

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
<b>PLACE OF SVC</b>			
11	Outpatient services in Office Setting	Yes	Yes
12	Home Health, DME	Yes	Yes
21	Inpatient Hospital Confinements, including acute admissions from the ER post stabilization	Yes	Yes
21, 55	Inpatient Chemical DependencySubstance Abuse services	Yes	Yes
21, 51, 56	Inpatient Mental Health services	Yes	Yes
22	Observation, Outpatient services	Yes	Yes
31	Inpatient care at a Skilled Nursing Facility care and services	Yes	Yes
32	Inpatient Long Term Care and Subacute Care and services	Yes	Yes
34	Inpatient Hospice Care and services	Yes	Yes
61	Inpatient care at a Inpatient Rehabilitation Facility and services	Yes	Yes
<b>BEHAVIORAL HEALTH</b>			
	Laboratory Service - off formulary (for BH and non-BH requests)	No	No
	Psychological Testing	No	No
	Neuropsychological Testing	No	No
	ECT	No	No
	Partial Hospitalization (PHP)	No	No
	IOP (Intensive Outpatient)	No	No
	Esketamine	No	No
	Autism Spectrum Disorders, Evaluation and Assessment, Adult or Child/Adolescent	No	No
96130, 96131	Autism Spectrum Disorders, Psychiatric/Psychological Care Adult or Child/Adolescent	No	No
	ABA Therapy	No	No
<b>AMBULANCE - NON ER</b>	<b>BENEFITS TO BE VERIFIED</b>		
A0130	NON ER TRANSPORT, WHEELCHAIR VAN	Yes	Yes
A0380	BLS MILEAGE (PER MILE)	Yes	Yes
A0382	BLS ROUTINE DISPOSABLE SUPPLIES	Yes	Yes
A0384	BLS SPEC SVC DISPOSABLE SUPPLIES; DEFIBRILLATION	Yes	Yes
A0420	AMBULANCE WAITING TIME ALS/BLS; 1/2 HOUR INCREMENT	No	No
A0422	AMBULANCE BLS OXYGEN AND SUPPLIES, LIFE SUSTAINING	No	No
A0424	EXTRA AMBULANCE ATTEND, GROUND ALS/BLS OR FIXED OR ROTARY WING	No	No
A0425	GROUND MILEAGE, PER STATYE MILE	No	No
A0426	NON ER TRANSPORT AMBULANCE; ALS	No	No
A0428	NON ER TRANSPORT AMBULANCE; BLS	Yes	Yes
A0430	FIXED WING AIR TRANSPORT; ONE WAY	Yes	Yes
A0431	ROTARY WING AIR TRANSPORT; ONE WAY	Yes	Yes
A0434	SPECIALTY CARE TRANSPORT	Yes	Yes
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	Yes	Yes
A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE	Yes	Yes
A0998	AMBULANCE RESPONSE & TREATMENT, NO TRANSPORT	Yes	Yes
A0999	UNLISTED AMBULANCE SERVICE	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
S0215	NONEMERGENCY TRANSPORTATION; MILEAGE, PER MILE	Yes	Yes
S9960	FIXED WING AIR NON ER TRANSPORT; ONE WAY	Yes	Yes
S9961	ROTARY WING AIR NON ER TRANSPORT; ONE WAY	Yes	Yes
T2001	NON ER TRANSPORT, PT ATTEND/ESCORT	Yes	Yes
T2002	NON ER TRANSPORT, PER DIEM	Yes	Yes
T2003	NON ER TRANSPORT, ENCOUNTER/TRIP	Yes	Yes
T2004	NON ER TRANSPORT, COMMERCIAL CARRIER, MULTIPASS	Yes	Yes
T2005	NON ER TRANSPORT. STRETCHER VAN	Yes	Yes
T2007	TRANSPORT WAIT TIME, AIR AMBULANCE AND NON ER VEHICLE; 1/2 HR INCREMENTS	Yes	Yes
<b>AMINO BASED FORMULAS</b>	<b>BENEFITS TO BE VERIFIED</b>		
E72.52	TRIMETHYLAMINURIA	Yes	Yes
E72.53	HYPEROXALURIA	Yes	Yes
E73.0	CONGENITAL LACTASE DEFICIENCY	Yes	Yes
E73.1	SECONDARY LACTASE DEFICIENCY	Yes	Yes
E73.8	OTHER LACTOSE INTOLERANCE	Yes	Yes
E73.9	LACTOSE INTOLERANCE, UNSPEC	Yes	Yes
E74.20	DISORDERS OF GALACTOSE METABOLISM, UNSPEC	Yes	Yes
E74.21	GALACTOSEMIA	Yes	Yes
E74.29	OTHER DISORDERS OF GALACTOSE METABOLISM	Yes	Yes
E74.31	SUCRASE-ISOMALTASE DEFICIENCY	Yes	Yes
E74.39	OTHER DISORDER INTESTINAL CARBOHYDRATE ABSORPTION	Yes	Yes
E74.4	DISORDER PYRVATE METAB AND GLUCOSOGENSIS	Yes	Yes
E74.8	OTHER SPEC DISORDERS OF CARBOHYDRATE METABOLISM	Yes	Yes
E77.1	DEFECTS IN GLYCOPROTEIN DEGRADATION	Yes	Yes
J30.5	ALLERGIC RHINITIS DUE TO FOOD ALLERGY	Yes	Yes
K20.0	EOSINOPHILIC ESOPHAGITIS	Yes	Yes
K21.9	GASTROESOPHAGEAL REFLUX DISEASE	Yes	Yes
K52.2	GASTROENTERITIS AND COLITIS, ALLERGIC	Yes	Yes
K52.81	EOSINOPHILIC GASTRITIS OR GASTROENTERITIS	Yes	Yes
K52.89	OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS	Yes	Yes
K52.9	NONINFECTIOUS GASTROENTERITIS AND COLITIS, UNSPEC	Yes	Yes
K90.0	CELIAC DISEASE	Yes	Yes
K90.1	TROPICAL SPRUE	Yes	Yes
K90.2	BLIND LOOP SYNDROME	Yes	Yes
K90.3	PANCREATIC STEATORRHEA	Yes	Yes
K90.4	MALABSORPTION DUE TO INTOLERANCE	Yes	Yes
K90.89	OTHER INTESTINAL MALABSORPTION	Yes	Yes
K90.9	UNSPECIFIED INTESTINAL MALABSORPTION	Yes	Yes
K91.2	OTHER AND UNSPECIFIED POSTSURGICAL NONABSORPTION	Yes	Yes
K92.1	BLOODY STOOLS	Yes	Yes
L27.2	ATOPIC DERMATITIS DUE TO FOOD ALLERGY	Yes	Yes
