887               | KNEE ARTHROSCOPY/SURGERY      | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                                         | Change 8/1/2025           |                         |
| 29888               | KNEE ARTHROSCOPY/SURGERY      | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                                         | Change 8/1/2025           |                         |
| 29889               | KNEE ARTHROSCOPY/SURGERY      | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                                         | Change 8/1/2025           |                         |
| 29914               | HIP ARTHRO W/FEMOROPLASTY     | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                                         | Change 8/1/2025           |                         |
| 29915               | HIP ARTHRO ACETABULOPLASTY    | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                                         | Change 8/1/2025           |                         |
| 29916               | HIP ARTHRO W/LABRAL REPAIR    | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon               | Carelon                                                                         | Change 8/1/2025           |                         |
| 30400               | RECONSTRUCTION OF NOSE        | Submit history and physical, documentation of medical necessity including operative report. | Outpatient Medical and surgical services | SUR717.001            | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services | Added prior to 9/1/2019   | 4/28/2026               |
| 30410               | RECONSTRUCTION OF NOSE        | Submit history and physical, documentation of medical necessity including operative report. | Outpatient Medical and surgical services | SUR717.001            | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services | Added prior to 9/1/2019   | 4/28/2026               |
| 30420               | RECONSTRUCTION OF NOSE        | Submit history and physical, documentation of medical necessity including operative report. | Outpatient Medical and surgical services | SUR717.001            | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services | Added prior to 9/1/2019   | 4/28/2026               |
| 30430               | REVISION OF NOSE              | Submit history and physical, documentation of medical necessity including operative report. | Outpatient Medical and surgical services | SUR717.001            | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services | Added prior to 9/1/2019   | 4/28/2026               |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                                                                            | Clinical Criteria Category               | Medical Policy Number | Medical Policy Name                                                             | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------|---------------------------------------------------------------------------------|---------------------------|-------------------------|
| 30435               | REVISION OF NOSE              | Submit history and physical, documentation of medical necessity including operative report.                                                             | Outpatient Medical and surgical services | SUR717.001            | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services | Added prior to 9/1/2019   | 4/28/2026               |
| 30450               | REVISION OF NOSE              | Submit history and physical, documentation of medical necessity including operative report.                                                             | Outpatient Medical and surgical services | SUR717.001            | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services | Added prior to 9/1/2019   | 4/28/2026               |
| 30460               | REVISION OF NOSE              | Submit history and physical, documentation of medical necessity including operative report.                                                             | Outpatient Medical and surgical services | MCG                   | A-0184 Rhinoplasty                                                              | Added prior to 9/1/2019   | 7/1/2026                |
| 30462               | REVISION OF NOSE              | Submit history and physical, documentation of medical necessity including operative report.                                                             | Outpatient Medical and surgical services | MCG                   | A-0184 Rhinoplasty                                                              | Added prior to 9/1/2019   | 7/1/2026                |
| 30520               | REPAIR OF NASAL SEPTUM        | Submit history and physical, documentation of medical necessity including operative report.                                                             | Outpatient Medical and surgical services | MCG                   | A-0182 Septoplasty                                                              | Added prior to 9/1/2019   | 7/1/2026                |
| 31643               | DIAG BRONCHOSCOPE/CATHETER    | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                   | Radiation Therapy                        | Carelon               | Carelon                                                                         | Change 8/1/2025           |                         |
| 31899               | AIRWAYS SURGICAL PROCEDURE    | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                                   | Outpatient Medical and surgical services | SUR717.001            | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services | Added 1/1/23              |                         |
| 32701               | THORAX STEREO RAD TARGET W/TX | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                   | Radiation Therapy                        | Carelon               | Carelon                                                                         | Change 8/1/2025           |                         |
| 32851               | LUNG TRANSPLANT SINGLE        | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.010            | Lung and Lobar Lung Transplant                                                  | Added prior to 9/1/2019   |                         |
| 32852               | LUNG TRANSPLANT WITH BYPASS   | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.010            | Lung and Lobar Lung Transplant                                                  | Added prior to 9/1/2019   |                         |
| 32853               | LUNG TRANSPLANT DOUBLE        | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Transplant                               | SUR703.010            | Lung and Lobar Lung Transplant                                                  | Added prior to 9/1/2019   |                         |
| 32854               | LUNG TRANSPLANT WITH BYPASS   | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Transplant                               | SUR703.010            | Lung and Lobar Lung Transplant                                                  | Added prior to 9/1/2019   |                         |
| 33405               | REPLACEMENT AORTIC VALVE OPN  | Letter of medical necessity, including condition being treated.                                                                                         | Outpatient Medical and surgical services | MCG                   | S-290 Cardica Valve Replacement or Repair                                       | Added prior to 9/1/2019   | 7/1/2026                |
| 33430               | REPLACEMENT OF MITRAL VALVE   | Letter of medical necessity, including condition being treated.                                                                                         | Outpatient Medical and surgical services | MCG                   | S-290 Cardica Valve Replacement or Repair                                       | Added prior to 9/1/2019   | 7/1/2026                |
| 33935               | TRANSPLANTATION HEART/LUNG    | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Transplant                               | SUR703.006            | Heart/Lung Transplant                                                           | Added prior to 9/1/2019   |                         |
| 33945               | TRANSPLANTATION OF HEART      | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Transplant                               | SUR703.005            | Heart Transplant                                                                | Added prior to 9/1/2019   |                         |
| 36470               | NIX SCLRSNT 1 INCMPTNT VEIN   | Pre-operative evaluation, history and physical including functional impairment, and operative report.                                                   | Outpatient Medical and surgical services | SUR707.016            | Varicose Vein Management                                                        | Added prior to 9/1/2019   |                         |



| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                                                                            | Clinical Criteria Category               | Medical Policy Number                                                                                                                                                                                                          | Medical Policy Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 37700               | REVISE LEG VEIN               | Pre-operative evaluation, history and physical and operative report.                                                                                    | Outpatient Medical and surgical services | SUR707.016                                                                                                                                                                                                                     | Varicose Vein Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Added prior to 9/1/2019   |                         |
| 37718               | LIGATE/STRIP SHORT LEG VEIN   | Pre-operative evaluation, history and physical and operative report.                                                                                    | Outpatient Medical and surgical services | SUR707.016                                                                                                                                                                                                                     | Varicose Vein Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Added prior to 9/1/2019   |                         |
| 37722               | LIGATE/STRIP LONG LEG VEIN    | Pre-operative evaluation, history and physical and operative report.                                                                                    | Outpatient Medical and surgical services | SUR707.016                                                                                                                                                                                                                     | Varicose Vein Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Added prior to 9/1/2019   |                         |
| 37735               | REMOVAL OF LEG VEINS/LESION   | Pre-operative evaluation, history and physical and operative report.                                                                                    | Outpatient Medical and surgical services | SUR707.016                                                                                                                                                                                                                     | Varicose Vein Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Added prior to 9/1/2019   |                         |
| 37760               | LIGATE LEG VEINS RADICAL      | History and physical and operative report.                                                                                                              | Outpatient Medical and surgical services | SUR707.016                                                                                                                                                                                                                     | Varicose Vein Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Added prior to 9/1/2019   |                         |
| 37761               | LIGATE LEG VEINS OPEN         | History and physical and operative report.                                                                                                              | Outpatient Medical and surgical services | SUR707.016                                                                                                                                                                                                                     | Varicose Vein Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Added prior to 9/1/2019   |                         |
| 37780               | REVISION OF LEG VEIN          | Pre-operative evaluation, history and physical and operative report.                                                                                    | Outpatient Medical and surgical services | SUR707.016                                                                                                                                                                                                                     | Varicose Vein Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Added prior to 9/1/2019   |                         |
| 37785               | LIGATE/DIVIDE/EXCISE VEIN     | Pre-operative evaluation, history and physical and operative report.                                                                                    | Outpatient Medical and surgical services | SUR707.016                                                                                                                                                                                                                     | Varicose Vein Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Added prior to 9/1/2019   |                         |
| 38204               | BL DONOR SEARCH MANAGEMENT    | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.037<br>SUR703.036<br>SUR703.039<br><br>SUR703.029<br><br>SUR703.041<br>SUR703.034<br>SUR703.033<br><br>SUR703.040<br>SUR703.035<br><br>SUR703.031<br>SUR703.030<br>SUR703.046<br>SUR703.044<br>SUR703.050<br>SUR703.045 | Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)<br>Hematopoietic Cell Transplantation for Autoimmune Diseases<br>Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma<br><br>Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)<br><br>Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia<br>Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer<br>Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias<br>Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)<br>Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults<br>Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Including Multiple Myeloma (MM) and POEMS Syndrome<br>Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis<br>Hematopoietic Cell Transplantation for Solid Tumors of Childhood<br>Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia<br>Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors | 1/1/2026                  | 11/1/2025               |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                                                                            | Clinical Criteria Category               | Medical Policy Number                                                                                                                                                                                                          | Medical Policy Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 38205               | HARVEST ALLOGENEIC STEM CELL  | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.037<br>SUR703.036<br>SUR703.039<br><br>SUR703.029<br><br>SUR703.041<br>SUR703.034<br>SUR703.033<br><br>SUR703.040<br>SUR703.035<br><br>SUR703.031<br>SUR703.030<br>SUR703.046<br>SUR703.044<br>SUR703.050<br>SUR703.045 | Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)<br>Hematopoietic Cell Transplantation for Autoimmune Diseases<br>Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma<br><br>Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)<br><br>Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia<br>Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer<br>Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias<br>Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)<br>Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults<br>Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Including Multiple Myeloma (MM) and POEMS Syndrome<br>Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis<br>Hematopoietic Cell Transplantation for Solid Tumors of Childhood<br>Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia<br>Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors | 1/1/2026                  | 11/1/2025               |
| 38206               | HARVEST AUTO STEM CELLS       | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.037<br>SUR703.036<br>SUR703.039<br><br>SUR703.029<br><br>SUR703.041<br>SUR703.034<br>SUR703.033<br><br>SUR703.040<br>SUR703.035<br><br>SUR703.031<br>SUR703.030<br>SUR703.046<br>SUR703.044<br>SUR703.050<br>SUR703.045 | Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)<br>Hematopoietic Cell Transplantation for Autoimmune Diseases<br>Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma<br><br>Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)<br><br>Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia<br>Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer<br>Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias<br>Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)<br>Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults<br>Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Including Multiple Myeloma (MM) and POEMS Syndrome<br>Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis<br>Hematopoietic Cell Transplantation for Solid Tumors of Childhood<br>Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia<br>Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors | 1/1/2026                  | 11/1/2025               |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                                                                            | Clinical Criteria Category               | Medical Policy Number                                                                                                                                                                                                          | Medical Policy Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 38207               | CRYOPRESERVE STEM CELLS       | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.037<br>SUR703.036<br>SUR703.039<br><br>SUR703.029<br><br>SUR703.041<br>SUR703.034<br>SUR703.033<br><br>SUR703.040<br>SUR703.035<br><br>SUR703.031<br>SUR703.030<br>SUR703.046<br>SUR703.044<br>SUR703.050<br>SUR703.045 | Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)<br>Hematopoietic Cell Transplantation for Autoimmune Diseases<br>Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma<br><br>Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)<br><br>Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia<br>Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer<br>Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias<br>Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)<br>Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults<br>Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Including Multiple Myeloma (MM) and POEMS Syndrome<br>Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis<br>Hematopoietic Cell Transplantation for Solid Tumors of Childhood<br>Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia<br>Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors | 1/1/2026                  |                         |
| 38208               | THAW PRESERVED STEM CELLS     | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.037<br>SUR703.036<br>SUR703.039<br><br>SUR703.029<br><br>SUR703.041<br>SUR703.034<br>SUR703.033<br><br>SUR703.040<br>SUR703.035<br><br>SUR703.031<br>SUR703.030<br>SUR703.046<br>SUR703.044<br>SUR703.050<br>SUR703.045 | Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)<br>Hematopoietic Cell Transplantation for Autoimmune Diseases<br>Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma<br><br>Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)<br><br>Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia<br>Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer<br>Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias<br>Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)<br>Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults<br>Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Including Multiple Myeloma (MM) and POEMS Syndrome<br>Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis<br>Hematopoietic Cell Transplantation for Solid Tumors of Childhood<br>Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia<br>Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors | 1/1/2026                  | 11/1/2025               |
|                     |                               |                                                                                                                                                         |                                          |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           | 11/1/2025               |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                                                                            | Clinical Criteria Category               | Medical Policy Number                                                                                                                                                                                                          | Medical Policy Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 38209               | WASH HARVEST STEM CELLS       | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.037<br>SUR703.036<br>SUR703.039<br><br>SUR703.029<br><br>SUR703.041<br>SUR703.034<br>SUR703.033<br><br>SUR703.040<br>SUR703.035<br><br>SUR703.031<br>SUR703.030<br>SUR703.046<br>SUR703.044<br>SUR703.050<br>SUR703.045 | Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)<br>Hematopoietic Cell Transplantation for Autoimmune Diseases<br>Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma<br><br>Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)<br><br>Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia<br>Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer<br>Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias<br>Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)<br>Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults<br>Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Including Multiple Myeloma (MM) and POEMS Syndrome<br>Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis<br>Hematopoietic Cell Transplantation for Solid Tumors of Childhood<br>Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia<br>Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors | 1/1/2026                  |                         |
| 38210               | T-CELL DEPLETION OF HARVEST   | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.037<br>SUR703.036<br>SUR703.039<br><br>SUR703.029<br><br>SUR703.041<br>SUR703.034<br>SUR703.033<br><br>SUR703.040<br>SUR703.035<br><br>SUR703.031<br>SUR703.030<br>SUR703.046<br>SUR703.044<br>SUR703.050<br>SUR703.045 | Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)<br>Hematopoietic Cell Transplantation for Autoimmune Diseases<br>Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma<br><br>Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)<br><br>Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia<br>Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer<br>Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias<br>Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)<br>Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults<br>Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Including Multiple Myeloma (MM) and POEMS Syndrome<br>Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis<br>Hematopoietic Cell Transplantation for Solid Tumors of Childhood<br>Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia<br>Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors | 1/1/2026                  | 11/1/2025               |
|                     |                               |                                                                                                                                                         |                                          |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           | 11/1/2025               |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                                                                            | Clinical Criteria Category               | Medical Policy Number                                                                                                                                                                                                          | Medical Policy Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 38211               | TUMOR CELL DEplete OF HARVST  | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.037<br>SUR703.036<br>SUR703.039<br><br>SUR703.029<br><br>SUR703.041<br>SUR703.034<br>SUR703.033<br><br>SUR703.040<br>SUR703.035<br><br>SUR703.031<br>SUR703.030<br>SUR703.046<br>SUR703.044<br>SUR703.050<br>SUR703.045 | Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)<br>Hematopoietic Cell Transplantation for Autoimmune Diseases<br>Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma<br><br>Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)<br><br>Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia<br>Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer<br>Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias<br>Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)<br>Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults<br>Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Including Multiple Myeloma (MM) and POEMS Syndrome<br>Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis<br>Hematopoietic Cell Transplantation for Solid Tumors of Childhood<br>Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia<br>Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors | 1/1/2026                  | 11/1/2025               |
| 38212               | RBC DEPLETION OF HARVEST      | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.037<br>SUR703.036<br>SUR703.039<br><br>SUR703.029<br><br>SUR703.041<br>SUR703.034<br>SUR703.033<br><br>SUR703.040<br>SUR703.035<br><br>SUR703.031<br>SUR703.030<br>SUR703.046<br>SUR703.044<br>SUR703.050<br>SUR703.045 | Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)<br>Hematopoietic Cell Transplantation for Autoimmune Diseases<br>Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma<br><br>Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)<br><br>Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia<br>Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer<br>Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias<br>Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)<br>Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults<br>Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Including Multiple Myeloma (MM) and POEMS Syndrome<br>Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis<br>Hematopoietic Cell Transplantation for Solid Tumors of Childhood<br>Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia<br>Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors | 1/1/2026                  | 11/1/2025               |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                                                                            | Clinical Criteria Category               | Medical Policy Number                                                                                                                                                                                                          | Medical Policy Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 38213               | PLATELET DEplete OF HARVEST   | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.037<br>SUR703.036<br>SUR703.039<br><br>SUR703.029<br><br>SUR703.041<br>SUR703.034<br>SUR703.033<br><br>SUR703.040<br>SUR703.035<br><br>SUR703.031<br>SUR703.030<br>SUR703.046<br>SUR703.044<br>SUR703.050<br>SUR703.045 | Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)<br>Hematopoietic Cell Transplantation for Autoimmune Diseases<br>Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma<br><br>Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)<br><br>Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia<br>Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer<br>Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias<br>Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)<br>Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults<br>Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Including Multiple Myeloma (MM) and POEMS Syndrome<br>Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis<br>Hematopoietic Cell Transplantation for Solid Tumors of Childhood<br>Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia<br>Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors | 1/1/2026                  | 11/1/2025               |
| 38214               | VOLUME DEplete OF HARVEST     | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.037<br>SUR703.036<br>SUR703.039<br><br>SUR703.029<br><br>SUR703.041<br>SUR703.034<br>SUR703.033<br><br>SUR703.040<br>SUR703.035<br><br>SUR703.031<br>SUR703.030<br>SUR703.046<br>SUR703.044<br>SUR703.050<br>SUR703.045 | Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)<br>Hematopoietic Cell Transplantation for Autoimmune Diseases<br>Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma<br><br>Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)<br><br>Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia<br>Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer<br>Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias<br>Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)<br>Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults<br>Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Including Multiple Myeloma (MM) and POEMS Syndrome<br>Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis<br>Hematopoietic Cell Transplantation for Solid Tumors of Childhood<br>Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia<br>Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors | 1/1/2026                  | 11/1/2025               |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                                                                            | Clinical Criteria Category               | Medical Policy Number                                                                                                                                                                                                          | Medical Policy Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 38215               | HARVEST STEM CELL CONCENTRTE  | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.037<br>SUR703.036<br>SUR703.039<br><br>SUR703.029<br><br>SUR703.041<br>SUR703.034<br>SUR703.033<br><br>SUR703.040<br>SUR703.035<br><br>SUR703.031<br>SUR703.030<br>SUR703.046<br>SUR703.044<br>SUR703.050<br>SUR703.045 | Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)<br>Hematopoietic Cell Transplantation for Autoimmune Diseases<br>Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma<br><br>Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)<br><br>Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia<br>Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer<br>Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias<br>Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)<br>Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults<br>Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Including Multiple Myeloma (MM) and POEMS Syndrome<br>Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis<br>Hematopoietic Cell Transplantation for Solid Tumors of Childhood<br>Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia<br>Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors | 1/1/2026                  | 11/1/2025               |
| 38225               | CAR-T HRV BLD-DRV T LYMPHCYT  | Recent history and physical, plan of care, and documentation of medical necessity.                                                                      | Outpatient Medical and surgical services | RX502.061                                                                                                                                                                                                                      | Oncology Medications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Change 1/1/2026           | 11/1/2025               |
| 38226               | CAR-T HRV BLD-DRV T LYMPHCYT  | Recent history and physical, plan of care, and documentation of medical necessity.                                                                      | Outpatient Medical and surgical services | RX502.061                                                                                                                                                                                                                      | Oncology Medications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Change 1/1/2026           | 11/1/2025               |
| 38227               | CAR-T RECEIPT&PREP ADMN       | Recent history and physical, plan of care, and documentation of medical necessity.                                                                      | Outpatient Medical and surgical services | RX502.061                                                                                                                                                                                                                      | Oncology Medications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Change 1/1/2026           | 11/1/2025               |
| 38228               | CAR-T ADMN AUTOLOGOUS         | Recent history and physical, plan of care, and documentation of medical necessity.                                                                      | Outpatient Medical and surgical services | RX502.061                                                                                                                                                                                                                      | Oncology Medications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Change 1/1/2026           | 11/1/2025               |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                                                                            | Clinical Criteria Category               | Medical Policy Number                                                                                                                                                                                                          | Medical Policy Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 38230               | BONE MARROW HARVEST ALLOGEN   | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.037<br>SUR703.036<br>SUR703.039<br><br>SUR703.029<br><br>SUR703.041<br>SUR703.034<br>SUR703.033<br><br>SUR703.040<br>SUR703.035<br><br>SUR703.031<br>SUR703.030<br>SUR703.046<br>SUR703.044<br>SUR703.050<br>SUR703.045 | Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)<br>Hematopoietic Cell Transplantation for Autoimmune Diseases<br>Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma<br><br>Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)<br><br>Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia<br>Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer<br>Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias<br>Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)<br>Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults<br>Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Including Multiple Myeloma (MM) and POEMS Syndrome<br>Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis<br>Hematopoietic Cell Transplantation for Solid Tumors of Childhood<br>Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia<br>Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors | 1/1/2026                  | 11/1/2025               |
| 38232               | BONE MARROW HARVEST AUTOLOG   | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.037<br>SUR703.036<br>SUR703.039<br><br>SUR703.029<br><br>SUR703.041<br>SUR703.034<br>SUR703.033<br><br>SUR703.040<br>SUR703.035<br><br>SUR703.031<br>SUR703.030<br>SUR703.046<br>SUR703.044<br>SUR703.050<br>SUR703.045 | Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)<br>Hematopoietic Cell Transplantation for Autoimmune Diseases<br>Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma<br><br>Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)<br><br>Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia<br>Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer<br>Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias<br>Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)<br>Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults<br>Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Including Multiple Myeloma (MM) and POEMS Syndrome<br>Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis<br>Hematopoietic Cell Transplantation for Solid Tumors of Childhood<br>Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia<br>Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors | 1/1/2026                  | 11/1/2025               |



| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                                                                            | Clinical Criteria Category               | Medical Policy Number                                                                                                                                                                                                          | Medical Policy Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 38240               | TRANSPLT ALLO HCT/DONOR       | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.037<br>SUR703.036<br>SUR703.039<br><br>SUR703.029<br><br>SUR703.041<br>SUR703.034<br>SUR703.033<br><br>SUR703.040<br>SUR703.035<br><br>SUR703.031<br>SUR703.030<br>SUR703.046<br>SUR703.044<br>SUR703.050<br>SUR703.045 | Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)<br>Hematopoietic Cell Transplantation for Autoimmune Diseases<br>Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma<br><br>Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)<br><br>Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia<br>Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer<br>Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias<br>Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)<br>Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults<br>Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Including Multiple Myeloma (MM) and POEMS Syndrome<br>Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis<br>Hematopoietic Cell Transplantation for Solid Tumors of Childhood<br>Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia<br>Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors | 1/1/2026                  | 11/1/2025               |
| 38241               | TRANSPLT AUTOL HCT/DONOR      | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.037<br>SUR703.036<br>SUR703.039<br><br>SUR703.029<br><br>SUR703.041<br>SUR703.034<br>SUR703.033<br><br>SUR703.040<br>SUR703.035<br><br>SUR703.031<br>SUR703.030<br>SUR703.046<br>SUR703.044<br>SUR703.050<br>SUR703.045 | Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)<br>Hematopoietic Cell Transplantation for Autoimmune Diseases<br>Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma<br><br>Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)<br><br>Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia<br>Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer<br>Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias<br>Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)<br>Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults<br>Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Including Multiple Myeloma (MM) and POEMS Syndrome<br>Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis<br>Hematopoietic Cell Transplantation for Solid Tumors of Childhood<br>Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia<br>Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors | 1/1/2026                  | 11/1/2025               |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                                                                            | Clinical Criteria Category               | Medical Policy Number                                                                                                                                                                                                          | Medical Policy Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 38242               | TRANSPLT ALLO LYMPHOCYTES     | If transplant approval on record: Date of transplant<br>If no transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.037<br>SUR703.036<br>SUR703.039<br><br>SUR703.029<br><br>SUR703.041<br>SUR703.034<br>SUR703.033<br><br>SUR703.040<br>SUR703.035<br><br>SUR703.031<br>SUR703.030<br>SUR703.046<br>SUR703.044<br>SUR703.050<br>SUR703.045 | Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML)<br>Hematopoietic Cell Transplantation for Autoimmune Diseases<br>Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma<br><br>Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)<br><br>Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia<br>Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer<br>Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias<br>Hematopoietic Cell Transplantation for Hodgkin Lymphoma (HL)<br>Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults<br>Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas Including Multiple Myeloma (MM) and POEMS Syndrome<br>Hematopoietic Cell Transplantation for Primary Systemic Amyloidosis<br>Hematopoietic Cell Transplantation for Solid Tumors of Childhood<br>Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia<br>Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors | 1/1/2026                  | 11/1/2025               |
| 41019               | PLACE NEEDLES H&N FOR RT      | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415                                                        | Radiation Therapy                        | Carelon                                                                                                                                                                                                                        | Carelon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Change 8/1/2025           |                         |
| 43633               | REMOVAL OF STOMACH PARTIAL    | History and physical and operative report.                                                                                                              | Outpatient Medical and surgical services | SUR716.003                                                                                                                                                                                                                     | Bariatric Surgery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Added prior to 9/1/2019   |                         |
| 43644               | LAP GASTRIC BYPASS/ROUX-EN-Y  | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.                                          | Outpatient Medical and surgical services | SUR716.003                                                                                                                                                                                                                     | Bariatric Surgery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Added prior to 9/1/2019   |                         |
| 43645               | LAP GASTR BYPASS INCL SMLL I  | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.                                          | Outpatient Medical and surgical services | SUR716.003                                                                                                                                                                                                                     | Bariatric Surgery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Added prior to 9/1/2019   |                         |
| 43659               | LAPAROSCOPE PROC STOM         | Letter of medical necessity, including condition being treated.                                                                                         | Outpatient Medical and surgical services | SUR716.003                                                                                                                                                                                                                     | Bariatric Surgery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Added prior to 9/1/2019   |                         |
| 43770               | LAP PLACE GASTR ADJ DEVICE    | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.                                          | Outpatient Medical and surgical services | SUR716.003                                                                                                                                                                                                                     | Bariatric Surgery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Added prior to 9/1/2019   |                         |
| 43775               | LAP SLEEVE GASTRECTOMY        | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.                                          | Outpatient Medical and surgical services | SUR716.003                                                                                                                                                                                                                     | Bariatric Surgery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Added prior to 9/1/2019   |                         |
| 43842               | V-BAND GASTROPLASTY           | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.                                          | Outpatient Medical and surgical services | SUR716.003                                                                                                                                                                                                                     | Bariatric Surgery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Added prior to 9/1/2019   |                         |
| 43843               | GASTROPLASTY W/O V-BAND       | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.                                          | Outpatient Medical and surgical services | SUR716.003                                                                                                                                                                                                                     | Bariatric Surgery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Added prior to 9/1/2019   |                         |
| 43845               | GASTROPLASTY DUODENAL SWITCH  | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.                                          | Outpatient Medical and surgical services | SUR716.003                                                                                                                                                                                                                     | Bariatric Surgery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Added prior to 9/1/2019   |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                                                                            | Clinical Criteria Category               | Medical Policy Number    | Medical Policy Name                                                                                     | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 43846               | GASTRIC BYPASS FOR OBESITY    | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.                                          | Outpatient Medical and surgical services | SUR716.003               | Bariatric Surgery                                                                                       | Added prior to 9/1/2019   |                         |
| 43847               | GASTRIC BYPASS INCL SMALL I   | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.                                          | Outpatient Medical and surgical services | SUR716.003               | Bariatric Surgery                                                                                       | Added prior to 9/1/2019   |                         |
| 43848               | REVISION GASTROPLASTY         | History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.                                          | Outpatient Medical and surgical services | SUR716.003               | Bariatric Surgery                                                                                       | Added prior to 9/1/2019   |                         |
| 43999               | STOMACH SURGERY PROCEDURE     | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR716.003               | Bariatric Surgery                                                                                       | 1/1/2026                  | 11/1/2025               |
| 44132               | ENTERECTOMY CADAVER DONOR     | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.014<br>SUR703.009 | Isolated Small Bowel Transplant<br>Small Bowel/Liver and Multivisceral Transplant                       | Added prior to 9/1/2019   |                         |
| 44133               | ENTERECTOMY LIVE DONOR        | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.014<br>SUR703.009 | Isolated Small Bowel Transplant<br>Small Bowel/Liver and Multivisceral Transplant                       | Added prior to 9/1/2019   |                         |
| 44135               | INTESTINE TRANSPLNT CADAVER   | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.014<br>SUR703.009 | Isolated Small Bowel Transplant<br>Small Bowel/Liver and Multivisceral Transplant                       | Added prior to 9/1/2019   |                         |
| 44136               | INTESTINE TRANSPLANT LIVE     | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Transplant                               | SUR703.014<br>SUR703.009 | Isolated Small Bowel Transplant<br>Small Bowel/Liver and Multivisceral Transplant                       | Added prior to 9/1/2019   |                         |
| 44137               | REMOVE INTESTINAL ALLOGRAFT   | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.014<br>SUR703.009 | Isolated Small Bowel Transplant<br>Small Bowel/Liver and Multivisceral Transplant                       | Added prior to 9/1/2019   |                         |
| 47133               | REMOVAL OF DONOR LIVER        | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.008<br>SUR703.009 | Liver Transplant and Combined Liver-Kidney Transplant<br>Small Bowel/Liver and Multivisceral Transplant | Added prior to 9/1/2019   |                         |
| 47135               | TRANSPLANTATION OF LIVER      | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Transplant                               | SUR703.008<br>SUR703.009 | Liver Transplant and Combined Liver-Kidney Transplant<br>Small Bowel/Liver and Multivisceral Transplant | Added prior to 9/1/2019   |                         |
| 47140               | PARTIAL REMOVAL DONOR LIVER   | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.008<br>SUR703.009 | Liver Transplant and Combined Liver-Kidney Transplant<br>Small Bowel/Liver and Multivisceral Transplant | Added prior to 9/1/2019   |                         |
| 47141               | PARTIAL REMOVAL DONOR LIVER   | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.008<br>SUR703.009 | Liver Transplant and Combined Liver-Kidney Transplant<br>Small Bowel/Liver and Multivisceral Transplant | Added prior to 9/1/2019   |                         |
| 47142               | PARTIAL REMOVAL DONOR LIVER   | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.008<br>SUR703.009 | Liver Transplant and Combined Liver-Kidney Transplant<br>Small Bowel/Liver and Multivisceral Transplant | Added prior to 9/1/2019   |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                                                                            | Clinical Criteria Category               | Medical Policy Number    | Medical Policy Name                                                                    | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------|----------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 47420               | INCISION OF BILE DUCT         | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | MCG                      | MCG SG-GS General Surgery or Procedure GRG                                             | Added prior to 9/1/2019   | 7/1/2026                |
| 47425               | INCISION OF BILE DUCT         | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | MCG                      | MCG SG-GS General Surgery or Procedure GRG                                             | Added prior to 9/1/2019   | 7/1/2026                |
| 48160               | PANCREAS REMOVAL/TRANSPLANT   | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Transplant                               | SUR703.057               | Islet Transplantation for Chronic Pancreatitis and Donislecel-jujn for Type 1 Diabetes | Added prior to 9/1/2019   | 7/1/2026                |
| 48550               | DONOR PANCREATECTOMY          | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.013               | Allogenic Pancreas Transplant                                                          | Added prior to 9/1/2019   | 4/28/2026               |
| 48554               | TRANSPL ALLOGRAFT PANCREAS    | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.013               | Allogenic Pancreas Transplant                                                          | Added prior to 9/1/2019   | 4/28/2026               |
| 48556               | REMOVAL ALLOGRAFT PANCREAS    | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | MCG                      | MCG SG-GS General Surgery or Procedure GRG                                             | Added prior to 9/1/2019   | 7/1/2026                |
| 50300               | REMOVE CADAVER DONOR KIDNEY   | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.007<br>SUR703.008 | Kidney Transplant<br>Liver Transplant and Combined Liver-Kidney Transplant Pancreas    | Added prior to 9/1/2019   | 7/1/2026                |
| 50320               | REMOVE KIDNEY LIVING DONOR    | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.007<br>SUR703.008 | Kidney Transplant<br>Liver Transplant and Combined Liver-Kidney Transplant Pancreas    | Added prior to 9/1/2019   | 7/1/2026                |
| 50323               | PREP CADAVER RENAL ALLOGRAFT  | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.007<br>SUR703.008 | Kidney Transplant<br>Liver Transplant and Combined Liver-Kidney Transplant Pancreas    | Added prior to 9/1/2019   | 7/1/2026                |
| 50328               | PREP RENAL GRAFT/ARTERIAL     | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.007<br>SUR703.008 | Kidney Transplant<br>Liver Transplant and Combined Liver-Kidney Transplant Pancreas    | Added prior to 9/1/2019   | 7/1/2026                |
| 50340               | REMOVAL OF KIDNEY             | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.007<br>SUR703.008 | Kidney Transplant<br>Liver Transplant and Combined Liver-Kidney Transplant Pancreas    | Added prior to 9/1/2019   | 7/1/2026                |
| 50360               | TRANSPLANTATION OF KIDNEY     | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Transplant                               | SUR703.007<br>SUR703.008 | Kidney Transplant<br>Liver Transplant and Combined Liver-Kidney Transplant Pancreas    | Added prior to 9/1/2019   | 7/1/2026                |
| 50365               | TRANSPLANTATION OF KIDNEY     | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Transplant                               | SUR703.007<br>SUR703.008 | Kidney Transplant<br>Liver Transplant and Combined Liver-Kidney Transplant Pancreas    | Added prior to 9/1/2019   | 7/1/2026                |
| 50370               | REMOVE TRANSPLANTED KIDNEY    | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Transplant                               | SUR703.007<br>SUR703.008 | Kidney Transplant<br>Liver Transplant and Combined Liver-Kidney Transplant Pancreas    | Added prior to 9/1/2019   | 7/1/2026                |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                                                                            | Clinical Criteria Category               | Medical Policy Number    | Medical Policy Name                                                                                                              | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 50380               | REIMPLANTATION OF KIDNEY      | If transplant approval on record: Date of Transplant<br>If no Transplant approval: history and physical, transplant evaluation, and date of transplant. | Outpatient Medical and surgical services | SUR703.007<br>SUR703.008 | Kidney Transplant<br>Liver Transplant and Combined Liver-Kidney Transplant Pancreas                                              | Added prior to 9/1/2019   | 7/1/2026                |
| 51597               | REMOVAL OF PELVIC STRUCTURES  | Submit history and physical, documentation of medical necessity, operative report.                                                                      | Outpatient Medical and surgical services | MCG                      | MCG SG-US Urologic Surgery or Procedure GRG                                                                                      | Added prior to 9/1/2019   | 7/1/2026                |
| 53020               | INCISION OF URETHRA           | Submit history and physical, documentation of medical necessity, operative report.                                                                      | Outpatient Medical and surgical services | MCG                      | MCG SG-US Urologic Surgery or Procedure GRG                                                                                      | Added 1/1/23              | 7/1/2026                |
| 53425               | RECONSTRUCT URETHRA STAGE 2   | Submit history and physical, documentation of medical necessity, operative report.                                                                      | Outpatient Medical and surgical services | MCG                      | MCG S-1172 Urethroplasty                                                                                                         | Added 1/1/23              | 7/1/2026                |
| 53430               | RECONSTRUCTION OF URETHRA     | Submit history and physical, documentation of medical necessity, operative report.                                                                      | Outpatient Medical and surgical services | SUR717.001               | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                  | Added prior to 9/1/2019   |                         |
| 54125               | REMOVAL OF PENIS              | Submit history and physical, documentation of medical necessity, operative report.                                                                      | Outpatient Medical and surgical services | SUR717.001               | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                  | Added prior to 9/1/2019   |                         |
| 54304               | REVISION OF PENIS             | Submit history and physical, documentation of medical necessity, operative report.                                                                      | Outpatient Medical and surgical services | MCG                      | S-1172 Urethroplaty                                                                                                              | Added prior to 9/1/2019   | 7/1/2026                |
| 54400               | INSERT SEMI-RIGID PROSTHESIS  | Submit history and physical, documentation of medical necessity, operative report.                                                                      | Outpatient Medical and surgical services | SUR717.001<br>MED201.030 | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Sexual Dysfunctions, Assessment and Treatment | Added prior to 9/1/2019   |                         |
| 54401               | INSERT SELF-CONTD PROSTHESIS  | Submit history and physical, documentation of medical necessity, operative report.                                                                      | Outpatient Medical and surgical services | SUR717.001<br>MED201.030 | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Sexual Dysfunctions, Assessment and Treatment | Added prior to 9/1/2019   |                         |
| 54405               | INSERT MULTI-COMP PENIS PROS  | Submit history and physical, documentation of medical necessity, operative report.                                                                      | Outpatient Medical and surgical services | SUR717.001<br>MED201.030 | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Sexual Dysfunctions, Assessment and Treatment | Added prior to 9/1/2019   |                         |
| 54520               | REMOVAL OF TESTIS             | Submit history and physical, documentation of medical necessity, operative report.                                                                      | Outpatient Medical and surgical services | SUR717.001               | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                  | Added prior to 9/1/2019   |                         |
| 54660               | REVISION OF TESTIS            | Submit history and physical, documentation of medical necessity, operative report.                                                                      | Outpatient Medical and surgical services | SUR716.001<br>SUR717.001 | Cosmetic and Reconstructive Procedures<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services        | Added prior to 9/1/2019   |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                     | Medical Records Request Information Required                                       | Clinical Criteria Category               | Medical Policy Number                  | Medical Policy Name                                                                                                              | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 54690               | LAPAROSCOPY ORCHIECTOMY                                           | Submit history and physical, documentation of medical necessity, operative report. | Outpatient Medical and surgical services | SUR717.001                             | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                  | Added 1/1/23              |                         |
| 55175               | REVISION OF SCROTUM                                               | Submit history and physical, documentation of medical necessity, operative report. | Outpatient Medical and surgical services | SUR717.001                             | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                  | Added prior to 9/1/2019   |                         |
| 55180               | REVISION OF SCROTUM                                               | Submit history and physical, documentation of medical necessity, operative report. | Outpatient Medical and surgical services | SUR717.001                             | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                  | Added prior to 9/1/2019   |                         |
| 55860               | INSERTION RADIOACTIVE SUBSTANCE PROSTATE                          | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiation Therapy                        | Carelon                                | Carelon                                                                                                                          | Change 8/1/2025           |                         |
| 55862               | INSERTAION OF RADIOACTIVE SUBSTANCE PROSTATE W/ LYMPH NODE BIOPSY | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiation Therapy                        | Carelon                                | Carelon                                                                                                                          | Change 8/1/2025           |                         |
| 55865               | INSERTION RADIOACTIVE SUBSTANCE PROSTATE WITH LYMPHADENECTOMY     | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiation Therapy                        | Carelon                                | Carelon                                                                                                                          | Change 8/1/2025           |                         |
| 55874               | TRANSPERINEAL PLACEMENT OF BIODEGRADABLE MATERIAL PERI-PORSTATIC  | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiation Therapy                        | Carelon                                | Carelon                                                                                                                          | Change 8/1/2025           |                         |
| 55875               | PLACEMENT OF NEEDLES/CATHETERS INTO PROSTATE FOR RAD              | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiation Therapy                        | Carelon                                | Carelon                                                                                                                          | Change 8/1/2025           |                         |
| 55899               | GENITAL SURGERY PROCEDURE                                         | Submit history and physical, documentation of medical necessity, operative report. | Outpatient Medical and surgical services | SUR701.031<br>SUR710.019<br>SUR717.004 | Nerve Graft with Radical Prostatectomy<br>Laser Interstitial Tumor Therapy (LITT)<br>Focal Treatment for Prostate Cancer         | Added 1/1/23              | 7/1/2026                |
| 55920               | PLACMENT OF NEEDLES/CATHETERS INOT PROSTATE FOR RAD APPLICATION   | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiation Therapy                        | Carelon                                | Carelon                                                                                                                          | Change 8/1/2025           |                         |
| 56620               | PARTIAL REMOVAL OF VULVA                                          | Submit history and physical, documentation of medical necessity, operative report. | Outpatient Medical and surgical services | SUR717.001                             | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                  | Added 1/1/23              |                         |
| 56625               | COMPLETE REMOVAL OF VULVA                                         | Submit history and physical, documentation of medical necessity, operative report. | Outpatient Medical and surgical services | SUR717.001                             | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                  | Added prior to 9/1/2019   |                         |
| 56800               | REPAIR OF VAGINA                                                  | Submit history and physical, documentation of medical necessity, operative report. | Outpatient Medical and surgical services | SUR717.001                             | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                  | Added prior to 9/1/2019   |                         |
| 56805               | REPAIR CLITORIS                                                   | Submit history and physical, documentation of medical necessity, operative report. | Outpatient Medical and surgical services | SUR717.001                             | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                  | Added prior to 9/1/2019   |                         |
| 56810               | REPAIR OF PERINEUM                                                | Submit history and physical, documentation of medical necessity, operative report. | Outpatient Medical and surgical services | SUR717.001<br>MED201.030               | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Sexual Dysfunctions, Assessment and Treatment | Added prior to 9/1/2019   |                         |

| CPT and HCPCS Codes | Description of Procedure Code                               | Medical Records Request Information Required                                       | Clinical Criteria Category               | Medical Policy Number    | Medical Policy Name                                                                                                              | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 57106               | REMOVE VAGINA WALL PARTIAL                                  | Submit history and physical, documentation of medical necessity, operative report. | Outpatient Medical and surgical services | SUR717.001               | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                  | Added prior to 9/1/2019   |                         |
| 57107               | REMOVE VAGINA TISSUE PART                                   | Submit history and physical, documentation of medical necessity, operative report. | Outpatient Medical and surgical services | SUR717.001               | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                  | Added prior to 9/1/2019   |                         |
| 57110               | REMOVE VAGINA WALL COMPLETE                                 | Submit history and physical, documentation of medical necessity, operative report. | Outpatient Medical and surgical services | SUR717.001               | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                  | Added prior to 9/1/2019   |                         |
| 57111               | REMOVE VAGINA TISSUE COMPL                                  | Submit history and physical, documentation of medical necessity, operative report. | Outpatient Medical and surgical services | SUR717.001               | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                  | Added prior to 9/1/2019   |                         |
| 57155               | INSERTION OF UTERINE TANDEM OR VAG OVOIDS FOR BRACHYTHERAPY | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiation Therapy                        | Carelon                  | Carelon                                                                                                                          | Change 8/1/2025           |                         |
| 57156               | INSERTION OF VAGINAL RADIATION APPARATUS FOR BRACHYTHERAPY  | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiation Therapy                        | Carelon                  | Carelon                                                                                                                          | Change 8/1/2025           |                         |
| 57288               | REPAIR BLADDER DEFECT                                       | Letter of medical necessity, including condition being treated.                    | Outpatient Medical and surgical services | MCG                      | MCG Urethral Suspension Procedures ISC                                                                                           | 1/1/2026                  | 11/1/2025               |
| 57291               | CONSTRUCTION OF VAGINA                                      | Submit history and physical, documentation of medical necessity, operative report. | Outpatient Medical and surgical services | SUR717.001               | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                  | Added prior to 9/1/2019   |                         |
| 57292               | CONSTRUCT VAGINA WITH GRAFT                                 | Submit history and physical, documentation of medical necessity, operative report. | Outpatient Medical and surgical services | SUR717.001               | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                  | Added prior to 9/1/2019   |                         |
| 57295               | REVISE VAG GRAFT VIA VAGINA                                 | Submit history and physical, documentation of medical necessity, operative report. | Outpatient Medical and surgical services | SUR717.001               | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                  | Added prior to 9/1/2019   |                         |
| 57296               | REVISE VAG GRAFT OPEN ABD                                   | Submit history and physical, documentation of medical necessity, operative report. | Outpatient Medical and surgical services | SUR717.001               | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                  | Added prior to 9/1/2019   |                         |
| 57311               | REPAIR URETHROVAGINAL LESION                                | Submit history and physical, documentation of medical necessity, operative report. | Outpatient Medical and surgical services | MCG                      | MCG SG-OBS Obstetric and Gynecologic Surgery or Procedure GRG                                                                    | Added prior to 9/1/2019   | 7/1/2026                |
| 57335               | REPAIR VAGINA                                               | Submit history and physical, documentation of medical necessity, operative report. | Outpatient Medical and surgical services | SUR717.001<br>MED201.030 | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Sexual Dysfunctions, Assessment and Treatment | Added prior to 9/1/2019   |                         |
| 57426               | REVISE PROSTH VAG GRAFT LAP                                 | Submit history and physical, documentation of medical necessity, operative report. | Outpatient Medical and surgical services | SUR717.001               | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services                                                  | Added prior to 9/1/2019   |                         |
| 58346               | INSERTION OF HEYMAN CAPSULES FOR BRACHYTHERAPY              | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiation Therapy                        | Carelon                  | Carelon                                                                                                                          | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code   | Medical Records Request Information Required                                                | Clinical Criteria Category               | Medical Policy Number  | Medical Policy Name                                                                                                               | Effective and Change Date | Date Posted to Website* |
|---------------------|---------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 58542               | LSH W/T/O UT 250 G OR LESS      | Submit history and physical, documentation of medical necessity, operative report.          | Outpatient Medical and surgical services | MCG                    | S-665 Hysterectomy, Laparoscopic                                                                                                  | Added prior to 9/1/2019   | 4/28/2026               |
| 58571               | TLH W/T/O 250 G OR LESS         | Submit history and physical, documentation of medical necessity, operative report.          | Outpatient Medical and surgical services | MCG                    | S-665 Hysterectomy, Laparoscopic                                                                                                  | Added prior to 9/1/2019   | 4/28/2026               |
| 58573               | TLH W/T/O UTERUS OVER 250 G     | Submit history and physical, documentation of medical necessity, operative report.          | Outpatient Medical and surgical services | MCG                    | S-665 Hysterectomy, Laparoscopic                                                                                                  | Added prior to 9/1/2019   | 4/28/2026               |
| 58670               | LAPAROSCOPY TUBAL CAUTERY       | Letter of medical necessity, including condition being treated.                             | Outpatient Medical and surgical services | MCG                    | S-775 Gynecologic Surgery by Laparoscopy                                                                                          | Added prior to 9/1/2019   | 4/28/2026               |
| 58999               | GENITAL SURGERY PROCEDURE       | Submit history and physical, documentation of medical necessity, operative report.          | Outpatient Medical and surgical services | MED201.030, SUR701.033 | Sexual Dysfunctions, Assesment and Treatment Laparoscopic, Percutaneous and Transcervical Techniques for Uterine Fibroid Myolysis | Added 1/1/23              | 4/28/2026               |
| 60210               | PARTIAL THYROID EXCISION        | Submit history and physical, documentation of medical necessity, operative report.          | Outpatient Medical and surgical services | MCG                    | S-1090 Thyroidectomy                                                                                                              | Added 1/1/23              | 4/28/2026               |
| 60212               | PARTIAL THYROID EXCISION        | Submit history and physical, documentation of medical necessity, operative report.          | Outpatient Medical and surgical services | MCG                    | S-1090 Thyroidectomy                                                                                                              | Added 1/1/23              | 4/28/2026               |
| 60512               | AUTOTRANSPLANT PARATHYROID      | Submit history and physical, documentation of medical necessity including operative report. | Outpatient Medical and surgical services | MCG                    | SG-HNS Head and Neck Surgery or Procedure GRG                                                                                     | Added prior to 9/1/2019   | 4/28/2026               |
| 61796               | SRS CRANIAL LESION, SIMPLE      | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Radiation Therapy                        | Carelon                | Carelon                                                                                                                           | Change 8/1/2025           |                         |
| 61797               | SRS CRANIAL LESION, SIMPLE ADDL | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Radiation Therapy                        | Carelon                | Carelon                                                                                                                           | Change 8/1/2025           |                         |
| 61798               | SRS CRANIAL LESION COMPLEX      | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Radiation Therapy                        | Carelon                | Carelon                                                                                                                           | Change 8/1/2025           |                         |
| 61799               | SRS CRANIAL LESION COMPLEX ADDL | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Radiation Therapy                        | Carelon                | Carelon                                                                                                                           | Change 8/1/2025           |                         |
| 61800               | APPLY SRS HEADFRAME ADD-ON      | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Radiation Therapy                        | Carelon                | Carelon                                                                                                                           | Change 8/1/2025           |                         |
| 62115               | REDUCTION OF SKULL DEFECT       | Submit history and physical, documentation of medical necessity including operative report. | Outpatient Medical and surgical services | MCG                    | Neurosurgery or Procedure GRG SG-NS                                                                                               | Added prior to 9/1/2019   | 4/28/2026               |
| 62120               | REPAIR SKULL CAVITY LESION      | Submit history and physical, documentation of medical necessity including operative report. | Outpatient Medical and surgical services | MCG                    | Neurosurgery or Procedure GRG SG-NS                                                                                               | Added prior to 9/1/2019   | 4/28/2026               |
| 62263               | EPIDURAL LYSIS MULT SESSIONS    | Submit history and physical, documentation of medical necessity including operative report. | Outpatient Medical and surgical services | SUR712.024             | Lysis of Epidural Adhesions                                                                                                       | 1/1/2020                  |                         |
| 62280               | TREAT SPINAL CORD LESION        | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon                | Carelon                                                                                                                           | Change 8/1/2025           |                         |
| 62281               | TREAT SPINAL CORD LESION        | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon                | Carelon                                                                                                                           | Change 8/1/2025           |                         |
| 62282               | TREAT SPINAL CANAL LESION       | Carelon-https://providerportal.com/ or 1-866-455-8415                                       | Musculoskeletal                          | Carelon                | Carelon                                                                                                                           | Change 8/1/2025           |                         |



| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                          | Clinical Criteria Category               | Medical Policy Number | Medical Policy Name                                                                                                                                                                                | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 62287               | PERCUTANEOUS DISCECTOMY       | Submit history and physical, documentation of medical necessity, including functional impairment      | Outpatient Medical and surgical services | SUR712.037 SUR712.004 | Decompression of the Intervertebral disc Using Laser Energy (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty) Automated Percutaneous Discectomy and Percutaneous Endoscopic Discectomy | 1/1/2020                  |                         |
| 62292               | NIX CHEMONUCLEOLYSIS LMBR     | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                                                                                                                            | Change 8/1/2025           |                         |
| 62320               | NIX INTERLAMINAR CRV/THRC     | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                                                                                                                            | Change 8/1/2025           |                         |
| 62321               | NIX INTERLAMINAR CRV/THRC     | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                                                                                                                            | Change 8/1/2025           |                         |
| 62322               | NIX INTERLAMINAR LMBR/SAC     | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                                                                                                                            | Change 8/1/2025           |                         |
| 62323               | NIX INTERLAMINAR LMBR/SAC     | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                                                                                                                            | Change 8/1/2025           |                         |
| 62324               | NIX INTERLAMINAR CRV/THRC     | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                                                                                                                            | Change 8/1/2025           |                         |
| 62325               | NIX INTERLAMINAR CRV/THRC     | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                                                                                                                            | Change 8/1/2025           |                         |
| 62326               | NIX INTERLAMINAR LMBR/SAC     | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                                                                                                                            | Change 8/1/2025           |                         |
| 62327               | NIX INTERLAMINAR LMBR/SAC     | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                                                                                                                            | Change 8/1/2025           |                         |
| 62350               | IMPLANT SPINAL CANAL CATH     | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                   | MCG A-0420 Intrathecal Pump Implantation                                                                                                                                                           | 1/1/2026                  | 11/1/2025               |
| 62351               | IMPLANT SPINAL CANAL CATH     | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                   | MCG A-0420 Intrathecal Pump Implantation                                                                                                                                                           | 1/1/2026                  | 11/1/2025               |
| 62360               | INSERT SPINE INFUSION DEVICE  | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                   | MCG A-0420 Intrathecal Pump Implantation                                                                                                                                                           | 11/1/2019                 | 4/28/2026               |
| 62361               | IMPLANT SPINE INFUSION PUMP   | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                   | MCG A-0420 Intrathecal Pump Implantation                                                                                                                                                           | 11/1/2019                 | 4/28/2026               |
| 62362               | IMPLANT SPINE INFUSION PUMP   | Pre-operative evaluation, history and physical including functional impairment, and operative report. | Outpatient Medical and surgical services | MCG                   | MCG A-0420 Intrathecal Pump Implantation                                                                                                                                                           | Added prior to 9/1/2021   | 4/28/2026               |
| 63001               | REMOVE SPINE LAMINA 1/2 CRVL  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                                                                                                                            | Change 8/1/2025           |                         |
| 63005               | REMOVE SPINE LAMINA 1/2 LMBR  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                                                                                                                            | Change 8/1/2025           |                         |
| 63012               | REMOVE LAMINA/FACETS LUMBAR   | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                                                                                                                            | Change 8/1/2025           |                         |
| 63015               | REMOVE SPINE LAMINA >2 CRVCL  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                                                                                                                            | Change 8/1/2025           |                         |
| 63017               | REMOVE SPINE LAMINA >2 LMBR   | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                                                                                                                            | Change 8/1/2025           |                         |
| 63020               | NECK SPINE DISK SURGERY       | Carelon-https://providerportal.com/ or 1-866-455-8415                                                 | Musculoskeletal                          | Carelon               | Carelon                                                                                                                                                                                            | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required          | Clinical Criteria Category | Medical Policy Number | Medical Policy Name | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|-------------------------------------------------------|----------------------------|-----------------------|---------------------|---------------------------|-------------------------|
| 63030               | LOW BACK DISK SURGERY         | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63035               | SPINAL DISK SURGERY ADD-ON    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63040               | LAMINOTOMY SINGLE CERVICAL    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63042               | LAMINOTOMY SINGLE LUMBAR      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63043               | LAMINOTOMY ADDL CERVICAL      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63044               | LAMINOTOMY ADDL LUMBAR        | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63045               | REMOVE SPINE LAMINA 1 CRVL    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63047               | REMOVE SPINE LAMINA 1 LMBR    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63048               | REMOVE SPINAL LAMINA ADD-ON   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63050               | CERVICAL LAMINOPLSTY 2/> SEG  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63051               | C-LAMINOPLASTY W/GRAFT/PLATE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63052               | Lam facetc/frmt arthrd lum 1  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63053               | Lam factc/frmt arthrd lum ea  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63056               | DECOMPRESS SPINAL CORD LMBR   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63057               | DECOMPRESS SPINE CORD ADD-ON  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63075               | NECK SPINE DISK SURGERY       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63076               | NECK SPINE DISK SURGERY       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63081               | REMOVE VERT BODY DCMRN CRVL   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63082               | REMOVE VERTEBRAL BODY ADD-ON  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63620               | SRS SPINAL LESION             | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63621               | SRS SPINAL LESION ADDL        | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63650               | IMPLANT NEUROELECTRODES       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 63655               | IMPLANT NEUROELECTRODES       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Musculoskeletal            | Carelon               | Carelon             | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code             | Medical Records Request Information Required                                                                           | Clinical Criteria Category               | Medical Policy Number              | Medical Policy Name                                                                            | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 63685               | INSRT/REDO SPINE N GENERATOR              | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                  | Musculoskeletal                          | Carelon                            | Carelon                                                                                        | Change 8/1/2025           |                         |
| 64451               | NIX AA&/STRD NRV NRVGT SI JT              | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                  | Musculoskeletal                          | Carelon                            | Carelon                                                                                        | Change 8/1/2025           |                         |
| 64479               | INJ FORAMEN EPIDURAL C/T                  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                  | Musculoskeletal                          | Carelon                            | Carelon                                                                                        | Change 8/1/2025           |                         |
| 64480               | INJ FORAMEN EPIDURAL ADD-ON               | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                  | Musculoskeletal                          | Carelon                            | Carelon                                                                                        | Change 8/1/2025           |                         |
| 64483               | INJ FORAMEN EPIDURAL L/S                  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                  | Musculoskeletal                          | Carelon                            | Carelon                                                                                        | Change 8/1/2025           |                         |
| 64484               | INJ FORAMEN EPIDURAL ADD-ON               | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                  | Musculoskeletal                          | Carelon                            | Carelon                                                                                        | Change 8/1/2025           |                         |
| 64490               | INJ PARAVERTE F JNT C/T 1 LEV             | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                  | Musculoskeletal                          | Carelon                            | Carelon                                                                                        | Change 8/1/2025           |                         |
| 64491               | INJ PARAVERTE F JNT C/T 2 LEV             | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                  | Musculoskeletal                          | Carelon                            | Carelon                                                                                        | Change 8/1/2025           |                         |
| 64492               | INJ PARAVERTE F JNT C/T 3 LEV             | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                  | Musculoskeletal                          | Carelon                            | Carelon                                                                                        | Change 8/1/2025           |                         |
| 64493               | INJ PARAVERTE F JNT L/S 1 LEV             | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                  | Musculoskeletal                          | Carelon                            | Carelon                                                                                        | Change 8/1/2025           |                         |
| 64494               | INJ PARAVERTE F JNT L/S 2 LEV             | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                  | Musculoskeletal                          | Carelon                            | Carelon                                                                                        | Change 8/1/2025           |                         |
| 64495               | INJ PARAVERTE F JNT L/S 3 LEV             | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                  | Musculoskeletal                          | Carelon                            | Carelon                                                                                        | Change 8/1/2025           |                         |
| 64510               | N BLOCK STELLATE GANGLION                 | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                  | Musculoskeletal                          | Carelon                            | Carelon                                                                                        | Change 8/1/2025           |                         |
| 64520               | N BLOCK LUMBAR/THORACIC                   | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                  | Musculoskeletal                          | Carelon                            | Carelon                                                                                        | Change 8/1/2025           |                         |
| 64561               | IMPLANT NEUROELECTRODES                   | Submit History and Physical, documentation of medical necessity including operative report.                            | Outpatient Medical and surgical services | SUR710.018                         | Sacral Nerve Neuromodulation/Stimulation                                                       | Added prior to 9/1/2019   |                         |
| 64625               | RF ABLTJ NRV NRVGT SI JT                  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                  | Musculoskeletal                          | Carelon                            | Carelon                                                                                        | Change 8/1/2025           |                         |
| 64633               | DESTROY CERV/THOR FACET JNT               | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                  | Musculoskeletal                          | Carelon                            | Carelon                                                                                        | Change 8/1/2025           |                         |
| 64634               | DESTROY C/TH FACET JNT ADDL               | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                  | Musculoskeletal                          | Carelon                            | Carelon                                                                                        | Change 8/1/2025           |                         |
| 64635               | DESTROY LUMB/SAC FACET JNT                | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                  | Musculoskeletal                          | Carelon                            | Carelon                                                                                        | Change 8/1/2025           |                         |
| 64636               | DESTROY L/S FACET JNT ADDL                | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                  | Musculoskeletal                          | Carelon                            | Carelon                                                                                        | Change 8/1/2025           |                         |
| 64999               | NERVOUS SYSTEM SURGERY                    | Submit documentation to describe the services. Include history and physical with operative report or procedure report. | Outpatient Medical and surgical services | RX501.019 SUR702.017<br>SUR712.024 | Botulinum Toxin<br>Facet Joint and Sacroiliac Joint Denervation<br>Lysis of Epidural Adhesions | Added prior to 9/1/2019   | 4/28/2026               |
| 67218               | DESTRUCTION OF LOCALIZED LESION OF RETINA | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                  | Radiation Therapy                        | Carelon                            | Carelon                                                                                        | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                                           | Clinical Criteria Category               | Medical Policy Number | Medical Policy Name                                                               | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------|-----------------------------------------------------------------------------------|---------------------------|-------------------------|
| 67900               | REPAIR BROW DEFECT            | Pre Operative Evaluation, History and Physical and Operative report                                    | Outpatient Medical and surgical services | SUR716.004 SUR712.031 | Blepharoplasty and Blepharoptosis Surgical Deactivation of Headache Trigger Sites | 1/1/2020                  | 4/28/2026               |
| 67901               | REPAIR EYELID DEFECT          | Letter of medical necessity, including condition being treated.                                        | Outpatient Medical and surgical services | SUR716.004            | Blepharoplasty and Blepharoptosis                                                 | 1/1/2020                  | 4/28/2026               |
| 67902               | REPAIR EYELID DEFECT          | Letter of medical necessity, including condition being treated.                                        | Outpatient Medical and surgical services | SUR716.004            | Blepharoplasty and Blepharoptosis                                                 | 1/1/2020                  | 4/28/2026               |
| 67903               | REPAIR EYELID DEFECT          | Letter of medical necessity, including condition being treated.                                        | Outpatient Medical and surgical services | SUR716.004            | Blepharoplasty and Blepharoptosis                                                 | 1/1/2020                  | 4/28/2026               |
| 67904               | REPAIR EYELID DEFECT          | Letter of medical necessity, including condition being treated.                                        | Outpatient Medical and surgical services | SUR716.004            | Blepharoplasty and Blepharoptosis                                                 | 1/1/2020                  | 4/28/2026               |
| 67906               | REPAIR EYELID DEFECT          | Letter of medical necessity, including condition being treated.                                        | Outpatient Medical and surgical services | SUR716.004            | Blepharoplasty and Blepharoptosis                                                 | 1/1/2020                  | 4/28/2026               |
| 67908               | REPAIR EYELID DEFECT          | Letter of medical necessity, including condition being treated.                                        | Outpatient Medical and surgical services | SUR716.004            | Blepharoplasty and Blepharoptosis                                                 | 1/1/2020                  | 4/28/2026               |
| 69300               | REVISE EXTERNAL EAR           | Letter of medical necessity, including condition being treated.                                        | Outpatient Medical and surgical services | SUR716.001            | Cosmetic and Reconstructive Procedures                                            | 1/1/2020                  |                         |
| 69604               | MASTOID SURGERY REVISION      | Pre-operative evaluation, history and physical and operative report.                                   | Outpatient Medical and surgical services | MCG                   | MCG SG-HNS Head and Neck Surgery or Procedure GRG                                 | Added prior to 9/1/2019   | 7/1/2026                |
| 69714               | IMPLANT TEMPLE BONE W/STIMUL  | Pre-operative evaluation, history and physical and operative report.                                   | Outpatient Medical and surgical services | SUR714.003            | Implantable Bone-Conduction and Bone-Anchored Hearing Aids                        | Added prior to 9/1/2019   |                         |
| 69717               | TEMPLE BONE IMPLANT REVISION  | Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment. | Outpatient Medical and surgical services | SUR714.003            | Implantable Bone-Conduction and Bone-Anchored Hearing Aids                        | Added prior to 9/1/2019   |                         |
| 69930               | IMPLANT COCHLEAR DEVICE       | Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment. | Outpatient Medical and surgical services | SUR714.004            | Cochlear Implant                                                                  | Added prior to 9/1/2019   |                         |
| 70336               | MAGNETIC IMAGE JAW JOINT      | Carelon-https://providerportal.com/ or 1-866-455-8415                                                  | Radiology                                | Carelon               | Carelon                                                                           | Change 8/1/2025           |                         |
| 70450               | CT HEAD/BRAIN W/O DYE         | Carelon-https://providerportal.com/ or 1-866-455-8415                                                  | Radiology                                | Carelon               | Carelon                                                                           | Change 8/1/2025           |                         |
| 70460               | CT HEAD/BRAIN W/DYE           | Carelon-https://providerportal.com/ or 1-866-455-8415                                                  | Radiology                                | Carelon               | Carelon                                                                           | Change 8/1/2025           |                         |
| 70470               | CT HEAD/BRAIN W/O & W/DYE     | Carelon-https://providerportal.com/ or 1-866-455-8415                                                  | Radiology                                | Carelon               | Carelon                                                                           | Change 8/1/2025           |                         |
| 70480               | CT ORBIT/EAR/FOSSA W/O DYE    | Carelon-https://providerportal.com/ or 1-866-455-8415                                                  | Radiology                                | Carelon               | Carelon                                                                           | Change 8/1/2025           |                         |
| 70481               | CT ORBIT/EAR/FOSSA W/DYE      | Carelon-https://providerportal.com/ or 1-866-455-8415                                                  | Radiology                                | Carelon               | Carelon                                                                           | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required          | Clinical Criteria Category | Medical Policy Number | Medical Policy Name | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|-------------------------------------------------------|----------------------------|-----------------------|---------------------|---------------------------|-------------------------|
| 70482               | CT ORBIT/EAR/FOSSA W/O&W/DYE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 70486               | CT MAXILLOFACIAL W/O DYE      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 70487               | CT MAXILLOFACIAL W/DYE        | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 70488               | CT MAXILLOFACIAL W/O & W/DYE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 70490               | CT SOFT TISSUE NECK W/O DYE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 70491               | CT SOFT TISSUE NECK W/DYE     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 70492               | CT SFT TSUE NCK W/O & W/DYE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 70496               | CT ANGIOGRAPHY HEAD           | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Added 1/1/2026            | 11/1/2025               |
| 70498               | CT ANGIOGRAPHY NECK           | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Added 1/1/2026            | 11/1/2025               |
| 70540               | MRI ORBIT/FACE/NECK W/O DYE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 70542               | MRI ORBIT/FACE/NECK W/DYE     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 70543               | MRI ORBT/FAC/NCK W/O & W/DYE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 70544               | MR ANGIOGRAPHY HEAD W/O DYE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 70545               | MR ANGIOGRAPHY HEAD W/DYE     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 70546               | MR ANGIOGRAPH HEAD W/O&W/DYE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 70547               | MR ANGIOGRAPHY NECK W/O DYE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 70548               | MR ANGIOGRAPHY NECK W/DYE     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 70549               | MR ANGIOGRAPH NECK W/O&W/DYE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 70551               | MRI BRAIN STEM W/O DYE        | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 70552               | MRI BRAIN STEM W/DYE          | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 70553               | MRI BRAIN STEM W/O & W/DYE    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 70554               | FMRI BRAIN BY TECH            | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 70555               | FMRI BRAIN BY PHYS/PSYCH      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required          | Clinical Criteria Category | Medical Policy Number | Medical Policy Name | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|-------------------------------------------------------|----------------------------|-----------------------|---------------------|---------------------------|-------------------------|
| 71250               | CT THORAX W/O DYE             | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 71260               | CT THORAX W/DYE               | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 71270               | CT THORAX W/O & W/DYE         | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 71271               | CT THORAX, LUNG CANCER        | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 71275               | CT ANGIOGRAPHY CHEST          | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 71550               | MRI CHEST W/O DYE             | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 71551               | MRI CHEST W/DYE               | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 71552               | MRI CHEST W/O & W/DYE         | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 71555               | MRI ANGIO CHEST W OR W/O DYE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72125               | CT NECK SPINE W/O DYE         | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72126               | CT NECK SPINE W/DYE           | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72127               | CT NECK SPINE W/O & W/DYE     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72128               | CT CHEST SPINE W/O DYE        | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72129               | CT CHEST SPINE W/DYE          | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72130               | CT CHEST SPINE W/O & W/DYE    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72131               | CT LUMBAR SPINE W/O DYE       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72132               | CT LUMBAR SPINE W/DYE         | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72133               | CT LUMBAR SPINE W/O & W/DYE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72141               | MRI NECK SPINE W/O DYE        | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72142               | MRI NECK SPINE W/DYE          | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72146               | MRI CHEST SPINE W/O DYE       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72147               | MRI CHEST SPINE W/DYE         | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72148               | MRI LUMBAR SPINE W/O DYE      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required          | Clinical Criteria Category | Medical Policy Number | Medical Policy Name | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|-------------------------------------------------------|----------------------------|-----------------------|---------------------|---------------------------|-------------------------|
| 72149               | MRI LUMBAR SPINE W/DYE        | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72156               | MRI NECK SPINE W/O & W/DYE    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72157               | MRI CHEST SPINE W/O & W/DYE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72158               | MRI LUMBAR SPINE W/O & W/DYE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72159               | MR ANGIO SPINE W/O&W/DYE      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72191               | CT ANGIOGRAPH PELV W/O&W/DYE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72192               | CT PELVIS W/O DYE             | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72193               | CT PELVIS W/DYE               | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72194               | CT PELVIS W/O & W/DYE         | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72195               | MRI PELVIS W/O DYE            | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72196               | MRI PELVIS W/DYE              | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72197               | MRI PELVIS W/O & W/DYE        | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 72198               | MR ANGIO PELVIS W/O & W/DYE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73200               | CT UPPER EXTREMITY W/O DYE    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73201               | CT UPPER EXTREMITY W/DYE      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73202               | CT UPPR EXTREMITY W/O&W/DYE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73206               | CT ANGIO UPR EXTRM W/O&W/DYE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73218               | MRI UPPER EXTREMITY W/O DYE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73219               | MRI UPPER EXTREMITY W/DYE     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73220               | MRI UPPR EXTREMITY W/O&W/DYE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73221               | MRI JOINT UPR EXTREM W/O DYE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73222               | MRI JOINT UPR EXTREM W/DYE    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73223               | MRI JOINT UPR EXTR W/O&W/DYE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required          | Clinical Criteria Category | Medical Policy Number | Medical Policy Name | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|-------------------------------------------------------|----------------------------|-----------------------|---------------------|---------------------------|-------------------------|
| 73225               | MR ANGIO UPR EXTR W/O&W/DYE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73700               | CT LOWER EXTREMITY W/O DYE    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73701               | CT LOWER EXTREMITY W/DYE      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73702               | CT LWR EXTREMITY W/O&W/DYE    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73706               | CT ANGIO LWR EXTR W/O&W/DYE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73718               | MRI LOWER EXTREMITY W/O DYE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73719               | MRI LOWER EXTREMITY W/DYE     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73720               | MRI LWR EXTREMITY W/O&W/DYE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73721               | MRI JNT OF LWR EXTRE W/O DYE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73722               | MRI JOINT OF LWR EXTR W/DYE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73723               | MRI JOINT LWR EXTR W/O&W/DYE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 73725               | MR ANG LWR EXT W OR W/O DYE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 74150               | CT ABDOMEN W/O DYE            | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 74160               | CT ABDOMEN W/DYE              | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 74170               | CT ABDOMEN W/O & W/DYE        | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 74174               | CT ANGIO ABD&PELV W/O&W/DYE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 74175               | CT ANGIO ABDOM W/O & W/DYE    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 74176               | CT ABD & PELVIS W/O CONTRAST  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 74177               | CT ABD & PELV W/CONTRAST      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 74178               | CT ABD & PELV 1/> REGNS       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 74181               | MRI ABDOMEN W/O DYE           | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 74182               | MRI ABDOMEN W/DYE             | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 74183               | MRI ABDOMEN W/O & W/DYE       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |



| CPT and HCPCS Codes | Description of Procedure Code                                 | Medical Records Request Information Required                                       | Clinical Criteria Category | Medical Policy Number                  | Medical Policy Name                                                                                                                                                                                                                                      | Effective and Change Date | Date Posted to Website* |
|---------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 74185               | MRI ANGIO ABDOM W ORW/O DYE                                   | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiology                  | Carelon                                | Carelon                                                                                                                                                                                                                                                  | Change 8/1/2025           |                         |
| 74261               | CT COLONOGRAPHY DX                                            | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiology                  | Carelon                                | Carelon                                                                                                                                                                                                                                                  | Change 8/1/2025           |                         |
| 74262               | CT COLONOGRAPHY DX W/DYE                                      | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiology                  | Carelon                                | Carelon                                                                                                                                                                                                                                                  | Change 8/1/2025           |                         |
| 74712               | MRI FETAL SNGL/1ST GESTATION                                  | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiology                  | Carelon                                | Carelon                                                                                                                                                                                                                                                  | Change 8/1/2025           |                         |
| 74713               | MRI FETAL EA ADDL GESTATION                                   | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiology                  | Carelon                                | Carelon                                                                                                                                                                                                                                                  | Change 8/1/2025           |                         |
| 75635               | CT ANGIO ABDOMINAL ARTERIES                                   | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiology                  | Carelon                                | Carelon                                                                                                                                                                                                                                                  | Change 8/1/2025           |                         |
| 76377               | 3D RENDER W/INTRP POSTPROCES                                  | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiology                  | Carelon                                | Carelon                                                                                                                                                                                                                                                  | Change 8/1/2025           |                         |
| 76380               | CAT SCAN FOLLOW-UP STUDY                                      | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiology                  | Carelon                                | Carelon                                                                                                                                                                                                                                                  | Change 8/1/2025           |                         |
| 76390               | MR SPECTROSCOPY                                               | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiology                  | Carelon                                | Carelon                                                                                                                                                                                                                                                  | Change 8/1/2025           |                         |
| 76391               | MR ELASTOGRAPHY                                               | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiology                  | Carelon                                | Carelon                                                                                                                                                                                                                                                  | Change 8/1/2025           |                         |
| 76873               | ULTRASOUND TRANSRECTAL; PROSTATE VOL STUDY FOR BRACHYTHERAPY  | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiation Therapy          | Carelon                                | Carelon                                                                                                                                                                                                                                                  | Change 8/1/2025           |                         |
| 76965               | ULTRASOUND GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiation Therapy          | Carelon                                | Carelon                                                                                                                                                                                                                                                  | Change 8/1/2025           |                         |
| 77014               | CT GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS         | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiation Therapy          | Carelon                                | Carelon                                                                                                                                                                                                                                                  | Change 8/1/2025           |                         |
| 77022               | MRI GDN PARNCHYMA TISS ABLTJ                                  | Recent history and physical, plan of care, and documentation of medical necessity. | Radiology                  | SUR701.018<br>SUR701.033<br>SUR701.021 | Cryoablation of Tumors Located in the Kidney, Lung, Breast, Pancreas, or Bone<br>Laparoscopic, Percutaneous and Transcervical Techniques for<br>Uterine Fibroid Myolysis<br>Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors | Added prior to 9/1/2019   | 7/1/2026                |
| 77046               | MRI BREAST C- UNILATERAL                                      | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiology                  | Carelon                                | Carelon                                                                                                                                                                                                                                                  | Change 8/1/2025           |                         |
| 77047               | MRI BREAST C- BILATERAL                                       | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiology                  | Carelon                                | Carelon                                                                                                                                                                                                                                                  | Change 8/1/2025           |                         |
| 77048               | MRI BREAST C+ W/CAD UNI                                       | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiology                  | Carelon                                | Carelon                                                                                                                                                                                                                                                  | Change 8/1/2025           |                         |
| 77049               | MRI BREAST C+ W/CAD BI                                        | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiology                  | Carelon                                | Carelon                                                                                                                                                                                                                                                  | Change 8/1/2025           |                         |
| 77078               | CT BONE DENSITY AXIAL                                         | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiology                  | Carelon                                | Carelon                                                                                                                                                                                                                                                  | Change 8/1/2025           |                         |
| 77084               | MAGNETIC IMAGE BONE MARROW                                    | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiology                  | Carelon                                | Carelon                                                                                                                                                                                                                                                  | Change 8/1/2025           |                         |
| 77295               | 3D RADIOTHERAPY PLAN, INCLUDING DOSE VOL HISTOGRAM            | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiation Therapy          | Carelon                                | Carelon                                                                                                                                                                                                                                                  | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code                             | Medical Records Request Information Required          | Clinical Criteria Category | Medical Policy Number | Medical Policy Name | Effective and Change Date | Date Posted to Website* |
|---------------------|-----------------------------------------------------------|-------------------------------------------------------|----------------------------|-----------------------|---------------------|---------------------------|-------------------------|
| 77301               | RADIOTHERAPY DOSE PLAN IMRT                               | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77316               | BRACHYTX ISODOSE PLAN SIMPLE                              | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77317               | BRACHYTX ISODOSE PLAN INTERMED                            | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77318               | BRACHYTX ISODOSE PLAN COMPLEX                             | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77338               | DESIGN MLC DEVICE FOR IMRT                                | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77370               | SPECIAL MEDICAL RADIATION PHYSICS CONS                    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77371               | SRS MULTISOURCE                                           | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77372               | SRS LINEAR BASED                                          | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77373               | SBRT DELIVERY                                             | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77424               | INTRAOPERATIVE RADIATION TX DELIVERY XRAY SINGLE          | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77425               | INTRAOPERATIVE RADIATION TX DEL ELCTRONS SINGLE           | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77432               | SRT MANGMNT OF CRANIAL LESIONS                            | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77435               | SBRT TX MANGMNT PER TREATMENT COURSE TO 1 OR MORE LESIONS | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77469               | INTRAOPERATIVE RADIATION TX MANGMNT                       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77470               | SPECIAL RADIATION TX                                      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77520               | PROTON TRMT SIMPLE W/O COMP                               | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77522               | PROTON TRMT SIMPLE W/COMP                                 | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77523               | PROTON TRMT INTERMEDIATE                                  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77525               | PROTON TREATMENT COMPLEX                                  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77750               | Clinical Brachytherapy Radiation Treatment                | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Added 11/1/2025           |                         |
| 77761               | APPLY INTRCAV RADIATION SIMPLE                            | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77762               | APPLY INTRCAV RADIATION INTERMED                          | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77763               | APPLY INTRCAV RADIATION COMPLEX                           | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code                               | Medical Records Request Information Required          | Clinical Criteria Category | Medical Policy Number | Medical Policy Name | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------------------------------------|-------------------------------------------------------|----------------------------|-----------------------|---------------------|---------------------------|-------------------------|
| 77767               | HDR SKIN SURFACE BRACHYTHERAPY LESION UP TO 2CM             | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77768               | HDR SKIN SURFACE BRACHYTHERAPY LESION OVER 2CM/MULT LESIONS | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77770               | HDR INTERSTITIAL/INTRACAV BRACHYTHERAPY 1 CHANNEL           | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77771               | HDR INTERSTITIAL/INTRACAV BRACHYTHERAPY MORE THAN 12 CHNLS  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77772               | HDR INTERSTITIAL/INTRACAV BRACHYTHERAPY 2-12 CHNLS          | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77778               | INTERSTITIAL RAD SOURCE APPLICATION COMPLEX                 | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 77790               | RADIATION HANDLING                                          | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78012               | THYROID UPTAKE MEASUREMENT                                  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78013               | THYROID IMAGING W/BLOOD FLOW                                | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78014               | THYROID IMAGING W/BLOOD FLOW                                | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78015               | THYROID MET IMAGING                                         | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78016               | THYROID MET IMAGING/STUDIES                                 | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78018               | THYROID MET IMAGING BODY                                    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78020               | THYROID MET UPTAKE                                          | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78070               | PARATHYROID PLANAR IMAGING                                  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78071               | PARATHYRD PLANAR W/VO SUBTRJ                                | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78072               | PARATHYRD PLANAR W/SPECT&CT                                 | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78075               | ADRENAL CORTEX & MEDULLA IMG                                | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78102               | BONE MARROW IMAGING LTD                                     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78103               | BONE MARROW IMAGING MULT                                    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78104               | BONE MARROW IMAGING BODY                                    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78185               | SPLEEN IMAGING                                              | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required          | Clinical Criteria Category | Medical Policy Number | Medical Policy Name | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|-------------------------------------------------------|----------------------------|-----------------------|---------------------|---------------------------|-------------------------|
| 78195               | LYMPH SYSTEM IMAGING          | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78201               | LIVER IMAGING                 | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78202               | LIVER IMAGING WITH FLOW       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78215               | LIVER AND SPLEEN IMAGING      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78216               | LIVER & SPLEEN IMAGE/FLOW     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78226               | HEPATOBIILIARY SYSTEM IMAGING | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78227               | HEPATOBIL SYST IMAGE W/DRUG   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78230               | SALIVARY GLAND IMAGING        | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78231               | SERIAL SALIVARY IMAGING       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78232               | SALIVARY GLAND FUNCTION EXAM  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78258               | ESOPHAGEAL MOTILITY STUDY     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78261               | GASTRIC MUCOSA IMAGING        | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78262               | GASTROESOPHAGEAL REFLUX EXAM  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78264               | GASTRIC EMPTYING IMAG STUDY   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78265               | GASTRIC EMPTYING IMAG STUDY   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78266               | GASTRIC EMPTYING IMAG STUDY   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78278               | ACUTE GI BLOOD LOSS IMAGING   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78290               | MECKELS DIVERT EXAM           | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78291               | LEVEEN/SHUNT PATENCY EXAM     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78300               | BONE IMAGING LIMITED AREA     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78305               | BONE IMAGING MULTIPLE AREAS   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78306               | BONE IMAGING WHOLE BODY       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78315               | BONE IMAGING 3 PHASE          | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required          | Clinical Criteria Category | Medical Policy Number | Medical Policy Name | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|-------------------------------------------------------|----------------------------|-----------------------|---------------------|---------------------------|-------------------------|
| 78456               | ACUTE VENOUS THROMBUS IMAGE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78457               | VENOUS THROMBOSIS IMAGING     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78458               | VEN THROMBOSIS IMAGES BILAT   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78579               | LUNG VENTILATION IMAGING      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78580               | LUNG PERFUSION IMAGING        | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78582               | LUNG VENTILAT&PERFUS IMAGING  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78597               | LUNG PERFUSION DIFFERENTIAL   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78598               | LUNG PERF&VENTILAT DIFERENTL  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78600               | BRAIN IMAGE < 4 VIEWS         | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78601               | BRAIN IMAGE W/FLOW < 4 VIEWS  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78605               | BRAIN IMAGE 4+ VIEWS          | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78606               | BRAIN IMAGE W/FLOW 4 + VIEWS  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78608               | BRAIN IMAGING (PET)           | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78609               | BRAIN IMAGING (PET)           | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78610               | BRAIN FLOW IMAGING ONLY       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78630               | CEREBROSPINAL FLUID SCAN      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78635               | CSF VENTRICULOGRAPHY          | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78645               | CSF SHUNT EVALUATION          | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78650               | CSF LEAKAGE IMAGING           | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78660               | NUCLEAR EXAM OF TEAR FLOW     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78700               | KIDNEY IMAGING MORPHOL        | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78701               | KIDNEY IMAGING WITH FLOW      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78707               | K FLOW/FUNCT IMAGE W/O DRUG   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required          | Clinical Criteria Category | Medical Policy Number | Medical Policy Name | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|-------------------------------------------------------|----------------------------|-----------------------|---------------------|---------------------------|-------------------------|
| 78708               | K FLOW/FUNCT IMAGE W/DRUG     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78709               | K FLOW/FUNCT IMAGE MULTIPLE   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78725               | KIDNEY FUNCTION STUDY         | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78730               | URINARY BLADDER RETENTION     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78740               | URETERAL REFLUX STUDY         | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78761               | TESTICULAR IMAGING W/FLOW     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78800               | TUMOR IMAGING LIMITED AREA    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78801               | TUMOR IMAGING MULT AREAS      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78802               | TUMOR IMAGING WHOLE BODY      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78803               | TUMOR IMAGING (3D)            | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78804               | TUMOR IMAGING WHOLE BODY      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78811               | PET IMAGE LTD AREA            | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Added 1/1/2026            | 11/1/2025               |
| 78812               | PET IMAGE SKULL-THIGH         | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78813               | PET IMAGE FULL BODY           | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78814               | PET IMAGE W/CT LMTD           | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78815               | PET IMAGE W/CT SKULL-THIGH    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78816               | PET IMAGE W/CT FULL BODY      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78830               | RP LOCLZJ TUM SPECT W/CT 1    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78831               | RP LOCLZJ TUM SPECT 2 AREAS   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 78832               | RP LOCLZJ TUM SPECT W/CT 2    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiology                  | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 79101               | NUCLEAR RX IV ADMIN           | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 79403               | HEMATOPOIETIC NUCLEAR TX      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Radiation Therapy          | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81162               | BRCA1&2 GEN FULL SEQ DUP/DEL  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code           | Medical Records Request Information Required                            | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                      | Effective and Change Date | Date Posted to Website* |
|---------------------|-----------------------------------------|-------------------------------------------------------------------------|----------------------------|-----------------------|------------------------------------------|---------------------------|-------------------------|
| 81163               | BRCA1&2 GEN FULL SEQ DUP/DEL            | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Change 8/1/2025           |                         |
| 81164               | BRCA1&2 GEN FULL SEQ DUP/DEL            | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Change 8/1/2025           |                         |
| 81165               | BRCA1&2 GEN FULL SEQ DUP/DEL            | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Change 8/1/2025           |                         |
| 81166               | BRCA1&2 GEN FULL SEQ DUP/DEL            | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Change 8/1/2025           |                         |
| 81167               | BRCA1&2 GEN FULL SEQ DUP/DEL            | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Change 8/1/2025           |                         |
| 81170               | ABL1 gene analysis                      | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Added 11/1/2025           |                         |
| 81171               | AFF2 gene analysis for abnormal alleles | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Added 11/1/2025           |                         |
| 81172               | AFF2 Gene Analysis                      | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Added 11/1/2025           |                         |
| 81173               | AR GENE FULL GENE SEQUENCE              | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Change 8/1/2025           |                         |
| 81174               | AR GENE KNOWN FAMIL VARIANT             | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Change 8/1/2025           |                         |
| 81189               | CSTB GENE FULL GENE SEQUENCE            | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Change 8/1/2025           |                         |
| 81190               | CSTB GENE KNOWN FAMIL VRNT              | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Change 8/1/2025           |                         |
| 81195               | OGM-Dx HemeOne                          | Recent history & physical, plan of care and letter of medical necessity | Lab                        | MCG                   | MCG Whole Genome/Exome Sequencing-Cancer | 1/1/2026                  | 11/1/2025               |
| 81201               | APC GENE FULL SEQUENCE                  | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Change 8/1/2025           |                         |
| 81202               | APC GENE KNOWN FAM VARIANTS             | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Change 8/1/2025           |                         |
| 81203               | APC GENE DUP/DELET VARIANTS             | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Change 8/1/2025           |                         |
| 81212               | BRCA1&2 185&5385&6174 VRNT              | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Change 8/1/2025           |                         |
| 81215               | BRCA1 GENE KNOWN FAMIL VRNT             | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Change 8/1/2025           |                         |
| 81216               | BRCA2 GENE FULL SEQ ALYS                | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Change 8/1/2025           |                         |
| 81217               | BRCA2 GENE KNOWN FAMIL VRNT             | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Change 8/1/2025           |                         |
| 81221               | CFTR GENE KNOWN FAM VARIANTS            | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Change 8/1/2025           |                         |
| 81222               | CFTR GENE DUP/DELET VARIANTS            | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Change 8/1/2025           |                         |
| 81223               | CFTR GENE FULL SEQUENCE                 | Carelon-https://providerportal.com/ or 1-866-455-8415                   | Lab                        | Carelon               | Carelon                                  | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code                           | Medical Records Request Information Required          | Clinical Criteria Category | Medical Policy Number | Medical Policy Name | Effective and Change Date | Date Posted to Website* |
|---------------------|---------------------------------------------------------|-------------------------------------------------------|----------------------------|-----------------------|---------------------|---------------------------|-------------------------|
| 81225               | CYP2C19 GENE COM VARIANTS                               | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81226               | CYP2D6 GENE COM VARIANTS                                | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81227               | CYP2C9 GENE COM VARIANTS                                | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81228               | CYTOGEN MICRARRAY COPY NMBR                             | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81229               | CYTOGEN M ARRAY COPY NO&SNP                             | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81230               | CYP3A4 GENE COMMON VARIANTS                             | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81231               | CYP3A5 GENE COMMON VARIANTS                             | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81232               | DPYD GENE COMMON VARIANTS                               | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81238               | F9 FULL GENE SEQUENCE                                   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81248               | G6PD KNOWN FAMILIAL VARIANT                             | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81249               | G6PD FULL GENE SEQUENCE                                 | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81252               | GJB2 GENE FULL SEQUENCE                                 | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81253               | GJB2 GENE KNOWN FAM VARIANTS                            | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81257               | HBA1/HBA2 GENE                                          | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81258               | HBA1/HBA2 GENE FAM VRNT                                 | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81259               | HBA1/HBA2 FULL GENE SEQUENCE                            | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81269               | HBA1/HBA2 GENE DUP/DEL VRNTS                            | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81278               | Short description not available at time of distribution | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81279               | Short description not available at time of distribution | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81283               | IFNL3 GENE                                              | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81286               | FXN GENE FULL GENE SEQUENCE                             | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81289               | FXN GENE KNOWN FAMIL VARIANT                            | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81291               | MTHFR GENE                                              | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |



| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required          | Clinical Criteria Category | Medical Policy Number | Medical Policy Name | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|-------------------------------------------------------|----------------------------|-----------------------|---------------------|---------------------------|-------------------------|
| 81292               | MLH1 GENE FULL SEQ            | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81293               | MLH1 GENE KNOWN VARIANTS      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81294               | MLH1 GENE DUP/DELETE VARIANT  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81295               | MSH2 GENE FULL SEQ            | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81296               | MSH2 GENE KNOWN VARIANTS      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81297               | MSH2 GENE DUP/DELETE VARIANT  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81298               | MSH6 GENE FULL SEQ            | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81299               | MSH6 GENE KNOWN VARIANTS      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81300               | MSH6 GENE DUP/DELETE VARIANT  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81302               | MECP2 GENE FULL SEQ           | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81303               | MECP2 GENE KNOWN VARIANT      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81304               | MECP2 GENE DUP/DELET VARIANT  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81306               | NUDT15 GENE COMMON VARIANTS   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81307               | PALB2 GENE FULL GENE SEQ      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81308               | PALB2 GENE KNOWN FAMIL VRNT   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81313               | PCA3/KLK3 ANTIGEN             | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81317               | PMS2 GENE FULL SEQ ANALYSIS   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81318               | PMS2 KNOWN FAMILIAL VARIANTS  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81319               | PMS2 GENE DUP/DELET VARIANTS  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81321               | PTEN GENE FULL SEQUENCE       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81322               | PTEN GENE KNOWN FAM VARIANT   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81323               | PTEN GENE DUP/DELET VARIANT   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81325               | PMP22 GENE FULL SEQUENCE      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required          | Clinical Criteria Category | Medical Policy Number | Medical Policy Name | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|-------------------------------------------------------|----------------------------|-----------------------|---------------------|---------------------------|-------------------------|
| 81326               | PMP22 GENE KNOWN FAM VARIANT  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81328               | SLCO1B1 GENE COM VARIANTS     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81335               | TPMT GENE COM VARIANTS        | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81336               | SMN1 GENE FULL GENE SEQUENCE  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81337               | SMN1 GEN NOWN FAMIL SEQ VRNT  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81346               | TYMS GENE COM VARIANTS        | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81350               | UGT1A1 GENE                   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81351               | Tp53 gene full gene sequence  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81353               | Tp53 gene known famil vrnt    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81355               | VKORC1 GENE                   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81361               | HBB GENE COM VARIANTS         | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81362               | HBB GENE KNOWN FAM VARIANT    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81363               | HBB GENE DUP/DEL VARIANTS     | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81364               | HBB FULL GENE SEQUENCE        | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81400               | MOPATH PROCEDURE LEVEL 1      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81401               | MOPATH PROCEDURE LEVEL 2      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81402               | MOPATH PROCEDURE LEVEL 3      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81403               | MOPATH PROCEDURE LEVEL 4      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81404               | MOPATH PROCEDURE LEVEL 5      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81405               | MOPATH PROCEDURE LEVEL 6      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81406               | MOPATH PROCEDURE LEVEL 7      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81407               | MOPATH PROCEDURE LEVEL 8      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81408               | MOPATH PROCEDURE LEVEL 9      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required          | Clinical Criteria Category | Medical Policy Number | Medical Policy Name | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|-------------------------------------------------------|----------------------------|-----------------------|---------------------|---------------------------|-------------------------|
| 81410               | AORTIC DYSFUNCTION/DILATION   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81411               | AORTIC DYSFUNCTION/DILATION   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81412               | ASHKENAZI JEWISH ASSOC DIS    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81415               | EXOME SEQUENCE ANALYSIS       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81416               | EXOME SEQUENCE ANALYSIS       | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81417               | EXOME RE-EVALUATION           | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81419               | Epilepsy gen seq alys panel   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81422               | FETAL CHRMOML MICRODELTY      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81425               | GENOME SEQUENCE ANALYSIS      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81426               | GENOME SEQUENCE ANALYSIS      | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81427               | GENOME RE-EVALUATION          | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81430               | HEARING LOSS SEQUENCE ANALYS  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81432               | HRDTRY BRST CA-RLATD DSORDRS  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81435               | HEREDITARY COLON CA DSORDRS   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81437               | HEREDTRY NURONDCRN TUM DSRDR  | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81440               | MITOCHONDRIAL GENE            | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81441               | Ibmfs seq alys pnl 30 genes   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81443               | TARGETED GENOMIC SEQ ANALYS   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81445               | TARGETED GENOMIC SEQ ANALYS   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81448               | HRDTRY PERPH NEURPHY PANEL    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81449               | Tgsap so neo 5-50 rna alys    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81450               | TARGETED GENOMIC SEQ ANALYS   | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |
| 81451               | Tgsap hl neo 5-50 rna alys    | Carelon-https://providerportal.com/ or 1-866-455-8415 | Lab                        | Carelon               | Carelon             | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code                           | Medical Records Request Information Required                                       | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                                                                          | Effective and Change Date | Date Posted to Website* |
|---------------------|---------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------|-----------------------|----------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 81455               | TARGETED GENOMIC SEQ ANALYS                             | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                        | Carelon               | Carelon                                                                                      | Change 8/1/2025           |                         |
| 81456               | Tgsap so/hl 51/< rna alys                               | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                        | Carelon               | Carelon                                                                                      | Change 8/1/2025           |                         |
| 81460               | WHOLE MITOCHONDRIAL GENOME                              | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                        | Carelon               | Carelon                                                                                      | Change 8/1/2025           |                         |
| 81465               | WHOLE MITOCHONDRIAL GENOME                              | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                        | Carelon               | Carelon                                                                                      | Change 8/1/2025           |                         |
| 81470               | X-LINKED INTELLECTUAL DBLT                              | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                        | Carelon               | Carelon                                                                                      | Change 8/1/2025           |                         |
| 81471               | X-LINKED INTELLECTUAL DBLT                              | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                        | Carelon               | Carelon                                                                                      | Change 8/1/2025           |                         |
| 81479               | UNLISTED MOLECULAR PATHOLOGY                            | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                        | Carelon               | Carelon                                                                                      | Change 8/1/2025           |                         |
| 81500               | ONCO (OVAR) TWO PROTEINS                                | Recent history and physical, plan of care, and documentation of medical necessity. | Lab                        | MCG                   | MCG Proteomics-Ovarian Cancer Panels AC                                                      | 1/1/2026                  | 11/1/2025               |
| 81503               | ONCO (OVAR) FIVE PROTEINS                               | Recent history and physical, plan of care, and documentation of medical necessity. | Lab                        | MCG                   | MCG Proteomics-Ovarian Cancer Panels AC                                                      | 1/1/2026                  | 11/1/2025               |
| 81518               | ONCOLOGY BREAST MRNA                                    | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                        | Carelon               | Carelon                                                                                      | Change 8/1/2025           |                         |
| 81519               | ONCOLOGY BREAST MRNA                                    | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                        | Carelon               | Carelon                                                                                      | Change 8/1/2025           |                         |
| 81520               | ONC BREAST MRNA 58 GENES                                | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                        | Carelon               | Carelon                                                                                      | Change 8/1/2025           |                         |
| 81521               | ONC BREAST MRNA 70 GENES                                | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                        | Carelon               | Carelon                                                                                      | Change 8/1/2025           |                         |
| 81522               | ONC BREAST MRNA 12 GENES                                | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                        | Carelon               | Carelon                                                                                      | Change 8/1/2025           |                         |
| 81523               | Short description not available at time of distribution | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                        | Carelon               | Carelon                                                                                      | Change 8/1/2025           |                         |
| 81529               | Short description not available at time of distribution | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                        | Carelon               | Carelon                                                                                      | Change 8/1/2025           |                         |
| 81535               | ONCOLOGY GYNECOLOGIC                                    | Recent history and physical, plan of care, and documentation of medical necessity. | Lab                        | SUR701.029            | Hyperthermic Intraperitoneal Chemotherapy for Select Intra-Abdominal and Pelvic Malignancies | Added prior to 9/1/2019   |                         |
| 81536               | ONCOLOGY GYNECOLOGIC                                    | Recent history and physical, plan of care, and documentation of medical necessity. | Lab                        | LCD                   | LCD L34519 - Molecular Pathology Procedures                                                  | 1/1/2026                  | 11/1/2025               |
| 81541               | ONC PROSTATE MRNA 46 GENES                              | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                        | Carelon               | Carelon                                                                                      | Change 8/1/2025           |                         |
| 81542               | ONC PROSTATE MRNA 22 CNT GEN                            | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                        | Carelon               | Carelon                                                                                      | Change 8/1/2025           |                         |
| 81546               | ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG        | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                        | Carelon               | Carelon                                                                                      | Change 8/1/2025           |                         |
| 81554               | PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG         | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                        | Carelon               | Carelon                                                                                      | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                                     | Medical Records Request Information Required                                                        | Clinical Criteria Category               | Medical Policy Number                  | Medical Policy Name                                                                                                                                            | Effective and Change Date | Date Posted to Website* |
|---------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 81558               | TRNSPL REJ KDN MRNA QPCR 139                                                      | Recent history and physical, plan of care, and documentation of medical necessity.                  | Lab                                      | LCD                                    | LCD L38568 - Molecular Testing for Solid Organ Allograft Rejection                                                                                             | 1/1/2026                  | 11/1/2025               |
| 81599               | UNLISTED MAAA                                                                     | Carelon-https://providerportal.com/ or 1-866-455-8415                                               | Lab                                      | Carelon                                | Carelon                                                                                                                                                        | Change 8/1/2025           |                         |
| 89250               | CULTR OOCYTE/EMBRYO <4 DAYS                                                       | Submit documentation to describe the test, records from related office visit, history and physical. | Outpatient Medical and surgical services | MCG                                    | A-0504 Assisted Reproductive Technology update                                                                                                                 | Added prior to 9/1/2019   | 7/1/2026                |
| 89290               | BIOPSY OOCYTE POLAR BODY                                                          | Submit documentation to describe the test, records from related office visit, history and physical. | Outpatient Medical and surgical services | MCG                                    | A-0504 Assisted Reproductive Technology update                                                                                                                 | Added prior to 9/1/2019   | 7/1/2026                |
| 89291               | BIOPSY OOCYTE POLAR BODY                                                          | Submit documentation to describe the test, records from related office visit, history and physical. | Outpatient Medical and surgical services | MCG                                    | A-0504 Assisted Reproductive Technology update                                                                                                                 | Added prior to 9/1/2019   | 7/1/2026                |
| 90863               | PHARMACOLOGIC MGMT W/PSYTX                                                        | History and physical, chart notes from ordering physician, treatment plan.                          | Outpatient Medical and surgical services | PSY301.014<br>SUR717.001<br>PSY301.000 | Autism Spectrum Disorders (ASD)<br>Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Mental Health Services                   | Added prior to 9/1/2019   |                         |
| 92507               | SPEECH/HEARING THERAPY                                                            | Carelon-https://providerportal.com/ or 1-866-455-8415                                               | Rehabilitation (PT/OT/ST)                | Carelon                                | Carelon                                                                                                                                                        | Change 8/1/2025           |                         |
| 92508               | SPEECH/HEARING THERAPY                                                            | Carelon-https://providerportal.com/ or 1-866-455-8415                                               | Rehabilitation (PT/OT/ST)                | Carelon                                | Carelon                                                                                                                                                        | Change 8/1/2025           |                         |
| 92524               | BEHAVRAL QUALIT ANALYS VOICE                                                      | Carelon-https://providerportal.com/ or 1-866-455-8415                                               | Rehabilitation (PT/OT/ST)                | Carelon                                | Carelon                                                                                                                                                        | Change 8/1/2025           |                         |
| 92526               | ORAL FUNCTION THERAPY                                                             | Carelon-https://providerportal.com/ or 1-866-455-8415                                               | Rehabilitation (PT/OT/ST)                | Carelon                                | Carelon                                                                                                                                                        | Change 8/1/2025           |                         |
| 92597               | ORAL SPEECH DEVICE EVAL                                                           | Recent history and physical, plan of care, and documentation of medical necessity.                  | Musculoskeletal                          | MCG                                    | MCG Voice Disorders Rehabilitation AC                                                                                                                          | 1/1/2026                  | 11/1/2025               |
| 92606               | NON-SPEECH DEVICE SERVICE                                                         | Carelon-https://providerportal.com/ or 1-866-455-8415                                               | Rehabilitation (PT/OT/ST)                | Carelon                                | Carelon                                                                                                                                                        | Change 8/1/2025           |                         |
| 92609               | USE OF SPEECH DEVICE SERVICE                                                      | Carelon-https://providerportal.com/ or 1-866-455-8415                                               | Rehabilitation (PT/OT/ST)                | Carelon                                | Carelon                                                                                                                                                        | Change 8/1/2025           |                         |
| 92630               | AUD REHAB PRE-LING HEAR LOSS                                                      | Carelon-https://providerportal.com/ or 1-866-455-8415                                               | Rehabilitation (PT/OT/ST)                | Carelon                                | Carelon                                                                                                                                                        | Change 8/1/2025           |                         |
| 92633               | AUD REHAB POSTLING HEAR LOSS                                                      | Carelon-https://providerportal.com/ or 1-866-455-8415                                               | Rehabilitation (PT/OT/ST)                | Carelon                                | Carelon                                                                                                                                                        | Change 8/1/2025           |                         |
| 93228               | REMOTE 30 DAY ECG REV/REPORT                                                      | Recent history and physical, plan of care, and documentation of medical necessity.                  | Outpatient Medical and surgical services | MED202.003                             | Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems) | Added prior to 9/1/2019   |                         |
| 93229               | REMOTE 30 DAY ECG TECH SUPP                                                       | Recent history and physical, plan of care, and documentation of medical necessity.                  | Outpatient Medical and surgical services | MED202.003                             | Long-Term Ambulatory Cardiac Monitoring (Outpatient Cardiac Telemetry, Implantable Cardiac Rhythm Event Monitors, and Intracardiac Ischemia Detection Systems) | Added prior to 9/1/2019   |                         |
| 94660               | POS AIRWAY PRESSURE CPAP                                                          | Recent history and physical, plan of care, and documentation of medical necessity.                  | Outpatient Medical and surgical services | MED204.006                             | Medical Management of Sleep Related Breathing Disorders                                                                                                        | Added prior to 9/1/2019   | 7/1/2026                |
| 94667               | Manipulation chest wall, such as cupping, percussing, and vibration to facilitate | Carelon-https://providerportal.com/ or 1-866-455-8415                                               | Rehabilitation (PT/OT/ST)                | Carelon                                | Carelon                                                                                                                                                        | Added 11/1/2025           |                         |
| 94668               | Manipulation chest wall, such as cupping, percussing, and vibration to facilitate | Carelon-https://providerportal.com/ or 1-866-455-8415                                               | Rehabilitation (PT/OT/ST)                | Carelon                                | Carelon                                                                                                                                                        | Added 11/1/2025           |                         |
| 95782               | POLYSOM <6 YRS 4/> PARAMTRS                                                       | Recent history and physical, plan of care, and documentation of medical necessity.                  | Sleep                                    | MCG                                    | A-0145 Polysomnography (PSG), Sleep Center                                                                                                                     | Added prior to 9/1/2019   | 7/1/2026                |
| 95783               | POLYSOM <6 YRS CPAP/BILVL                                                         | Recent history and physical, plan of care, and documentation of medical necessity.                  | Sleep                                    | MCG                                    | A-0145 Polysomnography (PSG), Sleep Center, A-0338 CPAP Titration, Sleep Center                                                                                | Added prior to 9/1/2019   | 7/1/2026                |

| CPT and HCPCS Codes | Description of Procedure Code                                                                 | Medical Records Request Information Required                                       | Clinical Criteria Category               | Medical Policy Number | Medical Policy Name                                                                 | Effective and Change Date | Date Posted to Website* |
|---------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------|-----------------------|-------------------------------------------------------------------------------------|---------------------------|-------------------------|
| 95800               | SLP STDY UNATTENDED                                                                           | Recent history and physical, plan of care, and documentation of medical necessity. | Sleep                                    | MCG                   | A-0144 Polysomnography, Home Sleep Study                                            | Added prior to 9/1/2019   | 4/28/2026               |
| 95801               | SLP STDY UNATND W/ANAL                                                                        | Recent history and physical, plan of care, and documentation of medical necessity. | Sleep                                    | MCG                   | A-0144 Polysomnography, Home Sleep Study                                            | Added prior to 9/1/2019   | 4/28/2026               |
| 95803               | ACTIGRAPHY TESTING                                                                            | Recent history and physical, plan of care, and documentation of medical necessity. | Outpatient Medical and surgical services | MED201.048            | Actigraphy                                                                          | Added prior to 9/1/2019   |                         |
| 95805               | MULTIPLE SLEEP LATENCY TEST                                                                   | Recent history and physical, plan of care, and documentation of medical necessity. | Sleep                                    | MCG                   | A-0146 Multiple Sleep Latency Test (MSLT) and Maintenance of Wakefulness Test (MWT) | Added prior to 9/1/2019   | 7/1/2026                |
| 95806               | SLEEP STUDY UNATT&RESP EFFT                                                                   | Recent history and physical, plan of care, and documentation of medical necessity. | Sleep                                    | MCG                   | A-0144 Polysomnography (PSG), Home Sleep Study                                      | Added prior to 9/1/2019   | 7/1/2026                |
| 95807               | SLEEP STUDY ATTENDED                                                                          | Recent history and physical, plan of care, and documentation of medical necessity. | Sleep                                    | MCG                   | A-0145 Polysomnography (PSG), Sleep Center                                          | Added prior to 9/1/2019   | 4/28/2026               |
| 95808               | POLYSOM ANY AGE 1-3> PARAM                                                                    | Recent history and physical, plan of care, and documentation of medical necessity. | Sleep                                    | MCG                   | A-0145 Polysomnography (PSG), Sleep Center                                          | Added prior to 9/1/2019   | 4/28/2026               |
| 95810               | POLYSOM 6/> YRS 4/> PARAM                                                                     | Recent history and physical, plan of care, and documentation of medical necessity. | Sleep                                    | MCG                   | A-0145 Polysomnography (PSG), Sleep Center                                          | Added prior to 9/1/2019   | 4/28/2026               |
| 95811               | POLYSOM 6/>YRS CPAP 4/> PARM                                                                  | Recent history and physical, plan of care, and documentation of medical necessity. | Sleep                                    | MCG                   | A-0145 Polysomnography (PSG), Sleep Center, A-0338 CPAP Titration, Sleep Center     | Added prior to 9/1/2019   | 4/28/2026               |
| 96001               | Comprehensive computer-based motion analysis by video-taping and 3D HOT OR COLD PACKS THERAPY | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                                             | Added 11/1/2025           |                         |
| 97010               |                                                                                               | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                                             | Change 8/1/2025           |                         |
| 97012               | MECHANICAL TRACTION THERAPY                                                                   | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                                             | Change 8/1/2025           |                         |
| 97014               | ELECTRIC STIMULATION THERAPY                                                                  | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                                             | Change 8/1/2025           |                         |
| 97016               | VASOPNEUMATIC DEVICE THERAPY                                                                  | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                                             | Change 8/1/2025           |                         |
| 97018               | PARAFFIN BATH THERAPY                                                                         | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                                             | Change 8/1/2025           |                         |
| 97022               | WHIRLPOOL THERAPY                                                                             | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                                             | Change 8/1/2025           |                         |
| 97024               | DIATHERMY EG MICROWAVE                                                                        | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                                             | Change 8/1/2025           |                         |
| 97026               | INFRARED THERAPY                                                                              | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                                             | Change 8/1/2025           |                         |
| 97028               | ULTRAVIOLET THERAPY                                                                           | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                                             | Change 8/1/2025           |                         |
| 97032               | ELECTRICAL STIMULATION                                                                        | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                                             | Change 8/1/2025           |                         |
| 97033               | ELECTRIC CURRENT THERAPY                                                                      | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                                             | Change 8/1/2025           |                         |
| 97034               | CONTRAST BATH THERAPY                                                                         | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                                             | Change 8/1/2025           |                         |
| 97035               | ULTRASOUND THERAPY                                                                            | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                                             | Change 8/1/2025           |                         |
| 97036               | HYDROTHERAPY                                                                                  | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                                             | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code | Medical Records Request Information Required                                       | Clinical Criteria Category               | Medical Policy Number | Medical Policy Name                                          | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------|------------------------------------------------------------------------------------|------------------------------------------|-----------------------|--------------------------------------------------------------|---------------------------|-------------------------|
| 97110               | THERAPEUTIC EXERCISES         | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 97112               | NEUROMUSCULAR REEDUCATION     | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 97113               | AQUATIC THERAPY/EXERCISES     | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 97116               | GAIT TRAINING THERAPY         | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 97124               | MASSAGE THERAPY               | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 97140               | MANUAL THERAPY 1/> REGIONS    | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 97150               | GROUP THERAPEUTIC PROCEDURES  | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 97530               | THERAPEUTIC ACTIVITIES        | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 97533               | SENSORY INTEGRATION           | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 97535               | SELF CARE MNGMENT TRAINING    | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 97537               | COMMUNITY/WORK REINTEGRATION  | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 97542               | WHEELCHAIR MNGMENT TRAINING   | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 97545               | WORK HARDENING                | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 97546               | WORK HARDENING ADD-ON         | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 97750               | PHYSICAL PERFORMANCE TEST     | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 97760               | ORTHOTIC MGMT&TRAINJ 1ST ENC  | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 97761               | PROSTHETIC TRAINJ 1ST ENC     | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 97763               | ORTHOC/PROSTC MGMT SBSQ ENC   | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Rehabilitation (PT/OT/ST)                | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 97799               | PHYSICAL MEDICINE PROCEDURE   | Recent history and physical, plan of care, and documentation of medical necessity. | Musculoskeletal                          | THE803.010            | Physical Therapy (PT) and Occupational Therapy (OT) Services | Added prior to 9/1/2019   |                         |
| 99183               | HYPERBARIC OXYGEN THERAPY     | Recent history and physical, plan of care, and documentation of medical necessity. | Outpatient Medical and surgical services | THE801.003            | Hyperbaric Oxygen (HBO2) Therapy                             | 1/1/2020                  |                         |
| 0037U               | TRGT GEN SEQ DNA 324 GENES    | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                                      | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 0042T               | B BRGDRFERI ANTB 12 PRTN IGG  | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Radiology                                | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 0095T               | RMVL ARTIFIC DISC ADDL CRVCL  | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Musculoskeletal                          | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 0101U               | HERED COLON CA DO 15 GENES    | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                                      | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 0102U               | HERED BRST CA RLTD DO 17 GEN  | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                                      | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 0103U               | HERED OVA CA PNL 24 GENES     | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                                      | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 0129U               | HERED BRST CA RLTD DO PANEL   | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                                      | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |
| 0130U               | HERED COLON CA DO MRNA PNL    | Carelon-https://providerportal.com/ or 1-866-455-8415                              | Lab                                      | Carelon               | Carelon                                                      | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                                           | Medical Records Request Information Required                                                                                              | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                                     | Effective and Change Date | Date Posted to Website* |
|---------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|---------------------------------------------------------|---------------------------|-------------------------|
| 0131U               | HERED BRST CA RLTD DO PNL 13                                                            | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                     | Lab                        | Carelon               | Carelon                                                 | Change 8/1/2025           |                         |
| 0132U               | HERED OVA CA RLTD DO PNL 17                                                             | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                     | Lab                        | Carelon               | Carelon                                                 | Change 8/1/2025           |                         |
| 0133U               | HERED PRST8 CA RLTD DO 11                                                               | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                     | Lab                        | Carelon               | Carelon                                                 | Change 8/1/2025           |                         |
| 0134U               | HERED PAN CA MRNA PNL 18 GEN                                                            | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                     | Lab                        | Carelon               | Carelon                                                 | Change 8/1/2025           |                         |
| 0135U               | HERED GYN CA MRNA PNL 12 GEN                                                            | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                     | Lab                        | Carelon               | Carelon                                                 | Change 8/1/2025           |                         |
| 0162U               | Proprietary Laboratory Analyses                                                         | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                     | Lab                        | Carelon               | Carelon                                                 | Change 11/1/2025          |                         |
| 0238U               | ONC LNCH SYN GEN DNA SEQ ALY                                                            | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                     | Lab                        | Carelon               | Carelon                                                 | Change 8/1/2025           |                         |
| 0239U               | TRGT GEN SEQ ALYS PNL 311+                                                              | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                     | Lab                        | Carelon               | Carelon                                                 | Change 8/1/2025           |                         |
| 0340U               | Onc pan ca alys mrd plasma                                                              | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                     | Lab                        | Carelon               | Carelon                                                 | Change 8/1/2025           |                         |
| 0487U               | ONC SOL TUM CFCDNA TGSAP 84                                                             | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                     | Lab                        | Carelon               | Carelon                                                 | Change 8/1/2025           |                         |
| 0493U               | TRNSPL MED QUAN DD-CFDNA NGS                                                            | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                     | Lab                        | Carelon               | Carelon                                                 | Change 8/1/2025           |                         |
| A0430               | AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)           | Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport. | Ambulance                  | MED201.158            | Ambulance and Medical Transport Services                | Added prior to 9/1/2019   | 7/1/2026                |
| A0431               | AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)          | Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport. | Ambulance                  | MED201.158            | Ambulance and Medical Transport Services                | Added prior to 9/1/2019   | 7/1/2026                |
| A4604               | Tubing with integrated heating element for use with positive airway pressure device     | Recent history and physical, plan of care, and documentation of medical necessity.                                                        | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders | Added prior to 9/1/2019   |                         |
| A4649               | SURGICAL SUPPLY; MISCELLANEOUS                                                          | Letter of medical necessity, including condition being treated.                                                                           | DME                        | LCD                   | LCD Surgical Dressings                                  | 1/1/2026                  | 11/1/2025               |
| A7027               | Combination oral/nasal mask, used with continuous positive airway pressure device, each | Letter of medical necessity, including condition being treated.                                                                           | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders | Added prior to 9/1/2019   |                         |
| A7028               | Oral cushion for combination oral/nasal mask, replacement only, each                    | Letter of medical necessity, including condition being treated.                                                                           | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders | Added prior to 9/1/2019   |                         |
| A7029               | Nasal pillows for combination oral/nasal mask, replacement only, pair                   | Letter of medical necessity, including condition being treated.                                                                           | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders | Added prior to 9/1/2019   |                         |
| A7030               | Full face mask used with positive airway pressure device, each                          | Letter of medical necessity, including condition being treated.                                                                           | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders | Added prior to 9/1/2019   |                         |
| A7031               | Face mask interface, replacement for full face mask, each                               | Letter of medical necessity, including condition being treated.                                                                           | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders | Added prior to 9/1/2019   |                         |