R63.6	FAILURE TO THRIVE/UNDERWEIGHT	Yes	Yes
B4153	ENTERAL FORMULA, HYDROLYZED PROTEINS/AMINO ACIDS, ADMIN THRU FEEDING TUBE	Yes	Yes
B4161	ENTERAL FORMULA, PEDS, HYDROLYZED/AMINO ACIDS, ADMIN THRU FEEDING TUBE	Yes	Yes
<b>AUTISM - PT/OT/ST</b>			
0791T	Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes	No	No
97151	professional, each 15 minutes of the physician's or other qualified health care professional's	No	No
97152	direction of a physician or other qualified health care professional, face-to-face with the	No	No
97153	physician	No	No
97154	direction of a physician or other qualified health care professional, face-to-face with two or	No	No
97155	qualified health care professional, which may include simultaneous direction of technician,	No	No
97156	Family adaptive behavior treatment guidance, administered by a physician	No	No
<b>BARIATRIC SURGERY</b>	<b>BENEFITS TO BE VERIFIED</b>		
43644	GASTROENTEROSTOMY	Yes	Yes
43645	RECONSTRUCTION	Yes	Yes
43647	LAP SURG, IMPLANT, OR REPLACE GASTRIC NEUORSTIMULATOR, ELECTRODES, ANTRUM	Yes	Yes
43648	LAP SURG, REVISION OR REMOVAL GASTRIC NEUORSTIMULATOR, ELECTRODES, ANTRUM	Yes	Yes
43770	LAP SURG, GASTRIC RESTRICTIVE PX, PLACEMENT OF ADJ GASTRIC DEVICE	Yes	Yes
43771	LAP SURG, GASTRIC RESTRICTIVE PX, REVISION OF ADJ GASTRIC DEVICE	Yes	Yes
43772	LAP SURG, GASTRIC RESTRICTIVE PX, REMOVAL OF ADJ GASTRIC DEVICE	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
43773	COMPONENT ONLY	Yes	Yes
43774	COMPONENTS	Yes	Yes
43775	LAP SURG, GASTRIC RESTRICTIVE PX, SLEEVE GASTRECTOMY	Yes	Yes
43842	GASTROPLASTY)	Yes	Yes
43843	VERTICAL BANDED GASTROPLASTY)	Yes	Yes
43845	& ILEOILIOSTOMY	Yes	Yes
43846	GASTROENTEROSTOMY	Yes	Yes
43847	RECONSTRUCTION	Yes	Yes
43848	RESTR DEVICE (SEP PX)	Yes	Yes
43881	IMPLANT OR REPLACE OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	Yes	Yes
43882	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	Yes	Yes
43886	GASTRIC RESTRICTIVE PX, OPEN, REVISION OF SUBQ PORT, COMPONENT ONLY	Yes	Yes
43887	GASTRIC RESTRICTIVE PX, OPEN, REMOVAL OF SUBQ PORT, COMPONENT ONLY	Yes	Yes
43888	ONLY	Yes	Yes
43999	UNLISTED PX, STOMACH	Yes	Yes
C9784	esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all	Yes	Yes
C9785	insertion, if performed, including all system and tissue anchoring components	Yes	Yes
S2083	ADJUSTMENT GASTRIC BAND VIA SUBQ PORT BY INJECTION OR ASPIRATION OF SALINE	Yes	Yes
<b>CARDIAC REHAB</b>			
I20.8	OTHER ANGINA PECTORIS	No	No
I20.9	ANGINA PECTORIS, UNSPECIFIED	No	No
I21.01	STEMI MI INVOLVING LEFT MAIN CORONARY ARTERY	No	No
I21.02	STEMI MI INVOLVING LAD CORONARY ARTERY	No	No
I21.09	STEMI MI INVOLVING OTHER CORONARY ARTERY OF ANT WALL	No	No
I21.11	STEMI MI INVOLVING RC ARTERY	No	No
I21.19	STEMI MI INVOLVING OTHER CORONARY ARTERY OF INF WALL	No	No
I21.3	STEMI MI, UNSPECIFIED SITE	No	No
I22.0	STEMI MI ANTERIOR WALL	No	No
I22.1	STEMI MI INFERIOR WALL	No	No
I22.9	STEMI MI , UNSPECIFIED SITE	No	No
Z48.21	ENCOUNTER AFTERCARE HEART TRANSPLANT	No	No
Z48.24	ENCOUNTER AFTERCARE LUNG TRANSPLANT	No	No
Z48.280	ENCOUNTER AFTERCARE HEART-LUNG TRANSPLANT	No	No
Z94.1	HEART TRANSPLANT STATUS	No	No
Z94.2	LUNG TRANSPLANT STATUS	No	No
Z94.3	HEART AND LUNG TRANSPLANT STATUS	No	No
Z95.1	PRESENCE AORTOCORONARY BYPASS GRAFT	No	No
Z95.2	PRESENCE PROSTHETIC HEART VALVE	No	No
Z95.3	PRESENCE ZENOGENIC HEART VALVE	No	No
Z95.4	PRESENCE OTHER HEART VALVE REPLACEMENT	No	No
Z95.5	PRESENCE CORONARY ANGIOPLASTY IMPLANT AND GRAFT	No	No
Z98.61	CORONARY ANGIOPLASTY STATUS	No	No
<b>CLINICAL TRIAL</b>			
G0294	NON COVERED PROCEDURE IN A CLINICAL TRIAL	Yes	Yes
M1396	Patients on a therapeutic clinical trial	No	No
S9988	SERVICES PROVIDED PHASE I CLINICAL TRIAL	Yes	Yes
S9989	SERVICES PROVIDED OUTSIDE US	Yes	Yes
S9990	SERVICES PROVIDED PHASE II CLINICAL TRIAL	Yes	Yes
S9991	SERVICES PROVIDED PHASE III CLINICAL TRIAL	Yes	Yes
S9992	TRANSPORTATION COSTS; PARTICIPANT & COMPANION CLINICAL TRIAL	Yes	Yes
S9994	LODGING COSTS; PARTICIPANT & COMPANION CLINICAL TRIAL	Yes	Yes
S9996	MEALS; PARTICIPANT & COMPANION	Yes	Yes
<b>CONTRAST</b>			
A9611	Flurpiridaz F18, diagnostic, 1 mCi	Yes	Yes
A9500	TECHNETIUM TC-99M SESTAMIBI DX PER STUDY DOSE	Yes	Yes
A9501	TECHNETIUM TC-99M TEBOROXIME DX PER STUDY DOSE	Yes	Yes
A9502	TECHNETIUM TC-99M TETROFOSMIN DX PER STUDY DOSE	Yes	Yes
A9503	TECHNETIUM TC-99M MEDRONATE DX UP TO 30 MCI	Yes	Yes
A9504	TECHNETIUM TC-99M APCITIDE DX UP TO 20 MCI	Yes	Yes
A9505	THALLIUM TL-201 THALLOUS CHLORID DX PER MCI	Yes	Yes
A9506	Graphite crucible for preparation of technetium Tc 99m-labeled carbon aerosol, one crucible	Yes	Yes
A9507	IODINE I-131 IOBENGUANE SULFATE DX PER 0.5 MCI	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
A9508	IODINE I-123 SODIUM IODIDE DX PER MILLICURIE	Yes	Yes
A9509	IODINE I-123 SODIUM IODIDE DX PER MILLICURIE	Yes	Yes
A9510	TECHNETIUM TC-99M DISOFENIN DX UP TO 15 MCI	Yes	Yes
A9512	TECHNETIUM TC-99M PERTCHNETATE DX PER MILLICURIE	Yes	Yes
A9513	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI	Yes	Yes
A9515	CHOLINE C-11 DX PER STUDY DOSE UP TO 20 MCI	Yes	Yes
A9516	IODINE I-123 SODIUM IODIDE DX PER 100 UCI TO 999	Yes	Yes
A9517	IODINE I-131 SODIUM IODIDE CAPS THERAPEUTIC MCI	Yes	Yes
A9520	TECHNETIUM TC-99M TILMANOCEPT DX TO 0.5 MCI	Yes	Yes
A9521	TECHNETIUM TC-99M EXETAZIME DX UP TO 25 MCI	Yes	Yes
A9524	IODINE I-131 IODINATD SERUM ALBUMIN DX PER 5 UCI	Yes	Yes
A9526	NITROGEN N-13 AMMONIA DX STDY DOSE UP TO 40 MCI	Yes	Yes
A9527	IODINE I-125 SODIUM IODIDE SOL TX PER MCI	Yes	Yes
A9528	IODINE I-131 SODIUM IODIDE CAPSULES DX PER MCI	Yes	Yes
A9529	IODINE I-131 SODIUM IODIDE SOLIODINE I-131 SODIU	Yes	Yes
A9530	IODINE I-131 SODIUM IODIDE SOLUTION TX PER MCI	Yes	Yes
A9531	IODINE I-131 SODIM IODIDE DX TO 100 MICROCURIE	Yes	Yes
A9532	IODINE I-125 SERUM ALBUMIN DX PER 5 MICROCURIES	Yes	Yes
A9536	TECHNETIUM TC-99M DEPREOTIDE DX UP TO 35 MCI	Yes	Yes
A9537	TECHNETIUM TC-99M MEBROFENIN DX UP TO 15 MCI	Yes	Yes
A9538	TECHNETIUM TC-99M PYROPHOSHATE DX UP TO 25 MCI	Yes	Yes
A9539	TECHNETIUM TC-99M PENTETATE DX UP TO 25 MCI	Yes	Yes
A9540	TECHNETIUM TC-99M MAA DX STDY DOSE UP TO 10 MCI	Yes	Yes
A9541	TECHNETIUM TC-99M SULFUR COLLOID DX UP TO 20 MCI	Yes	Yes
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN DX TO 5 MCI	Yes	Yes
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI	Yes	Yes
A9546	COBALT CO-57/58 CYANOCOBALAMN DX TO 1 MICROCURIE	Yes	Yes
A9547	INDIUM IN-111 OXYQUINOLINE DX PER 0.5 MILLICURIE	Yes	Yes
A9548	INDIUM IN-111 PENTETATE DX PER 0.5 MILLICURIE	Yes	Yes
A9550	TECHNETIUM TC-99M SODIUM GLUCEPTATE DX TO 25 MCI	Yes	Yes
A9551	TECHNETIUM TC-99M SUCCIMER DX UP TO 10 MCI	Yes	Yes
A9552	FLUORODEOXYGLUCOSE F-18 FDG DX UP TO 45 MCI	Yes	Yes
A9553	CHROMIUM CR-51 SODIUM CHROMATE DX UP TO 250 UCI	Yes	Yes
A9554	IODINE I-125 SODIUM IOTHALAMATE DX UP TO 10 UCI	Yes	Yes
A9555	RUBIDIUM RB-82 DX PER STUDY DOSE UP TO 60 MCI	Yes	Yes
A9556	GALLIUM GA-67 CITRATE DIAGNOSTIC PER MILLICURIE	Yes	Yes
A9557	TECHNETIUM TC-99M BICISATE DX UP TO 25 MCI	Yes	Yes
A9558	A9558 - XENON XE-133 GAS DIAGNOSTIC PER 10 MILLICURIES	Yes	Yes
A9559	COBALT CO-57 CYANOCOBALAMIN ORAL DX UP TO 1 UCI	Yes	Yes
A9560	TECHNETIUM TC99 LABELED RBC, DIAG, PER STUDY DOSE, UP TO 30 MILLICURIES	Yes	Yes
A9561	TECHNETIUM TC99 OXIDRONATE, DIAG, PER STUDY DOSE, UP TO 30 MILLICURIES	Yes	Yes
A9562	TECHNETIUM TC99 MERTIATIDE, DIAG, PER STUDY DOSE, UP TO 30 MILLICURIES	Yes	Yes
A9563	SODIUM PHOSPHATE P-32, THER, PER MILLICURIE	Yes	Yes
A9564	CHROMIC PHOSPHATE P-32, SUSP, TER, PER MILLICURIE	Yes	Yes
A9566	TECHNETIUM TC99 FANOLESOMAB, DIAG, PER STUDY DOSE, UP TO 25 MILLICURIES	Yes	Yes
A9567	TECHNETIUM TC99 PENTETATE, DIAG, AEROSOL, PER STUDY DOSE, UP TO 25 MILLICURIES	Yes	Yes
A9568	TECHNETIUM TC99 ARCITUMAB, DIAG, PER STUDY DOSE, UP TO 45 MILLICURIES	Yes	Yes
A9569	TECHNETIUM TC99 EXAMETAZIME LABELED AUTI WBC, DIAG, PER STUDY DOSE	Yes	Yes
A9570	INDIUM IN-111 LABELED AUTO WBC, DIAG, PER STUDY DOSE	Yes	Yes
A9571	INDIUM IN-111 LABELED AUTO PLT, DIAG, PER STUDY DOSE	Yes	Yes
A9572	INDIUM IN-111 PENTETROIDE, DIAG, PER STUDY DOSE, UP TO 6 MILLICURIES	Yes	Yes
A9573	Injection, gadopicleenol, 1 ml	Yes	Yes
A9575	INJ, GADOTERATE MEGLUMINE, 0.1ML	Yes	Yes
A9576	INJ, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML	Yes	Yes
A9577	INJ, GADOBENATE DIMEGLUMINE, (MULTIHANCE), PER ML	Yes	Yes
A9578	INJ, GADOBENATE DIMEGLUMINE, (MULTIHANCE MULTIPACK), PER ML	Yes	Yes