| CPT and HCPCS Codes | Description of Procedure Code                                                                                | Medical Records Request Information Required                    | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                                                                                                                                                                               | Effective and Change Date | Date Posted to Website* |
|---------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| A7032               | Cushion for use on nasal mask interface, replacement only, each                                              | Letter of medical necessity, including condition being treated. | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders                                                                                                                                           | Added prior to 9/1/2019   |                         |
| A7033               | Pillow for use on nasal cannula type interface, replacement only, pair                                       | Letter of medical necessity, including condition being treated. | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders                                                                                                                                           | Added prior to 9/1/2019   |                         |
| A7034               | Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap | Letter of medical necessity, including condition being treated. | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders                                                                                                                                           | Added prior to 9/1/2019   |                         |
| A7035               | Headgear used with positive airway pressure device                                                           | Letter of medical necessity, including condition being treated. | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders                                                                                                                                           | Added prior to 9/1/2019   |                         |
| A7036               | Chinstrap used with positive airway pressure device                                                          | Letter of medical necessity, including condition being treated. | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders                                                                                                                                           | Added prior to 9/1/2019   |                         |
| A7037               | Tubing used with positive airway pressure device                                                             | Letter of medical necessity, including condition being treated. | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders                                                                                                                                           | Added prior to 9/1/2019   |                         |
| A7038               | Filter, disposable, used with positive airway pressure device                                                | Letter of medical necessity, including condition being treated. | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders                                                                                                                                           | Added prior to 9/1/2019   |                         |
| A7039               | Filter, non disposable, used with positive airway pressure device                                            | Letter of medical necessity, including condition being treated. | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders                                                                                                                                           | Added prior to 9/1/2019   |                         |
| A7044               | Oral interface used with positive airway pressure device, each                                               | Letter of medical necessity, including condition being treated. | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders                                                                                                                                           | Added prior to 9/1/2019   |                         |
| A7046               | Water chamber for humidifier, used with positive airway pressure device, replacement, each                   | Letter of medical necessity, including condition being treated. | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders                                                                                                                                           | Added prior to 9/1/2019   |                         |
| A9513               | Lutetium Lu 177 Dotatate Therapeutic 1 Millicurie                                                            | Carelon-https://providerportal.com/ or 1-866-455-8415           | Radiation Therapy          | Carelon               | Carelon                                                                                                                                                                                           | Change 8/1/2025           |                         |
| A9528               | Iodine I-131 iodide cap, dx                                                                                  | Carelon-https://providerportal.com/ or 1-866-455-8415           | Radiation Therapy          | Carelon               | Carelon                                                                                                                                                                                           | Change 8/1/2025           |                         |
| A9531               | I131 max 100uCi                                                                                              | Carelon-https://providerportal.com/ or 1-866-455-8415           | Radiation Therapy          | Carelon               | Carelon                                                                                                                                                                                           | Change 8/1/2025           |                         |
| A9543               | Yttrium Y-90 Ibritumomab Tiuxetan Therapeutic Per Treatment Dose Up To 40 Millicuries                        | Carelon-https://providerportal.com/ or 1-866-455-8415           | Radiation Therapy          | Carelon               | Carelon                                                                                                                                                                                           | Change 8/1/2025           |                         |
| A9606               | Radium Ra-223 Dichloride Therapeutic Per Microcurie                                                          | Carelon-https://providerportal.com/ or 1-866-455-8415           | Radiation Therapy          | Carelon               | Carelon                                                                                                                                                                                           | Change 8/1/2025           |                         |
| A9607               | Lutetium Lu 177 vipivotide                                                                                   | Carelon-https://providerportal.com/ or 1-866-455-8415           | Radiation Therapy          | Carelon               | Carelon                                                                                                                                                                                           | Change 8/1/2025           |                         |
| A9900               | MISCELLANEOUS SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE                              | Letter of medical necessity, including condition being treated. | DME                        | LCD                   | LCD Wheelchair Seating (L33312) Revision 13<br>LCD Walkers (L33791) Revision 4<br>LCD Wheelchair Options/Accessories (L33792) Revision 13<br>LCD Oxygen and Oxygen Equipment (L33797) Revision 11 | 1/1/2026                  | 4/28/2026               |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                                                                                                                                  | Medical Records Request Information Required                                                     | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                                                                                                                                                                               | Effective and Change Date | Date Posted to Website* |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| A9999               | MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED                                                                                                                                                                 | Letter of medical necessity, including condition being treated.                                  | DME                        | LCD                   | LCD Wheelchair Seating (L33312) Revision 13<br>LCD Walkers (L33791) Revision 4<br>LCD Wheelchair Options/Accessories (L33792) Revision 13<br>LCD Oxygen and Oxygen Equipment (L33797) Revision 11 | 1/1/2026                  | 4/28/2026               |
| B4161               | Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube                       | Letter of medical necessity, including condition being treated.                                  | Home Health                | MED201.011            | Nutritional Support                                                                                                                                                                               | Added prior to 9/1/2019   |                         |
| B9998               | ENTERAL SUPPLIES; NOT OTHERWISE CLASSIFIED                                                                                                                                                                                     | Letter of medical necessity, including condition being treated.                                  | Home Health                | MED201.011            | Nutritional Support                                                                                                                                                                               | Added 1/1/23              |                         |
| C9399               | Unclassified drugs or biologicals related to Car-T                                                                                                                                                                             | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415 | Medical Oncology           | Carelon               | Carelon                                                                                                                                                                                           | Change 8/1/2025           |                         |
| E0466               | home ventilator any type                                                                                                                                                                                                       | Letter of medical necessity, including condition being treated.                                  | DME                        | MCG                   | MCG A-0893 Home Ventilator (Invasive or Noninvasive Interface)                                                                                                                                    | 1/1/2026                  | 11/1/2025               |
| E0470               | Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) | Recent history and physical, plan of care,and documentation of medical necessity                 | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders                                                                                                                                           | 1/1/2026                  | 11/1/2025               |
| E0471               | Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)   | Recent history and physical, plan of care,and documentation of medical necessity                 | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders                                                                                                                                           | 1/1/2026                  | 11/1/2025               |
| E0485               | Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment                                                                                 | Recent history and physical, plan of care,and documentation of medical necessity                 | Sleep                      | MCG                   | MCG A-0341 Oral Appliances (Mandibular Advancement Devices)                                                                                                                                       | 1/1/2026                  | 11/1/2025               |
| E0486               | Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment                                                                             | Recent history and physical, plan of care,and documentation of medical necessity                 | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders                                                                                                                                           | 9/1/2020                  |                         |
| E0561               | Humidifier, non-heated, used with positive airway pressure device                                                                                                                                                              | Recent history and physical, plan of care,and documentation of medical necessity                 | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders                                                                                                                                           | Added prior to 9/1/2019   |                         |
| E0562               | Humidifier, heated, used with positive airway pressure device                                                                                                                                                                  | Recent history and physical, plan of care,and documentation of medical necessity                 | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders                                                                                                                                           | Added prior to 9/1/2019   |                         |
| E0601               | Continuous positive airway pressure (cpap) device                                                                                                                                                                              | Recent history and physical, plan of care,and documentation of medical necessity                 | Sleep                      | MED204.006            | Medical Management of Sleep Related Breathing Disorders                                                                                                                                           | Added prior to 9/1/2019   |                         |
| E0747               | OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS                                                                                                                                              | Letter of medical necessity, including condition being treated.                                  | DME                        | SUR705.044            | Electrical Bone Growth Stimulation of the Appendicular Skeleton                                                                                                                                   | Added 1/1/23              |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                                          | Medical Records Request Information Required                                                                                                   | Clinical Criteria Category | Medical Policy Number      | Medical Policy Name                                                                                                                               | Effective and Change Date | Date Posted to Website* |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| E0748               | Osteogenesis stimulator, electrical, non-invasive, spinal applications                                                                 | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                          | Musculoskeletal            | Carelon                    | Carelon                                                                                                                                           | Change 8/1/2025           |                         |
| E0749               | Osteogenesis stimulator, electrical, surgically implanted                                                                              | Letter of medical necessity, including condition being treated.                                                                                | Musculoskeletal            | SUR705.013 SUR705.044      | Electrical Stimulation of the Spine as and Adjunct to Spinal Fusion Procedures<br>Electrical Bone Growth Stimulation of the Appendicular Skeleton | Added prior to 9/1/2019   |                         |
| E0760               | OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE                                                                        | Letter of medical necessity, including condition being treated.                                                                                | DME                        | DME101.030                 | Ultrasonic Osteogenesis Stimulator                                                                                                                | Added 1/1/23              | 4/28/2026               |
| E1007               | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION                              | Letter of medical necessity, including condition being treated.                                                                                | DME                        | DME101.010                 | Wheelchairs and Accessories                                                                                                                       | Added 1/1/23              |                         |
| E1230               | POWER-OPERATED VEHICLE (3 OR 4 WHEEL NON-HIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER                                                  | Letter of medical necessity, including condition being treated.                                                                                | DME                        | DMIE101.010                | Wheelchairs and Accessories                                                                                                                       | Added 1/1/23              |                         |
| E1399               | DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS                                                                                               | Letter of medical necessity, including condition being treated.                                                                                | DME                        | DME 101.000<br>DME 101.001 | DME Introduction<br>Hospital Beds and Related Equipment                                                                                           | 1/1/2026                  | 11/1/2025               |
| E2510               | SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS | Letter of medical necessity, including condition being treated.                                                                                | DME                        | DME104.009                 | Speech Generating Devices                                                                                                                         | Added 1/1/23              |                         |
| E2599               | ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED                                                                       | Letter of medical necessity, including condition being treated.                                                                                | DME                        | DME104.009                 | Speech Generating Devices                                                                                                                         | Added 1/1/23              |                         |
| G0151               | Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes                            | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Home Health Hospice        | Medicaid Provider Manual   | Medicaid Provider Manual                                                                                                                          | Added prior to 9/1/2019   | 4/28/2026               |
| G0152               | Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes                        | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Home Health Hospice        | Medicaid Provider Manual   | Medicaid Provider Manual                                                                                                                          | Added prior to 9/1/2019   | 4/28/2026               |
| G0153               | SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES                   | Recent history and physical, plan of care, and documentation of medical necessity.                                                             | Home Health Hospice        | Medicaid Provider Manual   | Medicaid Provider Manual                                                                                                                          | Added prior to 9/1/2019   | 4/28/2026               |
| G0156               | Services of home health/hospice aide in home health or hospice settings, each 15 minutes                                               | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Home Health Hospice        |                            | Medicaid Provider Manual                                                                                                                          | 1/1/2026                  | 11/1/2025               |
| G0219               | Pet imaging whole body; melanoma for non-covered indications                                                                           | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Radiology                  | MCG                        | MCG A0098 Tumor Imaging Positron Emission Tomography (PET) and PET-CT                                                                             | 1/1/2026                  | 11/1/2025               |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                                                                                           | Medical Records Request Information Required                                                                                                   | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                                                   | Effective and Change Date | Date Posted to Website* |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|-----------------------------------------------------------------------|---------------------------|-------------------------|
| G0252               | Pet imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes) | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Radiology                  | MCG                   | MCG A0098 Tumor Imaging Positron Emission Tomography (PET) and PET-CT | 1/1/2026                  | 11/1/2025               |
| G0260               | Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent with or without                                                               | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                          | Musculoskeletal            | Carelon               | Carelon                                                               | Change 8/1/2025           |                         |
| G0281               | Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, arterial                                                                | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                          | Musculoskeletal            | Carelon               | Carelon                                                               | Change 8/1/2025           |                         |
| G0282               | Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281                                                                                | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                          | Musculoskeletal            | Carelon               | Carelon                                                               | Change 8/1/2025           |                         |
| G0283               | Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care as part of a therapy                                                                  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                          | Musculoskeletal            | Carelon               | Carelon                                                               | Change 8/1/2025           |                         |
| G0299               | Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes                                                                       | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Home Health Hospice        |                       | Medicaid Provider Manual                                              | 1/1/2026                  | 11/1/2025               |
| G0300               | Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes                                                               | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated. | Home Health Hospice        |                       | Medicaid Provider Manual                                              | 1/1/2026                  | 11/1/2025               |
| G0329               | Electromagnetic therapy, to one or more areas for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic                                                             | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                          | Musculoskeletal            | Carelon               | Carelon                                                               | Change 8/1/2025           |                         |
| G0339               | ROBOT LIN-RADSURG COM, FIRST                                                                                                                                                            | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                          | Radiation Therapy          | Carelon               | Carelon                                                               | Change 8/1/2025           |                         |
| G0340               | ROBOT LIN-RADSURG FRACTX 2-5                                                                                                                                                            | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                          | Radiation Therapy          | Carelon               | Carelon                                                               | Change 8/1/2025           |                         |
| G6002               | STEREOSOPIC X-RAY GUIDANCE                                                                                                                                                              | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                          | Radiation Therapy          | Carelon               | Carelon                                                               | Change 8/1/2025           |                         |
| G6003               | Radiation Treatment Delivery, single area, up to 5 mev                                                                                                                                  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                          | Radiation Therapy          | Carelon               | Carelon                                                               | Change 8/1/2025           |                         |
| G6004               | Radiation Treatment Delivery, single area, 6-10 mev                                                                                                                                     | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                          | Radiation Therapy          | Carelon               | Carelon                                                               | Change 8/1/2025           |                         |
| G6005               | Radiation Treatment Delivery, single area, 11-19 mev                                                                                                                                    | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                          | Radiation Therapy          | Carelon               | Carelon                                                               | Change 8/1/2025           |                         |
| G6006               | Radiation Treatment Delivery, single area, 20 mev or greater                                                                                                                            | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                          | Radiation Therapy          | Carelon               | Carelon                                                               | Change 8/1/2025           |                         |
| G6007               | Radiation Treatment Delivery, 2 separate areas, up to 5 mev                                                                                                                             | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                          | Radiation Therapy          | Carelon               | Carelon                                                               | Change 8/1/2025           |                         |
| G6008               | Radiation Treatment Delivery, 2 separate areas, area, 6-10 mev                                                                                                                          | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                          | Radiation Therapy          | Carelon               | Carelon                                                               | Change 8/1/2025           |                         |
| G6009               | Radiation Treatment Delivery, 2 separate areas, 11-19 mev                                                                                                                               | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                          | Radiation Therapy          | Carelon               | Carelon                                                               | Change 8/1/2025           |                         |
| G6010               | Radiation Treatment Delivery, 2 separate areas, 20 mev or greater                                                                                                                       | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                          | Radiation Therapy          | Carelon               | Carelon                                                               | Change 8/1/2025           |                         |
| G6011               | Radiation Treatment Delivery, 3 or more separate areas, up to 5 mev                                                                                                                     | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                          | Radiation Therapy          | Carelon               | Carelon                                                               | Change 8/1/2025           |                         |
| G6012               | Radiation Treatment Delivery, 3 or more separate areas, 6-10 mev                                                                                                                        | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                          | Radiation Therapy          | Carelon               | Carelon                                                               | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                                                                              | Medical Records Request Information Required                                                               | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                                        | Effective and Change Date | Date Posted to Website* |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|------------------------------------------------------------|---------------------------|-------------------------|
| G6013               | Radiation Treatment Delivery, 3 or more separate areas, 11-19 mev                                                                                                          | Carelon-https://providerportal.com/ or 1-866-455-8415                                                      | Radiation Therapy          | Carelon               | Carelon                                                    | Change 8/1/2025           |                         |
| G6014               | Radiation Treatment Delivery, 3 or more separate areas, 20 mev or greater                                                                                                  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                      | Radiation Therapy          | Carelon               | Carelon                                                    | Change 8/1/2025           |                         |
| G6015               | Radiation Tx delivery imrt                                                                                                                                                 | Carelon-https://providerportal.com/ or 1-866-455-8415                                                      | Radiation Therapy          | Carelon               | Carelon                                                    | Change 8/1/2025           |                         |
| G6016               | Delivery comp imrt                                                                                                                                                         | Carelon-https://providerportal.com/ or 1-866-455-8415                                                      | Radiation Therapy          | Carelon               | Carelon                                                    | Change 8/1/2025           |                         |
| J0013               | Esketamine (nasal spray, 1 mg)                                                                                                                                             | SRU                                                                                                        | Specialty Pharmacy         |                       |                                                            | 8/1/2026                  | 7/1/2026                |
| 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) | SRU                                                                                                        | Specialty Pharmacy         | MCG                   | MCG A-0453 Abatacept                                       | 1/1/2026                  | 11/1/2025               |
| J0172               | Injection, aducanumab-avwa, 2 mg                                                                                                                                           | Letter of medical necessity, including condition being treated.                                            | Medical Drug               | RX501.087             | FDA-Drugs, Biologicals,Cellular and Gene Therapies         | 1/1/2026                  | 7/1/2026                |
| J0174               | Leqembi (Injection, lecanemab-irmb, 1mg).                                                                                                                                  | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity | Medical Drug               | MCG                   | MCG A-1058 Lecanemab                                       | 1/1/2026                  | 11/1/2025               |
| J0179               | Injection, brolucizumab-dbli, 1 mg                                                                                                                                         | Recent history and physical, plan of care, and documentation of medical necessity.                         | Medical Drug               | MCG                   | MCG A-1026 Brolucizumab                                    | 1/1/2026                  | 11/1/2025               |
| J0180               | Injection, agalsidase beta, 1 mg                                                                                                                                           | SRU                                                                                                        | Specialty Pharmacy         | MCG                   | MCG A-0465 Agalsidase Beta                                 | 1/1/2026                  | 11/1/2025               |
| J0202               | Injection, alemtuzumab, 1 mg                                                                                                                                               | SRU                                                                                                        | Specialty Pharmacy         | RX501.077             | Alemtuzumab                                                | Added prior to 9/1/2019   |                         |
| J0217               | Injection, velmanase alfa-tycv, 1 mg                                                                                                                                       | Recent history and physical, plan of care, and documentation of medical necessity.                         | Medical Drug               | RX501.087             | FDA-Drugs, Biologicals,Cellular and Gene Therapies         | 1/1/2026                  | 7/1/2026                |
| J0218               | Injection, olipudase alfa-rpcp, 1 mg                                                                                                                                       | SRU                                                                                                        | Specialty Pharmacy         | RX501.067             | Enzyme Replacement Therapy for Lysosomal Storage Disorders | 1/1/2026                  | 11/1/2025               |
| J0219               | Injection, avalglucosidase alfa-ngpt, 4 mg                                                                                                                                 | SRU                                                                                                        | Specialty Pharmacy         | RX501.067             | Enzyme Replacement Therapy for Lysosomal Storage Disorders | 1/1/2026                  | 11/1/2025               |
| J0221               | Injection, alglucosidase alfa, (lumizyme), 10 mg                                                                                                                           | SRU                                                                                                        | Specialty Pharmacy         | RX501.067             | Enzyme-Replacement Therapy for Lysosomal Storage Disorders | Added prior to 9/1/2019   | 7/1/2026                |
| J0223               | Givosiran                                                                                                                                                                  | SRU                                                                                                        | Specialty Pharmacy         | RX501.125             | Givosiran for Acute Hepatic Porphyria                      | 1/1/2026                  | 11/1/2025               |
| J0224               | inj. lumasiran, 0.5 mg                                                                                                                                                     | SRU                                                                                                        | Specialty Pharmacy         | RX501.133             | Lumasiran                                                  | 1/1/2026                  | 11/1/2025               |
| J0225               | Injection, vutrisiran, 1 mg                                                                                                                                                | SRU                                                                                                        | Specialty Pharmacy         | RX501.146             | Vutrisiran                                                 | 11/1/2022                 |                         |
| J0256               | Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg                                                                                            | Recent history and physical, plan of care, and documentation of medical necessity.                         | Medical Drug               | MCG                   | MCG A0468 Alpha-1 Proteinase Inhibitor                     | 1/1/2026                  | 11/1/2025               |
| J0257               | Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg                                                                                                          | Recent history and physical, plan of care, and documentation of medical necessity.                         | Medical Drug               | MCG                   | MCG A0468 Alpha-1 Proteinase Inhibitor                     | 1/1/2026                  | 11/1/2025               |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                                             | Medical Records Request Information Required                                                                                                                                                                                                           | Clinical Criteria Category | Medical Policy Number   | Medical Policy Name                                                                     | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|-----------------------------------------------------------------------------------------|---------------------------|-------------------------|
| J0364               | Injection, apomorphine hydrochloride, 1 mg                                                                                                | BCBSIL will review buy and bill drugs. Contact Prime Therapeutics, if billing pharmacy, (Fax 877-243-6930, Call 800-285-9426, visit MyPrime.com or CoverMyMeds.com) Recent history and physical, plan of care, and documentation of medical necessity. | Medical Drug               | NCD                     | NCD Chemical Aversion Therapy for Treatment of Alcoholism (130.3) Version 1             | 1/1/2026                  | 11/1/2025               |
| J0490               | Injection, belimumab, 10 mg                                                                                                               | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.116               | Belimumab                                                                               | 1/1/2026                  | 11/1/2025               |
| J0491               | Injection, anifrolumab-fnia, 1 mg                                                                                                         | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.138               | anifrolumab-fnia                                                                        | 1/1/2026                  | 4/28/2026               |
| J0517               | Fasenra                                                                                                                                   | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.100               | Benralizumab                                                                            | 1/1/2026                  | 4/28/2026               |
| J0565               | Zinplava 1000 MG/40ML SOLN J0565 Injection, bezlotoxumab, 10 mg                                                                           | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                     | Medical Drug               | RX501.087               | Biologicals, Cellular and Gene Therapies                                                | Change 11/1/2025          | 9/1/2025                |
| J0584               | Crysvita                                                                                                                                  | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                             | Medical Drug               | RX502.058               | Burosumab-twza                                                                          | 1/1/2026                  | 11/1/2025               |
| J0585               | Injection, onabotulinumtoxin a, 1 unit                                                                                                    | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.019<br>MED201.014 | Botulinum Toxin<br>Treatment of Hyperhidrosis                                           | 1/1/2026                  | 11/1/2025               |
| J0586               | Injection, abobotulinumtoxin a, 5 units                                                                                                   | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.019<br>MED201.014 | Botulinum Toxin<br>Treatment of Hyperhidrosis                                           | 1/1/2026                  | 11/1/2025               |
| J0587               | Injection, rimabotulinumtoxinb, 100 units                                                                                                 | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.019<br>MED201.014 | Botulinum Toxin<br>Treatment of Hyperhidrosis                                           | 1/1/2026                  | 11/1/2025               |
| J0588               | Injection, incobotulinumtoxin a, 1 unit                                                                                                   | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.019<br>MED201.014 | Botulinum Toxin<br>Treatment of Hyperhidrosis                                           | 1/1/2026                  | 11/1/2025               |
| J0589               | Injection, daxibotulinumtoxin-a-lanm                                                                                                      | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.019               | Botulinum Toxin                                                                         | 4/1/2024                  |                         |
| J0596               | Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units                                                                        | BCBSIL will review buy and bill drugs. Contact Prime Therapeutics, if billing pharmacy, (Fax 877-243-6930, Call 800-285-9426, visit MyPrime.com or CoverMyMeds.com) Recent history and physical, plan of care, and documentation of medical necessity. | Medical Drug               | RX501.097               | Biologicals, Cellular and Gene Therapies                                                | 1/1/2026                  | 11/1/2025               |
| J0597               | Injection, c-1 esterase inhibitor (human), berinert, 10 units                                                                             | BCBSIL will review buy and bill drugs. Contact Prime Therapeutics, if billing pharmacy, (Fax 877-243-6930, Call 800-285-9426, visit MyPrime.com or CoverMyMeds.com) Recent history and physical, plan of care, and documentation of medical necessity. | Medical Drug               | RX501.097               | Biologicals, Cellular and Gene Therapies                                                | 1/1/2026                  | 11/1/2025               |
| J0598               | Injection, c-1 esterase inhibitor (human), cinryze, 10 units                                                                              | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX504.013               | Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human Ecallantide | 1/1/2026                  | 11/1/2025               |
| J0606               | 5 MG/ML SOLN J0606 Injection, etelcalcetide, 0.1 mg and 2.5 MG/0.5ML SOLN J0606 Injection, etelcalcetide, 0.1 mg and 10 MG/2ML SOLN J0606 | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                     | Medical Drug               | RX501.097               | Biologicals, Cellular and Gene Therapies                                                | 1/1/2026                  | 11/1/2025               |
| J0638               | Injection, canakinumab, 1 mg                                                                                                              | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | MCG                     | MCG A-1015 (AC) Canakinumab                                                             | 1/1/2026                  | 11/1/2025               |
| J0641               | Levoleucovorin Calcium                                                                                                                    | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                  | Medical Oncology           | Carelon                 | Carelon                                                                                 | Change 8/1/2025           |                         |
| J0642               | Levoleucovorin                                                                                                                            | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                  | Medical Oncology           | Carelon                 | Carelon                                                                                 | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code                             | Medical Records Request Information Required                                                                                                                                                                                                           | Clinical Criteria Category | Medical Policy Number    | Medical Policy Name                                                                                                   | Effective and Change Date | Date Posted to Website* |
|---------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|
| J0739               | Injection, cabotegravir 1 mg                              | BCBSIL will review buy and bill drugs. Contact Prime Therapeutics, if billing pharmacy, (Fax 877-243-6930, Call 800-285-9426, visit MyPrime.com or CoverMyMeds.com) Recent history and physical, plan of care, and documentation of medical necessity. | Medical Drug               | NCD                      | NCD N21015v1 NCD Pre-Exposure Prophylaxis (PrEP) for Human Immunodeficiency Virus (HIV) Prevention (210.15) Version 1 | 1/1/2026                  | 11/1/2025               |
| J0741               | Inj, cabote rilpivir 2mg 3mg                              | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.145                | Long-Acting Injectable Antiretroviral Agents for Treatment of HIV                                                     | Added 10/1/2023           |                         |
| J0775               | Injection, collagenase, clostridium histolyticum, 0.01 mg | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.073                | Clostridial Collagenase for Fibroproliferative Disorders                                                              | Added prior to 9/1/2019   |                         |
| J0791               | Crizanlizumab-tmca (Adakveo)                              | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | MCG                      | MCG A-1027 (AC) Crizanlizumab                                                                                         | 1/1/2026                  | 11/1/2025               |
| J0881               | Injection, darbepoetin alfa, 1 microgram (for non-esrd)   | Carelon-https://providerportal.com/ or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. | Medical Oncology           | Carelon                  | Carelon                                                                                                               | 10/1/2025                 |                         |
| J0881               | Injection, darbepoetin alfa, 1 microgram (for non-esrd)   | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                             | Medical Drug               | RX502.061 RX501.069      | Oncology Medications Erythropoiesis-Stimulating Agents (ESAs)                                                         | Added 1/1/2025            |                         |
| J0885               | Injection, epoetin alfa, (for non-esrd use), 1000 units   | Carelon-https://providerportal.com/ or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. | Medical Oncology           | Carelon                  | Carelon                                                                                                               | 10/1/2025                 |                         |
| J0885               | Injection, epoetin alfa, (for non-esrd use), 1000 units   | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                             | Medical Drug               | RX502.061 RX501.069      | Oncology Medications Erythropoiesis-Stimulating Agents (ESAs)                                                         | Added 1/1/2025            |                         |
| J0888               | Injection, epoetin beta, 1 microgram, (for non-esrd use)  | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.069                | Erythropoiesis-Stimulating Agents (ESAs)                                                                              | Added prior to 9/1/2019   |                         |
| J0896               | Injection, luspatercept-aamt, 0.25 mg                     | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                  | Medical Oncology           | Carelon                  | Carelon                                                                                                               | Change 8/1/2025           |                         |
| J0897               | Injection, denosumab, 1 mg                                | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                  | Medical Oncology           | Carelon                  | Carelon                                                                                                               | Change 8/1/2025           |                         |
| J1203               | Injection, cipaglucosidase alfa-atga, 5 mg                | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.067                | Enzyme-Replacement Therapy for Lysosomal Storage Disorders                                                            | 4/1/2024                  |                         |
| J1290               | Injection, ecallantide, 1 mg                              | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX504.013                | Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human Ecallantide                               | 1/1/2026                  | 11/1/2025               |
| J1299               | Injection Eculizumab, 2mg                                 | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | ADM1001.034<br>RX501.066 | Specialty Medication Administration Site of Care Eculizumab and Associated Biosimilar(s)                              | 8/1/2026                  | 7/1/2026                |
| J1301               | Radicava                                                  | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.095                | Edaravone                                                                                                             | 1/1/2026                  | 11/1/2025               |
| J1302               | Injection, sutimlimab-jome, 10 mg                         | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.180                | Sutimlimab-jome                                                                                                       | 1/1/2026                  | 7/1/2026                |
| J1303               | Ultomiris                                                 | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.107                | Ravulizumab-cwvz                                                                                                      | 1/1/2026                  | 4/28/2026               |
| J1304               | Injection, tofersen, 1 mg                                 | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.087                | FDA-Approved Drugs, Biologicals, Cellular and Gene Therapies                                                          | 1/1/2024                  | 4/28/2026               |
| J1305               | Inj, evinacumab-dgnb, 5mg                                 | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.136                | Evinacumab-dgnb                                                                                                       | 1/1/2026                  | 7/1/2026                |
| J1306               | Injection, inclisiran, 1 mg                               | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.142                | Inclisiran                                                                                                            | 1/1/2026                  | 11/1/2025               |
| J1322               | Injection, elosulfase alfa, 1 mg                          | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.067                | Enzyme-Replacement Therapy for Lysosomal Storage Disorders                                                            | 1/1/2026                  | 4/28/2026               |
| J1323               | Eranatamab-bcmm                                           | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                  | Medical Oncology           | Carelon                  | Carelon                                                                                                               | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                                              | Medical Records Request Information Required                                                                                                                                                                                                              | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                                                                   | Effective and Change Date | Date Posted to Website* |
|---------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|---------------------------------------------------------------------------------------|---------------------------|-------------------------|
| J1325               | Injection, epoprostenol, 0.5 mg                                                            | BCBSIL will review buy and bill drugs. Contact Prime Therapeutics, if billing pharmacy, (Fax 877-243-6930, Call 800-285-9426, visit MyPrime.com or CoverMyMeds.com)<br>Recent history and physical, plan of care, and documentation of medical necessity. | Medical Drug               | MCG                   | MCG A-0300 Epoprostenol                                                               | 1/1/2026                  | 11/1/2025               |
| J1411               | Hemmens                                                                                    | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                        | Medical Drug               | RX501.151             | Etranacogene dezaparvovec-drlb                                                        | Added 7/1/2024            |                         |
| J1412               | Roctavian                                                                                  | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                        | Medical Drug               | RX501.128             | Valoctocogene Roxaparvovec-rvox                                                       | Added 7/1/2024            |                         |
| J1413               | Elevidys                                                                                   | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                        | Medical Drug               | RX501.163             | Delandistrogene moxeparvovec-rokl;                                                    | 1/1/2026                  | 11/1/2025               |
| J1427               | Vitepso                                                                                    | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.084             | Treatment for Duchenne Muscular Dystrophy                                             | Added 10/1/2021           | 4/28/2026               |
| J1428               | 500 MG/10ML SOLN J1428 Injection, eteplirsen, 10 mg and Exondys 51 100                     | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.084             | Treatment for Duchenne Muscular Dystrophy                                             | Added prior to 9/1/2019   | 4/28/2026               |
| J1429               | Golodirsen/Vyondys                                                                         | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.084             | Treatment for Duchenne Muscular Dystrophy                                             | 1/1/2021                  | 4/28/2026               |
| J1442               | Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram                           | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                     | Medical Oncology           | Carelon               | Carelon                                                                               | Change 8/1/2025           |                         |
| J1447               | Tbo-Filgrastim                                                                             | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                     | Medical Oncology           | Carelon               | Carelon                                                                               | Change 8/1/2025           |                         |
| J1448               | Trilaciclib Dihydrochloride                                                                | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                     | Medical Oncology           | Carelon               | Carelon                                                                               | Change 8/1/2025           |                         |
| J1449               | Eflapegrastim-xnst                                                                         | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                     | Medical Oncology           | Carelon               | Carelon                                                                               | Change 8/1/2025           |                         |
| J1458               | Injection, galsulfase, 1 mg                                                                | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.067             | Enzyme-Replacement Therapy for Lysosomal Storage Disorders                            | 1/1/2026                  | 4/28/2026               |
| J1459               | Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg | Carelon-https://providerportal.com/ or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.    | Medical Oncology           | Carelon               | Carelon                                                                               | 10/1/2025                 |                         |
| J1459               | Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                                | Medical Drug               | RX504.003             | Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) | Added 11/1/2025           |                         |
| J1551               | Inj cutaquig 100 mg                                                                        | Carelon-https://providerportal.com/ or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.    | Medical Oncology           | Carelon               | Carelon                                                                               | 10/1/2025                 |                         |
| J1551               | Inj cutaquig 100 mg                                                                        | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                                | Medical Drug               | RX504.003             | Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) | Added 11/1/2025           |                         |
| J1554               | Asceniv                                                                                    | Carelon-https://providerportal.com/ or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.    | Medical Oncology           | Carelon               | Carelon                                                                               | 10/1/2025                 |                         |