A9579	INJ, GADOLINIUM-BASED MR CONTRAST AGENT, NOS, PER ML	Yes	Yes
A9580	SODIUM FLUORIDE F-18, DIAG, PER STUDY DOES, UP TO 30 MILLICURIES	Yes	Yes
A9581	INJ, GADOXETATE DISODIUM, 1ML	Yes	Yes
A9582	IODINE I-123 IOBENGUANE, DIAG, PER STUDY DOSE, UP TO 15 MILLICURIES	Yes	Yes
A9583	INJ, GADOFOSVESERT TRISODIUM, 1ML	Yes	Yes
A9584	IODINE I-123 IOFLUPANE, DIAG, PER STUDY DOSE, UP TO 5 MILLICURIES	Yes	Yes
A9585	INJECTION GADOBUTROL, 0.1ML	Yes	Yes
A9586	FLORBETAPIR F18, DIAG, PER STUDY DOSE, UP TO 10 MILLICURIES	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
A9587	GALLIUM GA-68 DITATATE, DIAG, 0.1 MILLICURIE	Yes	Yes
A9588	FLUICLOVINE F-18, DIAG, 1 MILLICURIE	Yes	Yes
A9589	INSTALL HEXAMINOLEVULINATE HCL 100 MG	Yes	Yes
A9590	IODINE I-131, IOBENGUANE, 1 mCi	Yes	Yes
A9591	FLUROESTRADIOL F 18, DIANGOSTIC, 1 mCi	Yes	Yes
A9592	COPPER Cu-64, DOTATATE, DIAGNOSTIC, 1 mCi	Yes	Yes
A9593	GALLIUM Ga-68 PSMA-11, DIAGNOSTIC, (UCSF), 1 mCi	Yes	Yes
A9594	GALLIUM Ga-68 PSMA-11, DIAGNOSTIC, (UCLA), 1 mCi	Yes	Yes
A9595	Piflufolastat f-18, diagnostic, 1 mCi	Yes	Yes
A9596	GALLIUM GA-68 GOZETOTIDE, DIAGNOSTIC, (ILLUCCIX), 1 mCi	Yes	Yes
A9597	PET RADIOPHARM, DIAG, TUMOR ID, NOT OTHERWISE CLASSIFIED	Yes	Yes
A9598	PET RADIOPHARM, DIAG, TUMOR ID, NOT OTHERWISE CLASSIFIED	Yes	Yes
A9600	STROTIIUM SR-89 CHLORIDE, THERAPEUTIC, (METASTRON)	Yes	Yes
A9601	FLORTAUCIPIR F 18 INJECTION, DIAGNOSTIC, 1 mCi	Yes	Yes
A9602	Fluorodopa f-18, diagnostic, per mCi	Yes	Yes
A9603	Injection, pafolacianine, 0.1 mg	Yes	Yes
A9604	SAMARIUM SM-153 LEXIDRONANM THERAPEUTICM PER TX, (QUADRAMET)	Yes	Yes
A9606	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, (XOFIGO)	Yes	Yes
A9607	Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 mCi	Yes	Yes
A9608	Flotufolastat F18, diagnostic, 1 mCi	Yes	Yes
A9609	Fludeoxyglucose F18, up to 15 mCi	Yes	Yes
A9610	Xenon Xe-129 hyperpolarized gas, diagnostic, per study dose	Yes	Yes
A9615	Injection, pegulicianine, 1 mg	Yes	Yes
A9697	Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose	Yes	Yes
A9698	NON RADIOACTIVE CONTRAST IMAGING MATL, NOT OTHERWISE CLASS, PER STUDY	Yes	Yes
A9699	RADIOPHARMACEUTICAL, THER, NOT OTHERWISE CLASSIFIED	Yes	Yes
A9800	Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 mCi	Yes	Yes
C9156	Flotufolastat F-18, diagnostic, 1 mCi	Yes	Yes
Q9951	LOW OSMOLAR CONTRAST MATL, 400 OR > MG/ML IODINE CONC, PER ML	Yes	Yes
Q9953	INJECTION IRONBASED MR CONTRAST AGENT PER ML	Yes	Yes
Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGENT 100 ML	Yes	Yes
Q9955	INJECTION PERFLEXANE LIPID MICROSPHERES PER ML	Yes	Yes
Q9956	INJECTION OCTAFLUORPROPANE MICROSPHERES PER ML	Yes	Yes
Q9957	INJECTION PERFLUTREN LIPID MICRSPHERES PER ML	Yes	Yes
Q9958	HIGH OSM CONTRAST MATL 149 MG/ML IODINE CONC ML	Yes	Yes
Q9959	HI OSM CONTRST MATL 150-199 MG/ML IODINE CONC ML	Yes	Yes
Q9960	HI OSM CONTRST MATL 200-249 MG/ML IODINE CONC ML	Yes	Yes
Q9961	HI OSM CONTRST MATL 250-299 MG/ML IODINE CONC ML	Yes	Yes
Q9962	HI OSM CONTRST MATL 300-349 MG/ML IODINE CONC ML	Yes	Yes
Q9963	HI OSM CONTRST MATL 350-399 MG/ML IODINE CONC ML	Yes	Yes
Q9964	HIGH OSM CONTRST MATL 400/> MG/ML IODINE CONC ML	Yes	Yes
Q9965	LOCM 100-199 MG/ML IODINE CONCENTRATION PER ML	Yes	Yes
Q9966	LOCM 200-299 MG/ML IODINE CONCENTRATION PER ML	Yes	Yes
Q9967	LOCM 300-399 MG/ML IODINE CONCENTRATION PER ML	Yes	Yes
Q9968	INJ NONRADIATIVE NONCONTRAST VIZ ADJUNCT 1 MG	Yes	Yes
Q9969	TC-99M NON-HEU FULL COST REC ADD-ON PER STDY DOS	Yes	Yes
Q9982	FLUTEMATAMOL F18, DIAG, PER STUDY DOSE, UP TO 5 MILLICURIES	Yes	Yes
Q9983	FLORBETATEN F18, DIAG, PER STUDY DOSE, UP TO 8.1 MILLUCURIES	Yes	Yes
<b>COSMETIC</b>	<b>BENEFITS TO BE VERIFIED</b>		
11920	TATTOOING INCL MICROPIGMENTATION; 6.0 SQ CM/LESS	Yes	Yes
11921	TATTOOING INCL MICROPIGMENTATION; 6.1-20.0 SQ CM	Yes	Yes
11922	TATTOOING INCL MICROPIGMENTATION; EA ADD 20.0 CM	Yes	Yes
11950	SUBQ INJECTION FILLING MATL ≤ 1cc	Yes	Yes
11951	SUBQ INJECTION FILLING MATL 1.1 TO 5.0cc	Yes	Yes
11952	SUBQ INJECTION FILLING MATL 5.1 TO 10.0cc	Yes	Yes
11954	SUBQ INJECTION FILLING MATL >10cc	Yes	Yes
11960	INSERTION OF TISSUE EXPANDER OTHER THAN BREAST INCL SUBSQT EXPANSION	Yes	Yes
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	Yes	Yes
11971	REMOVAL OF TISSUE EXPANDER WITHOUT INSERTION OF IMPLANT	Yes	Yes
14000	ADJACENT TISSUE TRANSF, TRUNK; DEFECT 10SQ CM OR LESS	Yes	Yes
14001	ADJACENT TISSUE TRANSF, TRUNK; DEFECT 10.1-30.0SQ CM	Yes	Yes
14020	ADJACENT TISSUE TRANSF, SCALP, ARMS; DEFECT 10SQ CM OR LESS	Yes	Yes
14021	ADJACENT TISSUE TRANSF, SCALP, ARMS; DEFECT 10.1-30.0SQ CM	Yes	Yes
14040	ADJ TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHIN, MOUTH, ETC; DEFECT ≤ 10sq	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
14041	HANDS, OR FEET; DEFECT 10.1-30.0SQ CM	Yes	Yes
14060	ADJACENT TISSUE TRANSF, EYELIDS, NOSE, EARS, AND/OR LIPS; DEFECT 10SQ CM OR LESS	Yes	Yes
14061	ADJACENT TISSUE TRANSF, EYELIDS, NOSE, EARS, AND/OR LIPS; DEFECT 10.1-30.0SQ CM	Yes	Yes
14301	ADJACENT TISSUE TRANSF, TRUNK; DEFECT 30.1SQ CM TO 60.0SQ CM	Yes	Yes
14302	ADJACENT TISSUE TRANSF, TRUNK; DEFECT EACH ADDTL 30SQ CM	Yes	Yes
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Yes	Yes
15771	BREASTS, SCALP, ARMS AND/OR LEGS; 50 CC OR LESS INJECTATE	Yes	Yes
15772	BREASTS, SCALP, ARMS AND/OR LEGS; EACH ADDTL 50 CC INJECTATE, OR PART THEREOF (LIST	Yes	Yes
15773	ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Yes	Yes
15774	ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List	Yes	Yes
15780	KERATOSIS	Yes	Yes
15781	DERMABRASION; SEGMENTAL, FACE	Yes	Yes
15782	DERMABRASION; REGIONAL, OTHER THAN FACE	Yes	Yes
15783	DERMABRASION; SUPERFICIAL, ANY SITE (EG, TATTOO REMOVAL)	Yes	Yes
15786	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)	Yes	Yes
15787	FOR PRIMARY PROCEDURE (CODE FIRST 15786)	Yes	Yes
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	Yes	Yes
15789	CHEMICAL PEEL, FACIAL; DERMAL	Yes	Yes
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	Yes	Yes
15793	CHEMICAL PEEL, NONFACIAL; DERMAL	Yes	Yes
15820	BLEPHAROPLASTY LOWER EYELID	Yes	Yes
15821	BLPHPLSTY LOW EYELD; HERN FA	Yes	Yes
15822	BLEPHAROPLASTY UPPER EYELID;	Yes	Yes
15823	BLPHPLSTY UP EYELD; W/EXCESS	Yes	Yes
15824	RHYTIDECTOMY; FOREHEAD	Yes	Yes
15825	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING	Yes	Yes
15826	RHYTIDECTOMY; GLABELLAR FROWN LINES	Yes	Yes
15828	RHYTIDECTOMY; CHEEK, CHIN, AND NECK	Yes	Yes
15829	RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYS FLAP	Yes	Yes
15830	INFRAUMBILICAL PANNICULECTOMY	Yes	Yes
15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); THIGH	Yes	Yes
15833	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); LEG	Yes	Yes
15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); HIP	Yes	Yes
15835	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); BUTTOCK	Yes	Yes
15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ARM	Yes	Yes
15837	OR HAND	Yes	Yes
15838	FAT PAD	Yes	Yes
15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); OTHER AREA	Yes	Yes
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN	Yes	Yes
15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK	Yes	Yes
15877	SUCTION ASSISTED LIPECTOMY; TRUNK	Yes	Yes
15878	SUCTION LIPECTOMY; UPPER EXTREMITY	Yes	Yes
15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY	Yes	Yes
17106	DESTR, CUT VASC PROLIF LESIONS, LESS THAN 10SQ CM	Yes	Yes
17107	DESTR, CUT VASC PROLIF LESIONS, 10-50SQ CM	Yes	Yes
17108	DESTR, CUT VASC PROLIF LESIONS, OVER 50SQ CM	Yes	Yes
17340	CRYOTHERAPY FOR ACNE	Yes	Yes
17360	CHEMICAL EXFOLIATION FOR ACNE	Yes	Yes
17380		Yes	Yes
17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE	Yes	Yes
19300	MASTECTOMY FOR GYENCOMASTIA	Yes	Yes
19316	MASTOPEXY	Yes	Yes
19318	BREAST REDUCTION	Yes	Yes
19325	BREAST AUGMENTATION WITH IMPLANT	Yes	Yes
19328	REMOVAL OF INTACT BREAST IMPLANT	Yes	Yes
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	Yes	Yes
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	Yes	Yes
19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DATE FROM MASTECTOMY	Yes	Yes
19350	NIPPLE/AREOLA RECONSTRUCTION	Yes	Yes
19355	CORRECTION OF INVERTED NIPPL	Yes	Yes
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	Yes	Yes
19361	BREAST RECONSTRUCTION; WITH LATISSIMUS DORSI FLAP	Yes	Yes
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	Yes	Yes
19367	(TRAM) flap	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