| CPT and HCPCS Codes | Description of Procedure Code                                                                | Medical Records Request Information Required                                                                                                                                                                                                           | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                                                                   | Effective and Change Date | Date Posted to Website* |
|---------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|---------------------------------------------------------------------------------------|---------------------------|-------------------------|
| J1554               | Asceniv                                                                                      | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                             | Medical Drug               | RX504.003             | Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) | Added 11/1/2025           |                         |
| J1555               | Injection, immune globulin, 100 mg                                                           | Carelon-https://providerportal.com/ or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. | Medical Oncology           | Carelon               | Carelon                                                                               | 10/1/2025                 |                         |
| J1555               | Injection, immune globulin, 100 mg                                                           | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                             | Medical Drug               | RX504.003             | Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) | Added 11/1/2025           |                         |
| J1556               | Injection, immune globulin (bivigam), 500 mg                                                 | Carelon-https://providerportal.com/ or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. | Medical Oncology           | Carelon               | Carelon                                                                               | 10/1/2025                 |                         |
| J1556               | Injection, immune globulin (bivigam), 500 mg                                                 | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                             | Medical Drug               | RX504.003             | Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) | Added 11/1/2025           |                         |
| J1557               | Injection, immune globulin, (gammagex), intravenous, non- lyophilized (e.g., liquid), 500 mg | Carelon-https://providerportal.com/ or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. | Medical Oncology           | Carelon               | Carelon                                                                               | 10/1/2025                 |                         |
| J1557               | Injection, immune globulin, (gammagex), intravenous, non- lyophilized (e.g., liquid), 500 mg | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                             | Medical Drug               | RX504.003             | Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) | Added 11/1/2025           |                         |
| J1558               | Inj. xembify, 100 mg                                                                         | Carelon-https://providerportal.com/ or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. | Medical Oncology           | Carelon               | Carelon                                                                               | 10/1/2025                 |                         |
| J1558               | Inj. xembify, 100 mg                                                                         | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                             | Medical Drug               | RX504.003             | Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) | Added 11/1/2025           |                         |
| J1559               | Injection, immune globulin (hizentra), 100 mg                                                | Carelon-https://providerportal.com/ or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. | Medical Oncology           | Carelon               | Carelon                                                                               | 10/1/2025                 |                         |
| J1559               | Injection, immune globulin (hizentra), 100 mg                                                | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                             | Medical Drug               | RX504.003             | Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) | Added 11/1/2025           |                         |
| J1561               | Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg     | Carelon-https://providerportal.com/ or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. | Medical Oncology           | Carelon               | Carelon                                                                               | 10/1/2025                 |                         |
| J1561               | Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg     | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                             | Medical Drug               | RX504.003             | Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) | Added 11/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                | Medical Records Request Information Required                                                                                                                                                                                                                                                      | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                                                                   | Effective and Change Date | Date Posted to Website* |
|---------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|---------------------------------------------------------------------------------------|---------------------------|-------------------------|
| J1566               | Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg         | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. | Medical Oncology           | Carelon               | Carelon                                                                               | 10/1/2025                 |                         |
| J1566               | Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg         | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                                                                        | Medical Drug               | RX504.003             | Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) | Added 11/1/2025           |                         |
| J1568               | Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg                   | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. | Medical Oncology           | Carelon               | Carelon                                                                               | 10/1/2025                 |                         |
| J1568               | Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg                   | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                                                                        | Medical Drug               | RX504.003             | Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) | Added 11/1/2025           |                         |
| J1569               | Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg                      | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. | Medical Oncology           | Carelon               | Carelon                                                                               | 10/1/2025                 |                         |
| J1569               | Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg                      | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                                                                        | Medical Drug               | RX504.003             | Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) | Added 11/1/2025           |                         |
| J1572               | Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. | Medical Oncology           | Carelon               | Carelon                                                                               | 10/1/2025                 |                         |
| J1572               | Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                                                                        | Medical Drug               | RX504.003             | Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) | Added 11/1/2025           |                         |
| J1575               | Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin                                    | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. | Medical Oncology           | Carelon               | Carelon                                                                               | 10/1/2025                 |                         |
| J1575               | Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin                                    | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                                                                        | Medical Drug               | RX504.003             | Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) | Added 11/1/2025           |                         |
| J1576               | Immune Globulin (Human)-ifas                                                                                 | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. | Medical Oncology           | Carelon               | Carelon                                                                               | 10/1/2025                 |                         |
| J1576               | Immune Globulin (Human)-ifas                                                                                 | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                                                                        | Medical Drug               | RX504.003             | Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) | Added 11/1/2025           |                         |
| J1599               | Immune deficiency                                                                                            | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. | Medical Oncology           | Carelon               | Carelon                                                                               | 10/1/2025                 |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                           | Medical Records Request Information Required                                                                                                                                                                                                              | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                                                                   | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|---------------------------------------------------------------------------------------|---------------------------|-------------------------|
| J1599               | Immune deficiency                                                       | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                                | Medical Drug               | RX504.003             | Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) | Added 11/1/2025           |                         |
| J1602               | Injection, golimumab, 1 mg, for intravenous use                         | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.112             | Golimumab                                                                             | 1/1/2026                  | 4/28/2026               |
| J1632               | Brexanolone                                                             | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                        | Medical Drug               | RX501.087             | Biologicals, Cellular and Gene Therapies                                              | 1/1/2026                  | 11/1/2025               |
| J1743               | Injection, idursulfase, 1 mg                                            | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.067             | Enzyme-Replacement Therapy for Lysosomal Storage Disorders                            | 1/1/2026                  | 4/28/2026               |
| J1745               | Injection infliximab, 10 mg                                             | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.051             | Enzyme-Replacement Therapy for Lysosomal Storage Disorders                            | 1/1/2026                  | 7/1/2026                |
| J1746               | Trogarzo                                                                | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.099             | Ibalizumab-uiyk                                                                       | 1/1/2026                  | 4/28/2026               |
| J1786               | Injection, imiglucerase, 10 units                                       | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.067             | Enzyme-Replacement Therapy for Lysosomal Storage Disorders                            | 1/1/2026                  | 4/28/2026               |
| J1823               | Uplizna                                                                 | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.127             | Inebilizumab-cdon                                                                     | 1/1/2026                  | 4/28/2026               |
| J1930               | Injection, lanreotide, 1 mg                                             | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                              | Medical Drug               | RX501.155             | Lanreotide                                                                            | 1/1/2026                  | 4/28/2026               |
| J1931               | Injection, laronidase, 0.1 mg                                           | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.067             | Enzyme-Replacement Therapy for Lysosomal Storage Disorders                            | 1/1/2026                  | 4/28/2026               |
| J1932               | Injection, lanreotide, (cipla), 1 mg                                    | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                              | Medical Drug               | RX501.155             | Lanreotide                                                                            | 1/1/2026                  | 4/28/2026               |
| J1950               | Injection, leuprolide acetate (for depot suspension), per 3.75 mg       | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                              | Medical Drug               | MCG                   | MCG A-0304 Gonadotropin-Releasing Hormone (GnRH) Agonists                             | 1/1/2026                  | 11/1/2025               |
| J1951               | Injection, leuprolide acetate                                           | BCBSIL will review buy and bill drugs. Contact Prime Therapeutics, if billing pharmacy, (Fax 877-243-6930, Call 800-285-9426, visit MyPrime.com or CoverMyMeds.com)<br>Recent history and physical, plan of care, and documentation of medical necessity. | Medical Drug               | MCG                   | MCG A-0304 Gonadotropin-Releasing Hormone (GnRH) Agonists                             | 1/1/2026                  | 11/1/2025               |
| J1961               | Injection, lenacapavir, 1 mg                                            | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.145             | Long-Acting Injectable Antiretroviral Agents for Treatment of HIV                     | 6/1/2023                  |                         |
| J2182               | 100 MG SOLR J2182 Injection, mepolizumab, 1 mg                          | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.080             | Mepolizumab                                                                           | 1/1/2026                  | 4/28/2026               |
| J2323               | Injection, natalizumab, 1 mg                                            | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.059             | Natalizumab and Associate Biosimilars                                                 | 1/1/2026                  | 4/28/2026               |
| J2326               | Injection, nusinersen, 0.1 mg                                           | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.086             | Nusinersen                                                                            | Added prior to 9/1/2019   |                         |
| J2327               | Inj risankizumab-rzaa 1 mg                                              | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.147             | Risankizumab-rzaa                                                                     | Added 10/1/2023           |                         |
| J2329               | Injection, ublituximab-xiyy, 1mg                                        | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.153             | Ublituximab-xiyy                                                                      | 7/1/2023                  |                         |
| J2350               | 300 MG/10ML SOLN J2350 Injection, ocrelizumab, 1 mg. New code effective | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.085             | Ocrelizumab or Ocrelizumab and Hyaluronidase-ocsq                                     | 1/1/2026                  | 4/28/2026               |
| J2353               | Injection, octreotide, depot form for intramuscular injection, 1 mg     | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                              | Medical Drug               | RX501.156             | Octreotide                                                                            | 1/1/2026                  | 4/28/2026               |

| CPT and HCPCS Codes | Description of Procedure Code                                                           | Medical Records Request Information Required                                                                                                                                                                                                           | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                                        | Effective and Change Date | Date Posted to Website* |
|---------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|------------------------------------------------------------|---------------------------|-------------------------|
| J2354               | Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                           | Medical Drug               | RX501.156             | Octreotide                                                 | 1/1/2026                  | 4/28/2026               |
| J2356               | Inj tezepelumab-ekko, 1mg                                                               | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.143             | Tezepelumab-ekko                                           | 1/1/2026                  | 4/28/2026               |
| J2357               | Injection, omalizumab, 5 mg                                                             | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.058             | Omalizumab                                                 | 1/1/2026                  | 4/28/2026               |
| J2502               | Injection, pasireotide long acting, 1 mg                                                | BCBSIL will review buy and bill drugs. Contact Prime Therapeutics, if billing pharmacy, (Fax 877-243-6930, Call 800-285-9426, visit MyPrime.com or CoverMyMeds.com) Recent history and physical, plan of care, and documentation of medical necessity. | Medical Drug               | MCG                   | MCG A-0702 Pasireotide                                     | 1/1/2026                  | 11/1/2025               |
| J2506               | Injection, pegfilgrastim, excludes biosimilar, 0.5 mg                                   | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415                                                                                                                                                       | Medical Oncology           | Carelon               | Carelon                                                    | Change 8/1/2025           |                         |
| J2507               | Injection, pegloticase, 1 mg                                                            | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.120             | Pegloticase                                                | 1/1/2026                  | 11/1/2025               |
| J2508               | Pegunigalsidase alfa-iwxj, 1 mg                                                         | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.067             | Enzyme-Replacement Therapy for Lysosomal Storage Disorders | 1/1/2024                  |                         |
| J2778               | Injection, ranibizumab, 0.1 mg                                                          | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                     | Medical Drug               | OTH903.041            | Ranibizumab Injections, Implants and Biosimilars           | Change 11/1/2025          | 4/28/2026               |
| J2779               | Injection, ranibizumab via intravitreal implant (susvimo), 0.1 mg                       | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                     | Medical Drug               | OTH903.041            | Ranibizumab Injections, Implants and Biosimilars           | 1/1/2026                  | 4/28/2026               |
| J2781               | Injection, pegcetacoplan, intravitreal, 1 mg                                            | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                     | Medical Drug               | MCG                   | MCG A -1046 Pegcetacoplan                                  | 1/1/2026                  | 11/1/2025               |
| J2782               | Injection, avacincaptad pegol, 0.1 mg                                                   | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                     | Medical Drug               | OTH903.045            | <a href="#">Avacincaptad pegol</a>                         | Change 11/1/2025          |                         |
| J2786               | 100 MG/10ML SOLN J2786 Injection, reslizumab, 1 mg                                      | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.083             | Reslizumab                                                 | 1/1/2026                  | 11/1/2025               |
| J2793               | Injection, rilonacept, 1 mg                                                             | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                     | Medical Drug               | RX501.087             | Biologicals, Cellular and Gene Therapies                   | 1/1/2026                  | 11/1/2025               |
| J2796               | Injection, romiplostim, 10 micrograms                                                   | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                           | Medical Drug               | RX501.157             | Romiplostim                                                | 1/1/2026                  | 4/28/2026               |
| J2820               | Sargramostim                                                                            | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415                                                                                                                                                       | Medical Oncology           | Carelon               | Carelon                                                    | Change 8/1/2025           |                         |
| J2840               | Kanuma 20 MG/10ML SOLN J2840 Injection, sebelipase alfa, 1 mg                           | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                           | Medical Drug               | RX501.067             | Enzyme-Replacement Therapy for Lysosomal Storage Disorders | 1/1/2026                  | 4/28/2026               |
| J2860               | Siltuximab                                                                              | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415                                                                                                                                                       | Medical Oncology           | Carelon               | Carelon                                                    | Change 8/1/2025           |                         |
| J2998               | Inj plasminogen tvmh 1mg                                                                | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                     | Medical Drug               | RX501.087             | Biologicals, Cellular and Gene Therapies                   | 1/1/2026                  | 11/1/2025               |
| J3032               | Eptinezumab-jjmr (Vyapti)                                                               | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.124             | Eptinezumab-jjmr                                           | 1/1/2026                  | 4/28/2026               |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                                                              | Medical Records Request Information Required                                                                                                                                                                                                              | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                                                    | Effective and Change Date | Date Posted to Website* |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|------------------------------------------------------------------------|---------------------------|-------------------------|
| J3055               | Talquetamab-tgvs                                                                                                                                           | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                     | Medical Oncology           | Carelon               | Carelon                                                                | Change 8/1/2025           |                         |
| J3060               | Injection, taliglucerase alfa, 10 units                                                                                                                    | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.067             | Enzyme-Replacement Therapy for Lysosomal Storage Disorders             | 1/1/2026                  | 4/28/2026               |
| J3111               | Inj, romosozumab-aqqg, 1mg                                                                                                                                 | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.159             | Romosozumab-aqqg                                                       | 1/1/2026                  | 4/28/2026               |
| J3241               | Teprotumumab-trbw                                                                                                                                          | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.110             | <a href="#">Teprotumumab-trbw</a>                                      | 1/1/2026                  | 4/28/2026               |
| J3245               | Ilumya                                                                                                                                                     | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.123             | Tildrakizumab-asmn                                                     | 1/1/2026                  | 4/28/2026               |
| J3262               | Injection, tocilizumab, 1 mg                                                                                                                               | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                              | Medical Drug               | RX501.115             | Tocilizumab and Associated Biosimilar(s)                               | 1/1/2026                  | 4/28/2026               |
| J3263               | Toripalimab-tpzi                                                                                                                                           | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                     | Medical Oncology           | Carelon               | Carelon                                                                | Change 8/1/2025           |                         |
| J3285               | Injection, treprostinil, 1 mg                                                                                                                              | BCBSIL will review buy and bill drugs. Contact Prime Therapeutics, if billing pharmacy, (Fax 877-243-6930, Call 800-285-9426, visit MyPrime.com or CoverMyMeds.com)<br>Recent history and physical, plan of care, and documentation of medical necessity. | Medical Drug               | MCG                   | MCG A0322 Treprostinil                                                 | 1/1/2026                  | 11/1/2025               |
| J3316               | Triptodur                                                                                                                                                  | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                        | Medical Drug               | MCG                   | MCG A-0304 Gonadotropin-Releasing Hormone (GnRH) Agonists              | 1/1/2026                  | 11/1/2025               |
| J3357               | Stelara 45 MG/0.5ML SOLN J3357 Ustekinumab, for subcutaneous injection, 1 mg and Stelara 90 MG/ML SOSY J3357 Ustekinumab, for subcutaneous injection, 1 mg | BCBSIL will review buy and bill drugs. Contact Prime Therapeutics, if billing pharmacy, (Fax 877-243-6930, Call 800-285-9426, visit MyPrime.com or CoverMyMeds.com)<br>Recent history and physical, plan of care, and documentation of medical necessity. | Medical Drug               | RX501.114             | Ustekinumab and Associated Biosimilars                                 | 1/1/2026                  | 4/28/2026               |
| J3358               | Stelara 130 MG/26ML SOLN J3358 Ustekinumab, for intravenous injection, 1                                                                                   | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.114             | Ustekinumab and Associated Biosimilars                                 | 1/1/2026                  | 4/28/2026               |
| J3380               | Injection, vedolizumab, 1 mg                                                                                                                               | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.117             | Vedolizumab                                                            | 1/1/2026                  | 4/28/2026               |
| J3385               | Injection, velaglucerase alfa, 100 units                                                                                                                   | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.067             | Enzyme-Replacement Therapy for Lysosomal Storage Disorders             | 1/1/2026                  | 4/28/2026               |
| J3392               | Inj. Exagamlogene autoem                                                                                                                                   | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                              | Medical Drug               | RX501.166 RX501.167   | Gene Therapies for Thalassemia, Gene Therapies for Sickle Cell Disease | 1/1/2026                  | 4/28/2026               |
| J3393               | Inj. Betibeglogene                                                                                                                                         | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                              | Medical Drug               | RX501.167             | Gene Therapies for Thalassemia                                         | 1/1/2026                  | 7/1/2026                |
| J3394               | Inj. Lovotibeglogene autotem                                                                                                                               | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                              | Medical Drug               | RX501.167             | Gene Therapies for Sickle Cell Disease                                 | 1/1/2026                  | 4/28/2026               |
| J3397               | Mepsevii                                                                                                                                                   | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.067             | Enzyme-Replacement Therapy for Lysosomal Storage Disorders             | 1/1/2026                  | 4/28/2026               |
| J3398               | Luxturna                                                                                                                                                   | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.098             | Gene Therapy for Inherited Retinal Dystrophy                           | 1/1/2020                  |                         |
| J3399               | Zolgensma                                                                                                                                                  | SRU                                                                                                                                                                                                                                                       | Specialty Pharmacy         | RX501.104             | Onasemnogene Aβeparvovec-xioi                                          | 1/1/2020                  |                         |
| J3490               | Unclassified drugs Non-Oncology                                                                                                                            | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                     | Medical Oncology           | Carelon               | Carelon                                                                | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                                                      | Medical Records Request Information Required                                                                                                                                                                                                              | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                                          | Effective and Change Date | Date Posted to Website* |
|---------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|--------------------------------------------------------------|---------------------------|-------------------------|
| J3590               | Unclassified biologics Non Oncology                                                                | Carelon-https://providerportal.com/ or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.    | Medical Oncology           | Carelon               | Carelon                                                      | 10/1/2025                 |                         |
| J3590               | Unclassified biologics Non Oncology                                                                | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                              | Medical Drug               | RX501.087             | FDA-Approved Drugs, Biologicals, Cellular and Gene Therapies | 1/1/2026                  | 4/28/2026               |
| J7203               | Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu         | BCBSIL will review buy and bill drugs. Contact Prime Therapeutics, if billing pharmacy, (Fax 877-243-6930, Call 800-285-9426, visit MyPrime.com or CoverMyMeds.com)<br>Recent history and physical, plan of care, and documentation of medical necessity. | Medical Drug               | MCG                   | MCG A-0714 Coagulation Factor IX                             | 1/1/2026                  | 11/1/2025               |
| J7214               | Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u. | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                        | Medical Drug               | MCG                   | MCG A-0451 Antihemophilic Factor                             | 1/1/2026                  | 11/1/2025               |
| J7318               | Durolane                                                                                           | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                        | Medical Drug               | LCD                   | LCD L39529 Intraarticular Knee Injections of Hyaluronan      | 1/1/2026                  | 7/1/2026                |
| J7320               | Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg                         | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                              | Medical Drug               | LCD                   | LCD L39529 Intraarticular Knee Injections of Hyaluronan      | 1/1/2026                  | 4/28/2026               |
| J7321               | Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose              | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                              | Medical Drug               | LCD                   | LCD L39529 Intraarticular Knee Injections of Hyaluronan      | 1/1/2026                  | 4/28/2026               |
| J7322               | 24 MG/3ML SOSY J7322 Hyaluronan or derivative, for intra-articular injection, 1 mg                 | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                              | Medical Drug               | LCD                   | LCD L39529 Intraarticular Knee Injections of Hyaluronan      | 1/1/2026                  | 4/28/2026               |
| J7323               | Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose                        | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                              | Medical Drug               | LCD                   | LCD L39529 Intraarticular Knee Injections of Hyaluronan      | 1/1/2026                  | 4/28/2026               |
| J7324               | Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose                       | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                              | Medical Drug               | LCD                   | LCD L39529 Intraarticular Knee Injections of Hyaluronan      | 1/1/2026                  | 4/28/2026               |
| J7325               | Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg              | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                              | Medical Drug               | LCD                   | LCD L39529 Intraarticular Knee Injections of Hyaluronan      | 1/1/2026                  | 4/28/2026               |
| J7326               | Hyaluronan or derivative, gel-one, for intra-articular injection, per dose                         | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                              | Medical Drug               | LCD                   | LCD L39529 Intraarticular Knee Injections of Hyaluronan      | 1/1/2026                  | 4/28/2026               |
| J7327               | Hyaluronan or derivative, monovisc, for intra-articular injection, per dose                        | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                              | Medical Drug               | LCD                   | LCD L39529 Intraarticular Knee Injections of Hyaluronan      | 1/1/2026                  | 4/28/2026               |
| J7328               | Hyaluronan or derivative, for intra-articular injection, 0.1 mg                                    | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                              | Medical Drug               | LCD                   | LCD L39529 Intraarticular Knee Injections of Hyaluronan      | 1/1/2026                  | 4/28/2026               |
| J7329               | TriVisc                                                                                            | History and physical, chart notes from ordering physician, treatment plan including condition being treated.                                                                                                                                              | Medical Drug               | LCD                   | LCD L39529 Intraarticular Knee Injections of Hyaluronan      | 1/1/2026                  | 4/28/2026               |