19368	(TRAM) flap, requiring separate microvascular anastomosis (supercharging)	Yes	Yes
19369	Breast reconstruction; with bipediced transverse rectus abdominis myocutaneous (TRAM) flap	Yes	Yes
19370	CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Yes	Yes
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	Yes	Yes
19380	REVISION OF RECONSTRUCTED BREAST (EG, SIGNIFICANT REMOVAL OF TISSUE, RE-	Yes	Yes
19396	PREP MOULAGE FOR CUSTOM BREAST IMPLANT	Yes	Yes
19499	UNLISTED PROCEDURE, BREAST	Yes	Yes
21120	GENIOPLASTY; AUGMENTATION CHIN (AUTOGRAFT, ALLOGRAFT, PROSTHETIC)	Yes	Yes
21121	GENIOPLASTY; AUGMENTATION CHIN; SLIDING OSTEOTOMY, SINGLE PIECE	Yes	Yes
21122	GENIOPLASTY; SLIDING OSTEOTOMIES, 2 OR MORE OSTEOTOMIES (WEDGE EXC OR BONE	Yes	Yes
21123	GENIPLASTY; SLIDING, AUGMENTATION W/ INTERPOSITIONAL BONE GRAFTS	Yes	Yes
30400	RHINO PRIM; LAT&ALAR CART&E	Yes	Yes
30410	RHINO PRIM; CMPLT EXTERNAL P	Yes	Yes
30420	RHINO PRIM; INCL MAJ SEPTAL	Yes	Yes
30430	RHINOPLASTY SEC; MINOR REVIS	Yes	Yes
30435	RHINOPLASTY SEC; INTERMEDIAT	Yes	Yes
30450	RHINOPLASTY SEC; MAJOR REVIS	Yes	Yes
30460	RHINO DEFORM CLEFT LIP&/PALA	Yes	Yes
30462	RHINO DEFORM; TIP SEPTUM OST	Yes	Yes
30465	REPAIR VESTIBULAR STENOSIS; LATERAL NASAL WALL RECONST	Yes	Yes
30469	subcutaneous/submucosal remodeling	Yes	Yes
30520	SEPTOPLASTY/SUBMUCOS RES W/G	Yes	Yes
30620	SEPTAL/OTH INTRANASAL DERMAT	Yes	Yes
30630	REPAIR NASAL SEPTAL PERFORMATION	Yes	Yes
31242	nerve	Yes	Yes
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	Yes	Yes
31253	NASAL ENDOSCOPY, SURGICAL, TOTAL ANTERIOR/POSTERIOR, REM TISSUE	Yes	Yes
31254	NASAL ENDOSCOPY, SURGICAL, W/ ETHMOIDECOMY, PARTIAL	Yes	Yes
31255	NASAL ENDOSCOPY, SURGICAL, W/ ETHMOIDECOMY, TOTAL	Yes	Yes
31257	NASAL ENDOSCOPY, SURGICAL, TOTAL ANTERIOR/POSTERIOR, INCL SPENOIDECTOMY	Yes	Yes
31259	NASAL ENDOSCOPY, SURGICAL, TOTAL ANTERIOR/POSTERIOR, INCL SPENOIDECTOMY	Yes	Yes
31299	UNLISTED PX, ACCESSORY SINUSES	Yes	Yes
31551	than 12 years of age	Yes	Yes
31552	years or older	Yes	Yes
31553	than 12 years of age	Yes	Yes
31554	or older	Yes	Yes
31572	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral	Yes	Yes
31573	corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	Yes	Yes
31574	unilateral	Yes	Yes
31587	LARYNGOPLASTY CRICOID SPLIT W/O GRAFT PLACEMENT	Yes	Yes
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	Yes	Yes
31591	Laryngoplasty, medialization, unilateral	Yes	Yes
31592	Cricotracheal resection	Yes	Yes
31599	UNLISTED PROCEDURE, LARYNX	Yes	Yes
32999	UNLISTED PX, LUNGS AND PLEURA	Yes	Yes
34530	SAPHENOPOPLITEAL VEIN ANASTAMOSIS	Yes	Yes
36465	INJ, SCLEROSANT, SINGLE INCOMPETENT,EXT TRUNCAL VEIN, LEG	Yes	Yes
36466	INJ, SCLEROSANT, MULT INCOMPETENT,EXT TRUNCAL VEIN, SAME LEG	Yes	Yes
36468	SINGLE OR MULT INJ OF SCLEROSING SOL, SPIDER VEINS; LIMB OR TRUNK	Yes	Yes
36470	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN	Yes	Yes
36471	INJECTION SCLEROSING SOLUTION; MX VEINS SAME LEG	Yes	Yes
36473	ENDOVENOUS ABLATION INCOMP VEIN, EXTREMITY, INCLUSIVE, FIRST VEIN TREATED	Yes	Yes
36474	ENDOVENOUS ABLATION INCOMP VEIN, EXTREMITY, INCLUSIVE, =SUBSQ VEIN, EACH	Yes	Yes
36475	ENDOVENOUS ALATION, INCOMP VEIN, EXTREMITY, RF, 1 VEIN	Yes	Yes
36476	ENDOVENOUS ALATION, INCOMP VEIN, EXTREMITY, RF, 2 & > VEINS, EACH	Yes	Yes
36478	ENDOVENOUS ALATION, INCOMP VEIN, EXTREMITY, LASER, 1 VEIN	Yes	Yes
36479	ENDOVENOUS ALATION, INCOMP VEIN, EXTREMITY, LASER, 2 & > VEINS, EACH	Yes	Yes
36482	ENDOVENOUS ALATION, INCOMP VEIN, EXTREMITY, FIRST VEIN TREATED	Yes	Yes
36483	ENDOVENOUS ALATION, INCOMP VEIN, EXTREMITY, SUBS VEINS	Yes	Yes
36522	PHOTOPHERESIS EXTRACORPOREAL	Yes	Yes
37500	(SEPS)	Yes	Yes
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Yes	Yes
37700	LIG & DIV LONG SAPHENOUS VEIN SAPHENOFEMORAL	Yes	Yes
37718	LIG DIV&STRIPPING SHORT SAPHENOUS VEIN	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
37722	LIG DIV&STRIP LONG SAPH SAPHFEM JUNCT KNE/BELW	Yes	Yes
37735	LIG & STRIP LONG/SHORT SAPHENOUS W/RAD EXC ULCER	Yes	Yes
37760	LIGATION OF PERFORATOR VEINS, W/ OR W/O SKIN GRAFT; OPEN	Yes	Yes
37761	LIGATION OF PERFORATOR VEINS, SUBFACIAL, OPEN, INCL US, 1 LEG	Yes	Yes