| CPT and HCPCS Codes | Description of Procedure Code                                           | Medical Records Request Information Required                                                                 | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                                              | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|------------------------------------------------------------------|---------------------------|-------------------------|
| J7332               | Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg | History and physical, chart notes from ordering physician, treatment plan including condition being treated. | Medical Drug               | LCD                   | LCD L39529 Intraarticular Knee Injections of Hyaluronan          | 1/1/2026                  | 4/28/2026               |
| J7351               | Injection, bimatoprost, intracameral implant, 1 microgram               | Recent history and physical, plan of care, and documentation of medical necessity.                           | Medical Drug               | OTH903.024            | <a href="#">Intravitreal, Punctum, and Intracameral Implants</a> | Change 11/1/2025          |                         |
| J9021               | Asparaginase Erwinia Chrysanthemi (Recombinant)-rywn                    | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415             | Medical Oncology           | Carelon               | Carelon                                                          | Change 8/1/2025           |                         |
| J9022               | atezolizumab, 10 mg                                                     | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415             | Medical Oncology           | Carelon               | Carelon                                                          | Change 8/1/2025           |                         |
| J9023               | Avelumab                                                                | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415             | Medical Oncology           | Carelon               | Carelon                                                          | Change 8/1/2025           |                         |
| J9032               | Belinostat                                                              | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415             | Medical Oncology           | Carelon               | Carelon                                                          | Change 8/1/2025           |                         |
| J9035               | Bevacizumab                                                             | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415             | Medical Oncology           | Carelon               | Carelon                                                          | Change 8/1/2025           |                         |
| J9039               | Blinatumomab                                                            | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415             | Medical Oncology           | Carelon               | Carelon                                                          | Change 8/1/2025           |                         |
| J9042               | Brentuximab Vedotin                                                     | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415             | Medical Oncology           | Carelon               | Carelon                                                          | Change 8/1/2025           |                         |
| J9043               | Cabazitaxel                                                             | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415             | Medical Oncology           | Carelon               | Carelon                                                          | Change 8/1/2025           |                         |
| J9047               | Injection, carfilzomib, 1 mg                                            | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415             | Medical Oncology           | Carelon               | Carelon                                                          | Change 8/1/2025           |                         |
| J9055               | Injection, cetuximab, 10 mg                                             | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415             | Medical Oncology           | Carelon               | Carelon                                                          | Change 8/1/2025           |                         |
| J9061               | Amivantamab-vmjw                                                        | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415             | Medical Oncology           | Carelon               | Carelon                                                          | Change 8/1/2025           |                         |
| J9063               | Mirvetuximab Soravtansine-gynx                                          | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415             | Medical Oncology           | Carelon               | Carelon                                                          | Change 8/1/2025           |                         |
| J9118               | Calaspargase Pegol-mknl                                                 | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415             | Medical Oncology           | Carelon               | Carelon                                                          | Change 8/1/2025           |                         |
| J9119               | Cemiplimab-rwlc                                                         | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415             | Medical Oncology           | Carelon               | Carelon                                                          | Change 8/1/2025           |                         |
| J9144               | DARZALEX                                                                | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415             | Medical Oncology           | Carelon               | Carelon                                                          | Change 8/1/2025           |                         |
| J9145               | DARZALEX                                                                | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415             | Medical Oncology           | Carelon               | Carelon                                                          | Change 8/1/2025           |                         |
| J9153               | Daunorubicin-Cytarabine Liposome                                        | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415             | Medical Oncology           | Carelon               | Carelon                                                          | Change 8/1/2025           |                         |
| J9173               | IMFINZI                                                                 | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415             | Medical Oncology           | Carelon               | Carelon                                                          | Change 8/1/2025           |                         |
| J9176               | Elotuzumab                                                              | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415             | Medical Oncology           | Carelon               | Carelon                                                          | Change 8/1/2025           |                         |
| J9177               | PADCEV                                                                  | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415             | Medical Oncology           | Carelon               | Carelon                                                          | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code           | Medical Records Request Information Required                                                                 | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                                            | Effective and Change Date | Date Posted to Website* |
|---------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|----------------------------------------------------------------|---------------------------|-------------------------|
| J9179               | Eribulin Mesylate                       | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |
| J9203               | Gemtuzumab Ozogamicin                   | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |
| J9204               | Mogamulizumab-kpkc                      | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |
| J9205               | Irinotecan HCl Liposome                 | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |
| J9207               | Ixabepilone                             | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |
| J9216               | Actimmune                               | History and physical, chart notes from ordering physician, treatment plan including condition being treated. | Medical Drug               | RX501.087             | FDA-Approved Drugs, Biologicals, Cellular and Gene Therapies   | Added 1/1/2025            | 4/28/2026               |
| J9223               | Lurbinectedin                           | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |
| J9226               | Histrelin implant (supprelin la), 50 mg | Recent history and physical, plan of care, and documentation of medical necessity.                           | Medical Drug               | RX501.041             | Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists | Added 10/1/2026           | 8/1/2026                |
| J9227               | Isatuximab-irfc                         | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |
| J9228               | YERVOY                                  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |
| J9229               | Inotuzumab Ozogamicin                   | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |
| J9264               | ABRAXANE                                | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |
| J9266               | Pegaspargase                            | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |
| J9269               | Tagraxofusp-erzs                        | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |
| J9271               | KEYTRUDA                                | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |
| J9272               | Dostarlimab-gxly                        | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |
| J9273               | Tisotumab Vedotin-tftv                  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |
| J9274               | Tebentafusp-tebn                        | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |
| J9281               | Mitomycin instillation                  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |
| J9286               | Glofitamab-gxbm                         | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |
| J9295               | Necitumumab                             | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |
| J9298               | Nivolumab-Relatlimab-rmbw               | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |
| J9299               | OPDIVO                                  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                        | Medical Oncology           | Carelon               | Carelon                                                        | Change 8/1/2025           |                         |



| CPT and HCPCS Codes | Description of Procedure Code                             | Medical Records Request Information Required                                                                                                                                   | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                                                          | Effective and Change Date | Date Posted to Website* |
|---------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|------------------------------------------------------------------------------|---------------------------|-------------------------|
| J9301               | Obinutuzumab                                              | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                          | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| J9302               | Ofatumumab                                                | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                          | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| J9303               | Panitumumab                                               | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                          | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| J9306               | PERJETA                                                   | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                          | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| J9308               | Ramucirumab                                               | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                          | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| J9309               | Polatuzumab Vedotin-piiq                                  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                          | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| J9311               | Rituximab-Hyaluronidase Human                             | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                          | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| J9312               | Immunomodulators                                          | Carelon-https://providerportal.com/ or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is | Medical Oncology           | Carelon               | Carelon                                                                      | 10/1/2025                 |                         |
| J9312               | Immunomodulators                                          | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                     | Medical Drug               | RX502.061 RX502.030   | Oncology Medications Rituximab and Biosimilars for Non-Oncologic Indications | Added 11/1/2025           | 4/28/2026               |
| J9316               | Pertuzumab-Trastuzumab-Hyaluronidase-zzxf                 | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                          | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| J9317               | Sacituzumab Govitecan-hziy                                | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                          | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| J9321               | Eporitamab-bysp                                           | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                          | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| J9325               | Talimogene Laherparepvec                                  | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                          | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| J9331               | Sirolimus Protein-Bound Particles                         | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                          | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| J9332               | Vyvgart                                                   | SRU                                                                                                                                                                            | Specialty Pharmacy         | RX501.141             | Efgartigimod alfa-fcab or Efgartigimod alfa and hyaluronidase-qvfc           | 1/1/2026                  | 11/1/2025               |
| J9333               | Injection, rozanolixizumab-noli, 1 mg                     | SRU                                                                                                                                                                            | Specialty Pharmacy         | RX501.161             | Rozanolixizumab-noli                                                         | 1/1/2024                  |                         |
| J9334               | Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc | SRU                                                                                                                                                                            | Specialty Pharmacy         | RX501.141             | Efgartigimod alfa-fcab or Efgartigimod alfa and hyaluronidase-qvfc           | 1/1/2024                  |                         |
| J9345               | Retifanlimab-dlwr                                         | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                          | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| J9347               | Tremelimumab-actl                                         | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                          | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| J9348               | Naxitamab-gagk                                            | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                          | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| J9349               | Tafasitamab-cxix                                          | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                          | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| J9350               | Mosunetuzumab-axgb                                        | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                          | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| J9352               | Trabectedin                                               | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                          | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| J9353               | Margetuximab-cmkb                                         | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                          | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                                                          | Medical Records Request Information Required                                                                                                                                                                                                                                                                                                                                                       | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                         | Effective and Change Date | Date Posted to Website* |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|---------------------------------------------|---------------------------|-------------------------|
| J9354               | Ado-Trastuzumab Emtansine                                                                                                                              | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                                                                                                                                                              | Medical Oncology           | Carelon               | Carelon                                     | Change 8/1/2025           |                         |
| J9355               | Trastuzumab                                                                                                                                            | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                                                                                                                                                              | Medical Oncology           | Carelon               | Carelon                                     | Change 8/1/2025           |                         |
| J9356               | Trastuzumab-Hyaluronidase-oysk                                                                                                                         | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                                                                                                                                                              | Medical Oncology           | Carelon               | Carelon                                     | Change 8/1/2025           |                         |
| J9358               | ENHERTU                                                                                                                                                | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                                                                                                                                                              | Medical Oncology           | Carelon               | Carelon                                     | Change 8/1/2025           |                         |
| J9359               | Loncastuximab Tesirine-lpyl                                                                                                                            | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                                                                                                                                                              | Medical Oncology           | Carelon               | Carelon                                     | Change 8/1/2025           |                         |
| J9376               | Injection, paclitaxel, 1 mg                                                                                                                            | SRU                                                                                                                                                                                                                                                                                                                                                                                                | Specialty Pharmacy         | RX501.182             | Pozelimab-bbfg                              | 4/1/2024                  | 7/1/2026                |
| J9380               | Teclistamab-cqyv                                                                                                                                       | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                                                                                                                                                              | Medical Oncology           | Carelon               | Carelon                                     | Change 8/1/2025           |                         |
| J9381               | Injection, teplizumab-mzww, 5 mcg                                                                                                                      | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                                                                                                                                                                         | Medical Drug               | RX501.150             | <a href="#">Teplizumab-mzww</a>             | Change 11/1/2025          |                         |
| J9999               | Unclassified, non-oncology use                                                                                                                         | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                                                                                                                                                                 | Medical Drug               | RX501.087             | Biologicals, Cellular and Gene Therapies    | 1/1/2026                  | 11/1/2025               |
| K0004               | High strength, lightweight wheelchair                                                                                                                  | History and physical or clinical notes, including anticipated length of use.                                                                                                                                                                                                                                                                                                                       | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories                 | Added prior to 9/1/2019   |                         |
| K0005               | Ultralightweight wheelchair                                                                                                                            | History and physical or clinical notes, including anticipated length of use.                                                                                                                                                                                                                                                                                                                       | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories                 | Added prior to 9/1/2019   |                         |
| K0006               | Heavy-duty wheelchair                                                                                                                                  | History and physical or clinical notes, including anticipated length of use.                                                                                                                                                                                                                                                                                                                       | Durable Medical Equipment  | MCG                   | A-0566 Cardioverter-Defibrillator, Wearable | Added prior to 9/1/2019   | 4/28/2026               |
| K0007               | Extra heavy-duty wheelchair                                                                                                                            | History and physical or clinical notes, including anticipated length of use.                                                                                                                                                                                                                                                                                                                       | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories                 | Added prior to 9/1/2019   |                         |
| K0008               | Custom manual wheelchair/base                                                                                                                          | History and physical or clinical notes, including anticipated length of use.                                                                                                                                                                                                                                                                                                                       | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories                 | Added prior to 9/1/2019   |                         |
| K0010               | Standard-weight frame motorized/power wheelchair                                                                                                       | History and physical or clinical notes, including anticipated length of use.                                                                                                                                                                                                                                                                                                                       | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories                 | Added prior to 9/1/2019   |                         |
| K0011               | Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and | History and physical or clinical notes, including anticipated length of use.                                                                                                                                                                                                                                                                                                                       | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories                 | Added prior to 9/1/2019   |                         |
| K0012               | Lightweight portable motorized/power wheelchair                                                                                                        | History and physical or clinical notes, including anticipated length of use.                                                                                                                                                                                                                                                                                                                       | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories                 | Added prior to 9/1/2019   |                         |
| K0013               | Custom motorized/power wheelchair base                                                                                                                 | History and physical or clinical notes, including anticipated length of use.                                                                                                                                                                                                                                                                                                                       | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories                 | Added prior to 9/1/2019   |                         |
| K0014               | OTHER MOTORIZED/POWER WHEELCHAIR BASE                                                                                                                  | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. Documented inability to propel a manual chair. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories                 | Added prior to 9/1/2019   |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                                                       | Medical Records Request Information Required                                                                                                                                                                                                                                                                                                                                                       | Clinical Criteria Category | Medical Policy Number    | Medical Policy Name                  | Effective and Change Date | Date Posted to Website* |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------|--------------------------------------|---------------------------|-------------------------|
| K0108               | Wheelchair component or accessory, not otherwise specified                                                                                          | History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. Documented inability to propel a manual chair. | Durable Medical Equipment  | DME101.010               | Wheelchairs and Accessories          | Added prior to 9/1/2019   |                         |
| K0606               | Aed garment w elec analysis                                                                                                                         | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                                                                                                                                                                 | Durable Medical Equipment  |                          | Cardioverter-Defibrillator, Wearable | Added prior to 9/1/2019   |                         |
| K0739               | Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 | Recent History and Physical, plan of care, and documentation of medical necessity                                                                                                                                                                                                                                                                                                                  | Durable Medical Equipment  | Medicaid Provider Manual | Medicaid Provider Manual             | Added prior to 9/1/2019   | 7/1/2026                |
| K0800               | Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds                                                    | Recent History and Physical, plan of care, and documentation of medical necessity                                                                                                                                                                                                                                                                                                                  | Durable Medical Equipment  | DME101.010               | Wheelchairs and Accessories          | Added prior to 9/1/2019   |                         |
| K0801               | Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds                                                               | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                                                                                                                                                                 | Durable Medical Equipment  | DME101.010               | Wheelchairs and Accessories          | Added prior to 9/1/2019   |                         |
| K0806               | Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds                                                    | Recent History and Physical, plan of care, and documentation of medical necessity                                                                                                                                                                                                                                                                                                                  | Durable Medical Equipment  | DME101.010               | Wheelchairs and Accessories          | Added prior to 9/1/2019   |                         |
| K0808               | Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds                                                          | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                                                                                                                                                                 | Durable Medical Equipment  | DME101.010               | Wheelchairs and Accessories          | Added prior to 9/1/2019   |                         |
| K0812               | Power operated vehicle, not otherwise classified                                                                                                    | Recent History and Physical, plan of care, and documentation of medical necessity                                                                                                                                                                                                                                                                                                                  | Durable Medical Equipment  | DME101.010               | Wheelchairs and Accessories          | Added prior to 9/1/2019   |                         |
| K0813               | Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds                     | History and physical or clinical notes, including anticipated length of use.                                                                                                                                                                                                                                                                                                                       | Durable Medical Equipment  | DME101.010               | Wheelchairs and Accessories          | Added prior to 9/1/2019   |                         |
| K0814               | Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds                               | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                                                                                                                                                                 | Durable Medical Equipment  | DME101.010               | Wheelchairs and Accessories          | Added prior to 9/1/2019   |                         |
| K0815               | Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds                               | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                                                                                                                                                                 | Durable Medical Equipment  | DME101.010               | Wheelchairs and Accessories          | Added prior to 9/1/2019   |                         |
| K0816               | Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds                                         | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                                                                                                                                                                 | Durable Medical Equipment  | DME101.010               | Wheelchairs and Accessories          | Added prior to 9/1/2019   |                         |
| K0820               | Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds                         | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                                                                                                                                                                 | Durable Medical Equipment  | DME101.010               | Wheelchairs and Accessories          | Added prior to 9/1/2019   |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                         | Medical Records Request Information Required                                                                                                                                                                                                                                                                                                        | Clinical Criteria Category | Medical Policy Number | Medical Policy Name         | Effective and Change Date | Date Posted to Website* |
|---------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|-----------------------------|---------------------------|-------------------------|
| K0821               | Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                                                                                                                                  | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0822               | POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS     | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0823               | Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds           | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0824               | Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds                | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0825               | Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds                      | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0826               | Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds           | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0827               | Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds                 | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0828               | Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more         | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                                          | Medical Records Request Information Required                                                                                                                                                                                                                                                                                                        | Clinical Criteria Category | Medical Policy Number | Medical Policy Name         | Effective and Change Date | Date Posted to Website* |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|-----------------------------|---------------------------|-------------------------|
| K0829               | Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more                                         | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0830               | Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds       | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0831               | Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds             | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 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 | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0836               | Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds       | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0837               | Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds            | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0838               | Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds                  | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0839               | Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds        | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                                            | Medical Records Request Information Required                                                                                                                                                                                                                                                                                                        | Clinical Criteria Category | Medical Policy Number | Medical Policy Name         | Effective and Change Date | Date Posted to Website* |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|-----------------------------|---------------------------|-------------------------|
| K0840               | Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more       | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 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 | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0842               | Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds       | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0843               | Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds            | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0848               | POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                        | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0849               | Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds                               | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0850               | Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds                                   | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                                          | Medical Records Request Information Required                                                                                                                                                                                                                                                                                                        | Clinical Criteria Category | Medical Policy Number | Medical Policy Name         | Effective and Change Date | Date Posted to Website* |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|-----------------------------|---------------------------|-------------------------|
| K0851               | Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds                                       | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0852               | Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds                            | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0853               | Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds                                  | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0854               | Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more                          | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0855               | Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more                                | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 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 | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0857               | Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds       | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                                            | Medical Records Request Information Required                                                                                                                                                                                                                                                                                                        | Clinical Criteria Category | Medical Policy Number | Medical Policy Name         | Effective and Change Date | Date Posted to Website* |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|-----------------------------|---------------------------|-------------------------|
| K0858               | Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds                       | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0859               | Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds                    | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0860               | Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds         | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 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 | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0862               | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS            | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0863               | Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds       | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0864               | Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more     | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |



| CPT and HCPCS Codes | Description of Procedure Code                                                                                                          | Medical Records Request Information Required                                                                                                                                                                                                                                                                                                        | Clinical Criteria Category | Medical Policy Number | Medical Policy Name         | Effective and Change Date | Date Posted to Website* |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|-----------------------------|---------------------------|-------------------------|
| K0868               | POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                      | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0869               | Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds                            | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0870               | Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds                                 | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0871               | Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds                            | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0877               | Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0878               | Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds       | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0879               | Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds            | History and physical or clinical notes, including anticipated length of use.                                                                                                                                                                                                                                                                        | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |
| K0880               | Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds                | History and physical or clinical notes, including anticipated length of use.                                                                                                                                                                                                                                                                        | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories | Added prior to 9/1/2019   |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                                             | Medical Records Request Information Required                                                                                                                                                                                                                                                                                                        | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                                                     | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|-------------------------------------------------------------------------|---------------------------|-------------------------|
| K0884               | POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories                                             | Added prior to 9/1/2019   |                         |
| K0885               | Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds        | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories                                             | Added prior to 9/1/2019   |                         |
| K0886               | Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds             | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories                                             | Added prior to 9/1/2019   |                         |
| K0890               | POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS   | History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories                                             | Added prior to 9/1/2019   |                         |
| K0891               | Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds | History and physical or clinical notes, including anticipated length of use.                                                                                                                                                                                                                                                                        | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories                                             | Added prior to 9/1/2019   |                         |
| K0898               | Power wheelchair, not otherwise classified                                                                                                | History and physical or clinical notes, including anticipated length of use.                                                                                                                                                                                                                                                                        | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories                                             | Added prior to 9/1/2019   |                         |
| K0899               | Power mobility device, not coded by DME PDAC or does not meet criteria                                                                    | History and physical or clinical notes, including anticipated length of use.                                                                                                                                                                                                                                                                        | Durable Medical Equipment  | DME101.010            | Wheelchairs and Accessories                                             | Added prior to 9/1/2019   |                         |
| L5707               | Custom shaped protective cover, hip disarticulation                                                                                       | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.                                                                                                                                                                                                        | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5780               | Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control                                        | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.                                                                                                                                                                                                        | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5781               | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system                            | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.                                                                                                                                                                                                        | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5782               | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty                | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.                                                                                                                                                                                                        | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                                                                          | Medical Records Request Information Required                                                                                                 | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                                                     | Effective and Change Date | Date Posted to Website* |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|-------------------------------------------------------------------------|---------------------------|-------------------------|
| L5814               | Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock                                                      | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5826               | Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame                                                | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5828               | Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control                                                                             | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5830               | Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control                                                                                    | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5840               | Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control                                                                    | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5845               | Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable                                                                                           | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5856               | ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5857               | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type       | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5858               | Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type      | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5859               | Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)           | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5910               | Addition, endoskeletal system, below knee, alignable system                                                                                                            | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5920               | Addition, endoskeletal system, above knee or hip disarticulation, alignable system                                                                                     | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5930               | Addition, endoskeletal system, high activity knee control frame                                                                                                        | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                                                    | Medical Records Request Information Required                                                                                                 | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                                                     | Effective and Change Date | Date Posted to Website* |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|-------------------------------------------------------------------------|---------------------------|-------------------------|
| L5940               | Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)                                                | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5950               | Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)                                                | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5960               | Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)                                       | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5961               | Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5962               | Addition, endoskeletal system, below knee, flexible protective outer surface covering system                                                     | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5964               | Addition, endoskeletal system, above knee, flexible protective outer surface covering system                                                     | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5968               | Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature                                                 | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5973               | Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source            | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5979               | All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system                                                       | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5980               | All lower extremity prostheses, flex foot system                                                                                                 | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5981               | All lower extremity prostheses, flex-walk system or equal                                                                                        | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5987               | All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon                                                                    | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5988               | Addition to lower limb prosthesis, vertical shock reducing pylon feature                                                                         | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L5990               | Addition to lower extremity prosthesis, user adjustable heel height                                                                              | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012            | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                                                                                                                                              | Medical Records Request Information Required                                                                                                 | Clinical Criteria Category | Medical Policy Number    | Medical Policy Name                                                     | Effective and Change Date | Date Posted to Website* |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------|-------------------------------------------------------------------------|---------------------------|-------------------------|
| L5999               | Lower extremity prosthesis, not otherwise specified                                                                                                                                                                                        | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.012               | Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics | Added prior to 9/1/2019   |                         |
| L6500               | Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping                                                                                                                                                  | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | Medicaid Provider Manual | Medicaid Provider Manual                                                | Added prior to 9/1/2019   | 4/28/2026               |
| L6550               | Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping                                                                                                                                     | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | Medicaid Provider Manual | Medicaid Provider Manual                                                | Added prior to 9/1/2019   | 4/28/2026               |
| L6570               | Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping                                                                                                                                       | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | Medicaid Provider Manual | Medicaid Provider Manual                                                | Added prior to 9/1/2019   | 4/28/2026               |
| L6582               | Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed                    | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | Medicaid Provider Manual | Medicaid Provider Manual                                                | Added prior to 9/1/2019   | 4/28/2026               |
| L6586               | Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed                                       | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | Medicaid Provider Manual | Medicaid Provider Manual                                                | Added prior to 9/1/2019   | 4/28/2026               |
| L6590               | Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed                     | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | Medicaid Provider Manual | Medicaid Provider Manual                                                | Added prior to 9/1/2019   | 4/28/2026               |
| L6696               | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | Medicaid Provider Manual | Medicaid Provider Manual                                                | Added prior to 9/1/2019   | 4/28/2026               |
| L6697               | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking              | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | Medicaid Provider Manual | Medicaid Provider Manual                                                | Added prior to 9/1/2019   | 4/28/2026               |
| L6707               | Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined                                                                                                                                             | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | Medicaid Provider Manual | Medicaid Provider Manual                                                | Added prior to 9/1/2019   | 4/28/2026               |
| L6709               | Terminal device, hand, mechanical, voluntary closing, any material, any size                                                                                                                                                               | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | Medicaid Provider Manual | Medicaid Provider Manual                                                | Added prior to 9/1/2019   | 4/28/2026               |
| L6712               | Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric                                                                                                                                  | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | Medicaid Provider Manual | Medicaid Provider Manual                                                | Added prior to 9/1/2019   | 4/28/2026               |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                                                   | Medical Records Request Information Required                                                                                                 | Clinical Criteria Category | Medical Policy Number    | Medical Policy Name                                                | Effective and Change Date | Date Posted to Website* |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------|--------------------------------------------------------------------|---------------------------|-------------------------|
| L6713               | Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric                                                         | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | Medicaid Provider Manual | Medicaid Provider Manual                                           | Added prior to 9/1/2019   | 4/28/2026               |
| L6714               | Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric                                                         | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | Medicaid Provider Manual | Medicaid Provider Manual                                           | Added prior to 9/1/2019   | 4/28/2026               |
| L6721               | Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined                              | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | Medicaid Provider Manual | Medicaid Provider Manual                                           | Added prior to 9/1/2019   | 4/28/2026               |
| L6722               | Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined                              | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | Medicaid Provider Manual | Medicaid Provider Manual                                           | Added prior to 9/1/2019   | 4/28/2026               |
| L6882               | Microprocessor control feature, addition to upper limb prosthetic terminal device                                                               | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.001               | Myoelectric Prosthetic and Orthotic Components for the Upper Limb, | Added prior to 9/1/2019   | 4/28/2026               |
| L6883               | Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power                          | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.001               | Myoelectric Prosthetic and Orthotic Components for the Upper Limb, | Added prior to 9/1/2019   | 4/28/2026               |
| L6900               | Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining                            | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | Medicaid Provider Manual | Medicaid Provider Manual                                           | Added prior to 9/1/2019   | 4/28/2026               |
| L6905               | Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining                               | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | Medicaid Provider Manual | Medicaid Provider Manual                                           | Added prior to 9/1/2019   | 4/28/2026               |
| L6910               | Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining                                     | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | Medicaid Provider Manual | Medicaid Provider Manual                                           | Added prior to 9/1/2019   | 4/28/2026               |
| L6935               | Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one | Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition. | Durable Medical Equipment  | DME104.001               | Myoelectric Prosthetic and Orthotic Components for the Upper Limb, | Added prior to 9/1/2019   | 4/28/2026               |
| L7007               | ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT                                                                                          | History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.                         | Durable Medical Equipment  | DME104.001               | Myoelectric Prosthetic and Orthotic Components for the Upper Limb, | Added prior to 9/1/2019   | 4/28/2026               |
| L7008               | Electric hand, switch or myoelectric, controlled, pediatric                                                                                     | History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.                         | Durable Medical Equipment  | DME104.001               | Myoelectric Prosthetic and Orthotic Components for the Upper Limb, | Added prior to 9/1/2019   | 4/28/2026               |
| L7009               | Electric hook, switch or myoelectric controlled, adult                                                                                          | History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.                         | Durable Medical Equipment  | DME104.001               | Myoelectric Prosthetic and Orthotic Components for the Upper Limb, | Added prior to 9/1/2019   | 4/28/2026               |
| L7259               | Electronic wrist rotator, any type                                                                                                              | History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.                         | Durable Medical Equipment  | DME104.001               | Myoelectric Prosthetic and Orthotic Components for the Upper Limb, | Added prior to 9/1/2019   | 4/28/2026               |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                       | Medical Records Request Information Required                                                                         | Clinical Criteria Category               | Medical Policy Number | Medical Policy Name                                    | Effective and Change Date | Date Posted to Website* |
|---------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------|--------------------------------------------------------|---------------------------|-------------------------|
| L8040               | Nasal prosthesis, provided by a nonphysician                                                                        | History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist. | Durable Medical Equipment                | LCD                   | LCD Facial Prosthesis (L33738) Revision 5              | Added prior to 9/1/2019   | 4/28/2026               |
| L8041               | Midfacial prosthesis, provided by a nonphysician                                                                    | History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist. | Durable Medical Equipment                | LCD                   | LCD Facial Prosthesis (L33738) Revision 5              | Added prior to 9/1/2019   | 4/28/2026               |
| L8042               | Orbital prosthesis, provided by a non-physician                                                                     | Letter of medical necessity, including condition being treated.                                                      | Durable Medical Equipment                | LCD                   | LCD Facial Prosthesis (L33738) Revision 5              | Added prior to 9/1/2019   | 4/28/2026               |
| L8043               | Upper facial prosthesis, provided by a non-physician                                                                | Letter of medical necessity, including condition being treated.                                                      | Durable Medical Equipment                | LCD                   | LCD Facial Prosthesis (L33738) Revision 5              | Added prior to 9/1/2019   | 4/28/2026               |
| L8044               | Hemi-facial prosthesis, provided by a non-physician                                                                 | Letter of medical necessity, including condition being treated.                                                      | Durable Medical Equipment                | LCD                   | LCD Facial Prosthesis (L33738) Revision 5              | Added prior to 9/1/2019   | 4/28/2026               |
| L8045               | Auricular prosthesis, provided by a non-physician                                                                   | Letter of medical necessity, including condition being treated.                                                      | Durable Medical Equipment                | LCD                   | LCD Facial Prosthesis (L33738) Revision 5              | Added prior to 9/1/2019   | 4/28/2026               |
| L8046               | Partial facial prosthesis, provided by a nonphysician                                                               | Letter of medical necessity, including condition being treated.                                                      | Durable Medical Equipment                | LCD                   | LCD Facial Prosthesis (L33738) Revision 5              | Added prior to 9/1/2019   | 4/28/2026               |
| L8047               | Nasal septal prosthesis, provided by a nonphysician                                                                 | Letter of medical necessity, including condition being treated.                                                      | Durable Medical Equipment                | LCD                   | LCD Facial Prosthesis (L33738) Revision 5              | Added prior to 9/1/2019   | 4/28/2026               |
| L8619               | COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT                          | Pre-operative Evaluation, operative report, previous use of hearing aids, level of hearing Impairment.               | Outpatient Medical and surgical services | SUR714.004            | Cochlear Implant                                       | Added prior to 9/1/2019   |                         |
| L8627               | Cochlear implant, external speech processor, component, replacement                                                 | Letter of medical necessity, including condition being treated.                                                      | Outpatient Medical and surgical services | SUR714.004            | Cochlear Implant                                       | Added prior to 9/1/2019   |                         |
| Q0479               | Power module for use with electric or electric/pneumatic ventricular assist device, replacement only                | Recent history and physical, plan of care, and documentation of medical necessity.                                   | Outpatient Medical and surgical services | SUR707.017            | Ventricular Assist Devices and Total Artificial Hearts | Added prior to 9/1/2019   |                         |
| Q0480               | Driver for use with pneumatic ventricular assist device, replacement only                                           | Recent history and physical, plan of care, and documentation of medical necessity.                                   | Outpatient Medical and surgical services | SUR707.017            | Ventricular Assist Devices and Total Artificial Hearts | Added prior to 9/1/2019   |                         |
| Q0481               | Microprocessor control unit for use with electric ventricular assist device, replacement only                       | Recent history and physical, plan of care, and documentation of medical necessity.                                   | Outpatient Medical and surgical services | SUR707.017            | Ventricular Assist Devices and Total Artificial Hearts | Added prior to 9/1/2019   |                         |
| Q0482               | Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only | Recent history and physical, plan of care, and documentation of medical necessity.                                   | Outpatient Medical and surgical services | SUR707.017            | Ventricular Assist Devices and Total Artificial Hearts | Added prior to 9/1/2019   |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                      | Medical Records Request Information Required                                                     | Clinical Criteria Category               | Medical Policy Number | Medical Policy Name                                    | Effective and Change Date | Date Posted to Website* |
|---------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------|--------------------------------------------------------|---------------------------|-------------------------|
| Q0483               | Monitor/display module for use with electric ventricular assist device, replacement only                           | Recent history and physical, plan of care, and documentation of medical necessity.               | Outpatient Medical and surgical services | SUR707.017            | Ventricular Assist Devices and Total Artificial Hearts | Added prior to 9/1/2019   |                         |
| Q0484               | Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only     | Recent history and physical, plan of care, and documentation of medical necessity.               | Outpatient Medical and surgical services | SUR707.017            | Ventricular Assist Devices and Total Artificial Hearts | Added prior to 9/1/2019   |                         |
| Q0489               | Power pack base for use with electric/pneumatic ventricular assist device, replacement only                        | Recent history and physical, plan of care, and documentation of medical necessity.               | Outpatient Medical and surgical services | SUR707.017            | Ventricular Assist Devices and Total Artificial Hearts | Added prior to 9/1/2019   |                         |
| Q0495               | Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only | Recent history and physical, plan of care, and documentation of medical necessity.               | Outpatient Medical and surgical services | SUR707.017            | Ventricular Assist Devices and Total Artificial Hearts | Added prior to 9/1/2019   |                         |
| Q0508               | MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST DEVICE                              | Recent history and physical, plan of care, and documentation of medical necessity.               | Medical Drug                             | SUR707.017            | Ventricular Assist Devices and Total Artificial Hearts | 1/1/2026                  | 11/1/2025               |
| Q2041               | Yescarta                                                                                                           | Recent history and physical, plan of care, and documentation of medical necessity.               | Medical Drug                             | MCG                   | MCG A-1030 Axicabtagene Ciloleucl                      | 1/1/2026                  | 11/1/2025               |
| Q2042               | Kymriah                                                                                                            | Recent history and physical, plan of care, and documentation of medical necessity.               | Medical Drug                             | MCG                   | MCG A-1030 Axicabtagene Ciloleucl                      | 1/1/2026                  | 11/1/2025               |
| Q2050               | Doxorubicin HCl Liposomal                                                                                          | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415 | Medical Oncology                         | Carelon               | Carelon                                                | Change 8/1/2025           |                         |
| Q2053               | Tecartus                                                                                                           | Recent history and physical, plan of care, and documentation of medical necessity.               | Medical Drug                             | MCG                   | MCG A-1035 Brexucabtagene Autoleucl                    | 1/1/2026                  | 11/1/2025               |
| Q2054               | Lisocabtagene Maraleucl                                                                                            | Recent history and physical, plan of care, and documentation of medical necessity.               | Medical Drug                             | MCG                   | MCG A-1037 Lisocabtagene Maraleucl                     | 1/1/2026                  | 11/1/2025               |
| Q4100               | Skin substitute, NOS                                                                                               | Recent history and physical, plan of care, and documentation of medical necessity.               | Outpatient Medical and surgical services | SUR704.012            | Bioengineered Skin and Soft Tissue Substitutes         | Added 1/1/23              |                         |
| Q4101               | Apligraf skin sub                                                                                                  | Recent history and physical, plan of care, and documentation of medical necessity.               | Outpatient Medical and surgical services | SUR704.012            | Bioengineered Skin and Soft Tissue Substitutes         | Added 1/1/23              |                         |
| Q4102               | Oasis wound matrix skin sub                                                                                        | Recent history and physical, plan of care, and documentation of medical necessity.               | Outpatient Medical and surgical services | SUR704.012            | Bioengineered Skin and Soft Tissue Substitutes         | Added 1/1/23              |                         |
| Q4106               | Dermagraft skin sub                                                                                                | Recent history and physical, plan of care, and documentation of medical necessity.               | Outpatient Medical and surgical services | SUR704.012            | Bioengineered Skin and Soft Tissue Substitutes         | Added 1/1/23              |                         |
| Q4107               | Graftjacket skin sub                                                                                               | Recent history and physical, plan of care, and documentation of medical necessity.               | Outpatient Medical and surgical services | SUR704.012            | Bioengineered Skin and Soft Tissue Substitutes         | Added 1/1/23              |                         |
| Q4110               | Primatrix skin sub                                                                                                 | Recent history and physical, plan of care, and documentation of medical necessity.               | Outpatient Medical and surgical services | SUR704.012            | Bioengineered Skin and Soft Tissue Substitutes         | Added 1/1/23              |                         |