37765	STAB PHLEBECT VARICOS VNS 1 EXT; 10-20 STAB INCI	Yes	Yes
37766	STAB PHLEBECT VARICOSE VNS 1 EXTREM; > 20 INCI	Yes	Yes
37780	LIG&DIV SHORT SAPHENOUS VEIN SAPHENOPOP JUNC-SP	Yes	Yes
37785	LIGATION DIV &/ EXC VARICOSE VEIN CLUSTER 1 LEG	Yes	Yes
41520	FRENOPLASTY	Yes	Yes
41530	SUBMUCOSAL ABLATION TONGUE BASE, RADIOFREQUENCY, 1 OR MORE SITES, PER SESSION	Yes	Yes
41599	UNLISTED PROCEDURES TONGUE, FLOOR OF MOUTH	Yes	Yes
42280	MAXILLARY IMPRESSION PALATAL PROSTHESIS	Yes	Yes
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	Yes	Yes
42299	UNLISTED PROCEDURE, PALATE, UVULA	Yes	Yes
46505	CHEMODENERVATION MUSC; INTERNAL ANAL SPHINCTER	Yes	Yes
64611	CHEMODENERVATION PAROTID AND SUBMANDIBULAR SALIVARY GLANDS; BILATERAL	Yes	Yes
64612	CHEMODENERVATION MUSC; MUSC INNERV FACIAL NERV	Yes	Yes
64615	CHEMODENERVATION MUSC; MUSC, TRIGEMINAL, CERVICAL, FOR MIGRAINES	Yes	Yes
64616	CHEMODENERVATION, MUSC, NECK DYSTONIA	Yes	Yes
64617	CHEMODENERVATION, MUSC, LARYNX, SPASMODIC DYSTONIA, UNILAT	Yes	Yes
64642	CHEMODENERVATION, 1 EXTREMITY, 1-4	Yes	Yes
64643	CHEMODENERVATION, 1 EXTREMITY, ADDT EXT EACH	Yes	Yes
64644	CHEMODENERVATION, 1 EXTREMITY, 5/> MUSCLE	Yes	Yes
64645	CHEMODENERVATION, 1 EXTREMITY, 5/> EACH	Yes	Yes
64646	CHEMODENERVATION, TRUNK MUSC, 1-5	Yes	Yes
64647	CHEMODENERVATION, TRUNK ,MUSC 6/>	Yes	Yes
64650	CHEMODENERVATION ECCRINE GLANDS; BOTH AXILLAE	Yes	Yes
64653	CHEMODENERVATION OTHER AREAS; SCALP, FACE NECK	Yes	Yes
67208	DESTRUCTION MACULAR, CRYOTHERAPY, DIATHERMY	Yes	Yes
67210	DESTRUCTION MACULAR, CRYOTHERAPY, PHOTOCOAGULATION	Yes	Yes
67218	DESTRUCTION MACULAR, RADIATION IMPLANT	Yes	Yes
67220	DESTRUCTION, LOCALIZED LESION CHOROID, PHOTOCOAG, 1 OR MORE LESIONS	Yes	Yes
67221	DESTRUCTION LOCALIZED LESION CHOROID, PHOTODYNAMIC	Yes	Yes
67225	DESTRUCTION LOCALIZED LESION CHOROID, PHOTODYNAMIC, SECOND EYE	Yes	Yes
67299	UNLISTED PROCEDURE, POSTERIOR SEGMENT	Yes	Yes
67900	REPAIR OF BROW PTOSIS	Yes	Yes
67901	RPR BLPOS FRNTIS MUSC SUTR/OTH MATRL	Yes	Yes
67902	RPR BLPOS FRNTIS MUSC AUTOL FSCAL SLING	Yes	Yes
67903	REP BLEPHAROPT; LEVATOR RES/ADVMENT INTRL APPRCH	Yes	Yes
67904	REPR BLEPHAROPT; LEVATOR RES/ADVMENT EXT APPRCH	Yes	Yes
67906	REPR BLEPHAROPT; SUP RECTUS TECH W/FASCL SLING	Yes	Yes
67908	REPR BLEPHAROPTOSIS; CONJUNC-TARSO-MULLER'S	Yes	Yes
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	Yes	Yes
67911	CORRECTION OF LID RETRACTION	Yes	Yes
67912	CORRECTION OF LAGOPHTHALMOS, W/ IMPLANTATION OR UPPER EYELID LID LOAD	Yes	Yes
67914	REPAIR OF ECTROPION; SUTURE	Yes	Yes
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	Yes	Yes
67916	REPAIR ECTROPION; EXCISION TARSAL WEDGE	Yes	Yes
67917	REPAIR OF ECTROPION; EXTENSIVE	Yes	Yes
67921	REPAIR OF ENTROPION; SUTURE	Yes	Yes
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	Yes	Yes
67923	REPAIR ENTROPION; EXCISION TARSAL WEDGE	Yes	Yes
67924	REPAIR OF ENTROPION; EXTENSIVE	Yes	Yes
96567	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT	Yes	Yes
96570	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPL LIGHT, ABNORMAL TISSUE, 1ST 30 MIN	Yes	Yes
96571	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPL LIGHT, ABNORMAL TISSUE, EA ADDTL 15 MIN	Yes	Yes
96573	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT, PER DAY	Yes	Yes
96574	followed with photodynamic therapy by external application of light to destroy premalignant	Yes	Yes
96900	ACTINOTHERAPY (UV LIGHT)	Yes	Yes
96904	WHOLE BODY INTEGUMENTARY PHOTOTHERAPY	Yes	Yes
96910	PHOTOCHEMOTHERAPY	Yes	Yes
96912	PSORALENS AND UV A	Yes	Yes
96913	PHOTOCHEMOTHERAPY; 4-8HRS UNDER DIRECT SUP OF MD	Yes	Yes
96920	LASER TX INFLAM SKIN DZ; TOT AREA < 250 SQ CM	Yes	Yes



CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
96921	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	Yes	Yes
96922	Excimer laser treatment for psoriasis; over 500 sq cm	Yes	Yes
0232T	PLATELET RICH PLASMA, INJ , ANY SITE, INCL IMAGING GUID, HERVEST, PREP	Yes	Yes
0463T	EXTERNAL COUNTERPULSATION	Yes	Yes
G0166	EXTERNAL COUNTERPULSATION, PER TX SESSION	Yes	Yes
G0460	centrifugation, and all other preparatory procedures, administration and dressings, per	Yes	Yes
P9020	PLATELET RICH PLASMA	Yes	Yes