| CPT and HCPCS Codes | Description of Procedure Code                                                                            | Medical Records Request Information Required                                                                                                                                                                              | Clinical Criteria Category               | Medical Policy Number | Medical Policy Name                                                           | Effective and Change Date | Date Posted to Website* |
|---------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------|-------------------------------------------------------------------------------|---------------------------|-------------------------|
| Q4116               | Skin Substitute, Alloderm, per square centimeter                                                         | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                        | Outpatient Medical and surgical services | SUR704.012            | Bioengineered Skin and Soft Tissue Substitutes                                | Added 1/1/23              |                         |
| Q4121               | THERASKIN, PER SQUARE CENTIMETER                                                                         | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                        | Outpatient Medical and surgical services | SUR704.012            | Bioengineered Skin and Soft Tissue Substitutes                                | Added 1/1/23              |                         |
| Q4132               | Grafix core, per square centimeter                                                                       | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                        | Outpatient Medical and surgical services | SUR704.011            | Amniotic Membrane and Amniotic Fluid                                          | Added prior to 9/1/2019   |                         |
| Q4133               | Grafix prime, per square centimeter                                                                      | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                        | Outpatient Medical and surgical services | SUR704.011            | Amniotic Membrane and Amniotic Fluid                                          | Added prior to 9/1/2019   |                         |
| Q4159               | Affinity1 square cm                                                                                      | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                        | Outpatient Medical and surgical services | SUR704.011            | Amniotic Membrane and Amniotic Fluid                                          | Added 1/1/23              |                         |
| Q4160               | Nushield 1 square cm                                                                                     | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                        | Outpatient Medical and surgical services | SUR704.011            | Amniotic Membrane and Amniotic Fluid                                          | Added 1/1/23              |                         |
| Q4186               | EPIFIX PER SQUARE CENTIMETER                                                                             | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                        | Outpatient Medical and surgical services | SUR704.011            | Amniotic Membrane and Amniotic Fluid                                          | Added 1/1/23              |                         |
| Q4187               | EPICORD PER SQUARE CENTIMETER                                                                            | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                        | Outpatient Medical and surgical services | SUR704.011            | Amniotic Membrane and Amniotic Fluid                                          | Added 1/1/23              |                         |
| Q4195               | PURAPLY PER SQUARE CENTIMETER                                                                            | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                        | Outpatient Medical and surgical services | SUR704.012            | Bioengineered Skin and Soft Tissue Substitutes                                | Added 1/1/23              | 7/1/2026                |
| Q4196               | PURAPLY AM PER SQUARE CENTIMETER                                                                         | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                        | Outpatient Medical and surgical services | SUR704.012            | Bioengineered Skin and Soft Tissue Substitutes                                | Added 1/1/23              | 7/1/2026                |
| Q5101               | Zarxio                                                                                                   | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415                                                                                                                          | Medical Oncology                         | Carelon               | Carelon                                                                       | Change 8/1/2025           |                         |
| Q5103               | Q5103 Injection, infliximab-dyyb, biosimilar, 10 mg.                                                     | SRU                                                                                                                                                                                                                       | Specialty Pharmacy                       | RX501.051             | Infliximab and Associated Biosimilars                                         | 1/1/2026                  | 7/1/2026                |
| Q5104               | 100 MG SOLR Q5104 Injection, infliximab-dyyb, biosimilar, 10 mg.<br>New code effective 4/1/18 previously | SRU                                                                                                                                                                                                                       | Specialty Pharmacy                       | RX501.051             | Infliximab and Associated Biosimilars                                         | Added prior to 9/1/2019   | 7/1/2026                |
| Q5106               | Anemia                                                                                                   | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is | Medical Oncology                         | Carelon               | Carelon                                                                       | 10/1/2025                 |                         |
| Q5106               | Anemia                                                                                                   | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                | Medical Drug                             | RX502.061 RX501.069   | <a href="#">Oncology Medications Erythropoiesis-Stimulating Agents (ESAs)</a> | Added 11/1/2025           |                         |
| Q5107               | Bevacizumab-awwb                                                                                         | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415                                                                                                                          | Medical Oncology                         | Carelon               | Carelon                                                                       | Change 8/1/2025           |                         |
| Q5108               | Pegfilgrastim-jmdb                                                                                       | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415                                                                                                                          | Medical Oncology                         | Carelon               | Carelon                                                                       | Change 8/1/2025           |                         |
| Q5110               | Nivestym                                                                                                 | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415                                                                                                                          | Medical Oncology                         | Carelon               | Carelon                                                                       | Change 8/1/2025           |                         |
| Q5111               | Pegfilgrastim-cbqv                                                                                       | Carelon- <a href="https://providerportal.com/">https://providerportal.com/</a> or 1-866-455-8415                                                                                                                          | Medical Oncology                         | Carelon               | Carelon                                                                       | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code                             | Medical Records Request Information Required                                                                                                                                                                                                           | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                                                          | Effective and Change Date | Date Posted to Website* |
|---------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|------------------------------------------------------------------------------|---------------------------|-------------------------|
| Q5112               | Trastuzumab-dttb                                          | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                  | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| Q5113               | Trastuzumab-pkrb                                          | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                  | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| Q5114               | Trastuzumab-dkst                                          | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                  | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| Q5115               | Truxima                                                   | Carelon-https://providerportal.com/ or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. | Medical Oncology           | Carelon               | Carelon                                                                      | 10/1/2025                 |                         |
| Q5115               | Truxima                                                   | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                             | Medical Drug               | RX502.061 RX502.030   | Oncology Medications Rituximab and Biosimilars for Non-Oncologic Indications | Added 11/1/2025           |                         |
| Q5116               | Trastuzumab-qyyp                                          | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                  | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| Q5117               | Trastuzumab-anns                                          | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                  | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| Q5118               | Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                  | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| Q5119               | Ruxience                                                  | Carelon-https://providerportal.com/ or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. | Medical Oncology           | Carelon               | Carelon                                                                      | 10/1/2025                 |                         |
| Q5119               | Ruxience                                                  | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                             | Medical Drug               | RX502.061 RX502.030   | Oncology Medications Rituximab and Biosimilars for Non-Oncologic Indications | Added 11/1/2025           |                         |
| Q5120               | Pegfilgrastim-bmez                                        | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                  | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| Q5121               | Injection; Immunomodulators                               | SRU                                                                                                                                                                                                                                                    | Specialty Pharmacy         | RX501.051             | Infliximab and Associated Biosimilars                                        | 1/1/2026                  | 7/1/2026                |
| Q5122               | Pegfilgrastim-apgf                                        | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                  | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| Q5123               | rituximab-arrx non-oncology                               | Carelon-https://providerportal.com/ or 1-866-455-8415<br>Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. | Medical Oncology           | Carelon               | Carelon                                                                      | 10/1/2025                 |                         |
| Q5123               | rituximab-arrx non-oncology                               | History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity                                                                                                                                             | Medical Drug               | RX502.061 RX502.030   | Oncology Medications Rituximab and Biosimilars for Non-Oncologic Indications | Added 11/1/2025           |                         |
| Q5125               | Riabni                                                    | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                  | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| Q5126               | Bevacizumab-maly                                          | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                  | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |
| Q5127               | Pegfilgrastim-fpgk                                        | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                                                                                                                                                  | Medical Oncology           | Carelon               | Carelon                                                                      | Change 8/1/2025           |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                                                                                                                                                                                                                | Medical Records Request Information Required                                                                                       | Clinical Criteria Category | Medical Policy Number        | Medical Policy Name                      | Effective and Change Date | Date Posted to Website* |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|------------------------------------------|---------------------------|-------------------------|
| Q5128               | Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg                                                                                                                                                                                                    | Recent history and physical, plan of care, and documentation of medical necessity.                                                 | Medical Drug               | MCG                          | MCG A-0450 Ranibizumab                   | 1/1/2026                  | 11/1/2025               |
| Q5129               | Bevacizumab-adcd                                                                                                                                                                                                                                             | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                              | Medical Oncology           | Carelon                      | Carelon                                  | Change 8/1/2025           |                         |
| Q5130               | Pegfilgrastim-pbbk                                                                                                                                                                                                                                           | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                              | Medical Oncology           | Carelon                      | Carelon                                  | Change 8/1/2025           |                         |
| Q5133               | Tofidence                                                                                                                                                                                                                                                    | Recent history and physical, plan of care, and documentation of medical necessity.                                                 | Medical Drug               | RX501.115                    | Tocilizumab and Associated Biosimilar(s) | 1/1/2025                  |                         |
| S2118               | Metal-on-metal total hip resurfacing, including acetabular and femoral components                                                                                                                                                                            | Carelon-https://providerportal.com/ or 1-866-455-8415                                                                              | Musculoskeletal            | Carelon                      | Carelon                                  | Change 8/1/2025           |                         |
| S5100               | Adult Day Service LTSS                                                                                                                                                                                                                                       | 15 minutes = 1 unit                                                                                                                | LTSS                       | Illinois Administrative Code | No Med Policy                            | Added prior to 9/1/2019   |                         |
| S5125               | *Personal Care Assistant LTSS                                                                                                                                                                                                                                | 15 minutes = 1 unit                                                                                                                | LTSS                       | Illinois Administrative Code | No Med Policy                            | Added prior to 9/1/2019   |                         |
| S5126               | *Personal Care Assistant LTSS                                                                                                                                                                                                                                | 15 minutes = 1 unit                                                                                                                | LTSS                       | Illinois Administrative Code | No Med Policy                            | Added prior to 9/1/2019   |                         |
| S5130               | Homemaker/Housekeeper Services LTSS                                                                                                                                                                                                                          | 15 minutes = 1 unit                                                                                                                | LTSS                       | Illinois Administrative Code | No Med Policy                            | Added prior to 9/1/2019   |                         |
| S5160               | Electronic Home Response - Installation                                                                                                                                                                                                                      | 1/Lifetime                                                                                                                         | LTSS                       | Illinois Administrative Code | No Med Policy                            | Added prior to 9/1/2019   |                         |
| S5161               | Electronic Home Response - Monthly Rent                                                                                                                                                                                                                      | 1/Month                                                                                                                            | LTSS                       | Illinois Administrative Code | No Med Policy                            | Added prior to 9/1/2019   |                         |
| S5165               | Environmental Accessibility Adaptations - Home LTSS                                                                                                                                                                                                          | Services are limited to service cost/plan maximum according to member's need. Services limited to \$25,000 within a 5 year period. | LTSS                       | DME101.010                   | Wheelchairs and Accessories              | Added prior to 9/1/2019   |                         |
| S5170               | Home Delivered Meals LTSS                                                                                                                                                                                                                                    | 2 meals per day and up to 7 days a week (2 meals = 1 unit; Time Period = month)                                                    | LTSS                       | Illinois Administrative Code | No Med Policy                            | Added prior to 9/1/2019   |                         |
| S5501               | Home infusion therapy, catheter care / maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately) | Recent history and physical, plan of care, and documentation of medical necessity.                                                 | Home Health                |                              | Medicaid Provider Manual                 | 1/1/2026                  | 11/1/2025               |
| T1002               | RN services up to 15 minutes                                                                                                                                                                                                                                 | 15 minutes = 1 unit                                                                                                                | LTSS                       | Illinois Administrative Code | No Med Policy                            | 7/1/2025                  |                         |
| T1003               | LPN/LVN services up to 15 minutes                                                                                                                                                                                                                            | 15 minutes = 1 unit                                                                                                                | LTSS                       | Illinois Administrative Code | No Med Policy                            | 7/1/2025                  |                         |
| T1004               | Nsg Aide service up to 15 minutes                                                                                                                                                                                                                            | 15 minutes = 1 unit                                                                                                                | LTSS                       | Illinois Administrative Code | No Med Policy                            | 7/1/2025                  |                         |
| T1005               | Respite - Homemaker LTSS                                                                                                                                                                                                                                     | Recent history and physical, plan of care, and documentation of medical necessity.                                                 | LTSS                       | Illinois Administrative Code | No Med Policy                            | Added prior to 9/1/2019   |                         |

| CPT and HCPCS Codes      | Description of Procedure Code            | Medical Records Request Information Required                                                                                                                                                                                                 | Clinical Criteria Category | Medical Policy Number                                                                     | Medical Policy Name                                                          | Effective and Change Date | Date Posted to Website* |
|--------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------|-------------------------|
| T1005*                   | Respite - Personal Assistant LTSS        | Available for waivers except Elderly.                                                                                                                                                                                                        | LTSS                       | Illinois Administrative Code                                                              | No Med Policy                                                                | Added prior to 9/1/2019   |                         |
| T1019                    | *Personal Care Assistant LTSS            | 15 minutes = 1 unit                                                                                                                                                                                                                          | LTSS                       | Illinois Administrative Code                                                              | No Med Policy                                                                | Added prior to 9/1/2019   |                         |
| T1020                    | *Personal Care Assistant LTSS            | 15 minutes = 1 unit                                                                                                                                                                                                                          | LTSS                       | Illinois Administrative Code                                                              | No Med Policy                                                                | Added prior to 9/1/2019   |                         |
| T1505                    | Elec med comp dev, noc                   |                                                                                                                                                                                                                                              | LTSS                       | Illinois Administrative Code                                                              | No Med Policy                                                                | 7/1/2025                  |                         |
| T2003                    | Adult Day Service Transportation LTSS    | Max of 2 visits per day. 1 way=1unit                                                                                                                                                                                                         | LTSS                       | Illinois Administrative Code                                                              | No Med Policy                                                                | Added prior to 9/1/2019   |                         |
| T2014                    | Pre-vocational Services LTSS             | Brain injury waiver only. Per diam                                                                                                                                                                                                           | LTSS                       | Illinois Administrative Code                                                              | No Med Policy                                                                | Added prior to 9/1/2019   |                         |
| T2019                    | Supported Employment LTSS                | Brain injury waiver only.                                                                                                                                                                                                                    | LTSS                       | Illinois Administrative Code                                                              | No Med Policy                                                                | Added prior to 9/1/2019   |                         |
| T2020                    | Habitation - Day LTSS                    | Brain injury waiver only.                                                                                                                                                                                                                    | LTSS                       | MCG                                                                                       | Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis | Change 1/1/2026           | 5/4/2026                |
| T2028                    | Special supply, nos waiver               |                                                                                                                                                                                                                                              | LTSS                       | Illinois Administrative Code                                                              | No Med Policy                                                                | 7/1/2025                  |                         |
| T2101                    | Human Breast Milk                        | Recent history and physical, plan of care, and documentation of medical necessity.                                                                                                                                                           | Durable Medical Equipment  | MED201.011                                                                                | Nutritional Support                                                          | 1/1/2021                  |                         |
| V5299                    | Hearing service, miscellaneous           | Letter of medical necessity, including condition being treated.                                                                                                                                                                              | Durable Medical Equipment  | Medicaid Provider Manual                                                                  | Medicaid Provider Manual                                                     | Added prior to 9/1/2019   | 7/1/2026                |
| <b>Behavioral Health</b> |                                          |                                                                                                                                                                                                                                              |                            |                                                                                           |                                                                              |                           |                         |
| H2036                    | Substance Abuse Adolescent Residential   | Documentation of medical necessity for ASAM Dimensions 1-6 Criteria                                                                                                                                                                          | Behavioral Health          | ASAM 3.5                                                                                  | Clinically Managed High Intensity Residential Services                       | Added prior to 9/1/2019   |                         |
| H0004 TF                 | Behavioral health counseling and therapy | Documentation of medical necessity for ASAM Dimensions 1-6 Criteria                                                                                                                                                                          | Behavioral Health          | ASAM 2.1                                                                                  | Intensive Outpatient Services                                                | 1/1/2025                  |                         |
| H0005 TF                 | Behavioral health counseling and therapy | Documentation of medical necessity for ASAM Dimensions 1-6 Criteria                                                                                                                                                                          | Behavioral Health          | ASAM 2.1                                                                                  | Intensive Outpatient Services                                                | 1/1/2025                  |                         |
| H0047                    | Substance Abuse Rehabilitation           | Documentation of medical necessity for ASAM Dimensions 1-6 Criteria                                                                                                                                                                          | Behavioral Health          | ASAM 3.5                                                                                  | Clinically Managed High Intensity Residential Services                       | Added prior to 9/1/2019   |                         |
| H0010                    | Substance Acute Abuse Detoxification     | Documentation of medical necessity for ASAM Dimensions 1-6 Criteria                                                                                                                                                                          | Behavioral Health          | ASAM 3.7                                                                                  | Medically Managed High Intensity Residential Services                        | Added prior to 9/1/2019   |                         |
| S9480                    | Mental Health Intensive Outpatient       | Documentation of medical necessity                                                                                                                                                                                                           | Behavioral Health          | B-901                                                                                     | Intensive Outpatient Program Behavioral Health Level of Care                 | Added prior to            |                         |
| H0039                    | Assertive Community Treatment            | For Illinois Medicaid Service Request, please complete and submit Rule 132 Authorization Form.<br><a href="https://www.bcbsil.com/provider/education/forms.html">https://www.bcbsil.com/provider/education/forms.html</a><br>1 unit=15 min   | Behavioral Health          | Illinois Department of Human Services Mental Health Medical Necessity and Guidance Manual | No Med Policy                                                                | Added prior to 9/1/2019   |                         |
| H2016                    | Community Support Team                   | For Illinois Medicaid Service Request, please complete and submit Rule 132 Authorization Form.<br><a href="https://www.bcbsil.com/provider/education/forms.html">https://www.bcbsil.com/provider/education/forms.html</a><br>1 unit=15 min   | Behavioral Health          | Illinois Department of Human Services Mental Health Medical Necessity and Guidance Manual | No Med Policy                                                                | Added prior to 9/1/2019   |                         |
| H2017                    | Psychosocial Rehabilitation              | For Illinois Medicaid Service Request, please complete and submit Rule 132 Authorization Form.<br><a href="https://www.bcbsil.com/provider/education/forms.html">https://www.bcbsil.com/provider/education/forms.html</a><br>1 unit = 15 min | Behavioral Health          | Illinois Department of Human Services Mental Health Medical Necessity and Guidance Manual | No Med Policy                                                                | Added prior to 9/1/2019   |                         |
| T1005                    | Respite, Individual/Group                | Documentation of medical necessity                                                                                                                                                                                                           | Behavioral Health          | Illinois Department of Human Services Mental Health Medical Necessity and Guidance Manual | No Med Policy                                                                | Added prior to 9/1/2019   |                         |

| CPT and HCPCS Codes | Description of Procedure Code                                | Medical Records Request Information Required                                                | Clinical Criteria Category | Medical Policy Number | Medical Policy Name                        | Effective and Change Date | Date Posted to Website* |
|---------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------|-----------------------|--------------------------------------------|---------------------------|-------------------------|
| 97151               | Behavior Identification Assessment                           | Documentation of medical necessity; please complete the ABA Initial Assessment Request form | Behavioral Health          | MCG                   | MCG B-806-T Mental Health Support Services | 1/1/2026                  | 11/1/2025               |
| 97152               | Behavior Identification Supporting Assessment                | Documentation of medical necessity; please complete the ABA Initial Assessment Request form | Behavioral Health          | MCG                   | MCG B-806-T Applied Behavioral Analysis    | 1/1/2026                  | 11/1/2025               |
| 97153               | Adaptive Behavior Treatment by Protocol                      | Documentation of medical necessity; please complete the ABA Clinical Service Request form   | Behavioral Health          | MCG                   | MCG B-806-T Applied Behavioral Analysis    | 1/1/2026                  | 11/1/2025               |
| 97154               | Group Adaptive Behavior Treatment by Protocol                | Documentation of medical necessity; please complete the ABA Clinical Service Request form   | Behavioral Health          | MCG                   | MCG B-806-T Applied Behavioral Analysis    | 1/1/2026                  | 11/1/2025               |
| 97155               | Adaptive Behavior Treatment with Protocol Modification       | Documentation of medical necessity; please complete the ABA Clinical Service Request form   | Behavioral Health          | MCG                   | MCG B-806-T Applied Behavioral Analysis    | 1/1/2026                  | 11/1/2025               |
| 97156               | Family Adaptive Behavior Treatment Guidance                  | Documentation of medical necessity; please complete the ABA Clinical Service Request form   | Behavioral Health          | MCG                   | MCG B-806-T Applied Behavioral Analysis    | 1/1/2026                  | 11/1/2025               |
| 97157               | Multiple Family Group Adaptive Behavior Treatment Guidance   | Documentation of medical necessity; please complete the ABA Clinical Service Request form   | Behavioral Health          | MCG                   | MCG B-806-T Applied Behavioral Analysis    | 1/1/2026                  | 11/1/2025               |
| 97158               | Group Adaptive Behavior Treatment with Protocol Modification | Documentation of medical necessity; please complete the ABA Clinical Service Request form   | Behavioral Health          | MCG                   | MCG B-806-T Applied Behavioral Analysis    | 1/1/2026                  | 11/1/2025               |
| 0362T               | Behavior Identification Supporting Assessment                | Documentation of medical necessity                                                          | Behavioral Health          | MCG                   | MCG B-806-T Applied Behavioral Analysis    | 1/1/2026                  | 11/1/2025               |
| 0373T               | Adaptive Behavior Treatment with Protocol Modification       | Documentation of medical necessity                                                          | Behavioral Health          | MCG                   | MCG B-806-T Applied Behavioral Analysis    | 1/1/2026                  | 11/1/2025               |

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,  
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

CPT copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the AMA.

Checking eligibility and/or benefit information and/or the fact that a service has been prior authorized is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the appropriate number on the member's ID card.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. Caelon Medical Benefits Management (Caelon) is an independent company that has contracted with BCBSIL to provide utilization management services for members with coverage through BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding third party vendors and the products or services they offer.

The ASAM Criteria®, ©2024 American Society of Addiction Medicine. All rights reserved.

MCG Care Guidelines are administered and provided by MCG Health, an independent company that has contracted with BCBSIL to provide care and disease management for members with coverage through BCBSIL.