S2068	BREAST RECONS W/ DEEP INF EPIGASTRIC PERFORATOR FLAP, UNILATERAL	Yes	Yes
S2202	ECHOSCLEROTHERAPY	Yes	Yes
S2340	CHEMODENERVATION OF ABDUCTOR MUSCLES OF VOCAL CORD	Yes	Yes
S2341	CHEMODENERVATION OF ADDUCTOR MUSCLES OF VOCAL CORD	Yes	Yes
S2342	NASAL ENDOSCOPY FOLLOWING NASAL SURGERY, USING INFLATABLE DEV	Yes	Yes
S8948	LOW LEVEL LASER TREATMENT, 15 MIN	Yes	Yes
<b>DENTAL PX - ANESTHESIA</b>	<b>BENEFITS TO BE VERIFIED</b>		
01999	UNLISTED ANESTHESIA FOR PROCEDURES	Yes	Yes
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	Yes	Yes
0792T	professional	Yes	Yes
D0120	PERIODIC ORAL EVAL	Yes	Yes
D0140	LIMITED ORAL EVAL	Yes	Yes
D0150	COMPREHENSIVE ORAL EVAL	Yes	Yes
D0160	DETAILED & EXT ORAL EVAL	Yes	Yes
D0170	RE-EVAL, NOT POST-OP VS	Yes	Yes
D0220	INTRAORAL,PERIAPICAL,FIRST FILM	Yes	Yes
D0230	INTRAORAL,PERIAPICAL,EA ADD FILM	Yes	Yes
D0240	INTRAORAL-OCCLUSAL FILM	Yes	Yes
D0321	OTHER TMJ FILMS	Yes	Yes
D0330	PANORAMIC FILM	Yes	Yes
D0340	CEPHALOMETRIC FILM	Yes	Yes
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	Yes	Yes
D0470	DIAGNOSTIC CASTS	Yes	Yes
D5988	SURGICAL SPLINT	Yes	Yes
D7111	EXTRACTION,CORONAL REMNANTS-DEC TEETH	Yes	Yes
D7140	EXTRACTION,ERUPTED TOOTH OR EXP ROOT	Yes	Yes
D7210	SURG REMOVAL ERUPT TOOTH REQ ELEV OF MUCOPERIOSTEAL FLAP & REMOV OF BONE	Yes	Yes
D7220	REMOVAL OF IMPACTED TOOTH, SOFT TISSUE	Yes	Yes
D7230	REMOVAL OF IMPACTED TOOTH, PARTIALLY BONY	Yes	Yes
D7240	REMOVAL OF IMPACTED TOOTH, COMPLETELY BONY	Yes	Yes
D7241	REMOVAL OF IMPACTED TOOTH, COMPLETELY BONY, W/UNUSUAL SURG COMPLICATIONS	Yes	Yes
D7250	SURG REMOVAL OF RESIDUAL TOOTH ROOTS	Yes	Yes
D7260	ORAL ANTRAL FISTULA CLOSURE	Yes	Yes
D7261	PRIMARY CLOSURE OF SINUS PERFORATION	Yes	Yes
D7285	BIOPSY OF ORAL TISSUE-HAR (BONE,TOOTH)	Yes	Yes
D7286	BIOPSY OF ORAL TISSUE-SOFT	Yes	Yes
D7292	SURG PLACEMENT TEMP ANCHORAGE DEVICE (SCREW RETAINED PLATE)REQ SURG FLAP	Yes	Yes
D7294	SURG PLACEMENT TEMP ANCHORAGE DEVICE WITHOUT SURG FLAP	Yes	Yes
D7410	EXC BENIGN LESION UP TO 1.25 CM	Yes	Yes
D7411	EXC BENIGN LESION GREATER THAN 1.25 CM	Yes	Yes
D7412	EXC OF BENIGN LESION,COMPLICATED	Yes	Yes
D7415	EXC OF MALIGNANT LESION, COMPLICATED	Yes	Yes
D7440	EXC MALIGNANT TUMOR, LESION UP TO 1.25 CM	Yes	Yes
D7441	EXC MALIGNANT TUMOR, LESION GREATER THAN 1.25 CM	Yes	Yes
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR UP TO 1.25 CM	Yes	Yes
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR GREATER THAN 1.25 CM	Yes	Yes
D7460	REMOVAL BENIGN NONODONTOGENIC CYST OR TUMOR, LESION UP TO 1.25 CM	Yes	Yes
D7461	REMOVAL BENIGN NONODONTOGENIC CYST OR TUMOR, LESION GREATER THAN 1.25 CM	Yes	Yes
D7465	DESTRUCTION LESION BY PHYSICAL OR CHEMICAL METHODS	Yes	Yes
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	Yes	Yes
D7472	REMOVAL OF TORUS PALATINUS	Yes	Yes
D7473	REMOVAL OF TORUS MANDIBULARIS	Yes	Yes
D7485	SURG REDUCTION OF OSSEOUS TUBEROSITY	Yes	Yes
D7510	I&D ABSCESS,INTRAORAL SOFT TISSUE	Yes	Yes
D7511	I&D ABSCESS,INTRAORAL SOFT TISSUE COMPLICATED	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
D7520	I&D ABSCESS,EXTRAORAL SOFT TISSUE	Yes	Yes
D7521	I&D ABSCESS-EXTRAORAL SOFT TISSUE-COMPLICATED	Yes	Yes
D7530	REMOVAL FOREIGN BODY FROM MUCOSA, SKIN, OR SUBQ ALVEOLAR TISSUE	Yes	Yes
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	Yes	Yes
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL NONVITAL BONE	Yes	Yes
D7620	MAXILLA,CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	Yes	Yes
D7630	MANDIBLE,OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	Yes	Yes
D7640	MANDIBLE,CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	Yes	Yes
D7680	FACIAL BONES,COMPLICATED REDUCTION W/FIXATION & MULTIPLE SURG APPROACHES	Yes	Yes
D7810	OPEN REDUCTION OF DISLOCATION	Yes	Yes
D7830	MANIPULATION UNDER ANESTHESIA	Yes	Yes
D7840	CONDYLECTOMY	Yes	Yes
D7850	SUG DISCECTOMY, WITH/WITHOUT IMPLANT	Yes	Yes
D7858	JOINT RECONTRUCTION	Yes	Yes
D7860	ARTHROTOMY	Yes	Yes
D7865	ARTHROPLASTY	Yes	Yes
D7870	ARTHROCENTESIS	Yes	Yes
D7872	ARTHROSCOPY,DIAGNOSIS, W/WO BIOPSY	Yes	Yes
D7873	ARTHROSCOPY,SURGICAL:LAVAGE & LYSIS OF ADHESIONS	Yes	Yes
D7880	OCCLUSAL ORTHOTIC APPLIANCE	Yes	Yes
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	Yes	Yes
D7911	COMPLICATED SUTURE, UP TO 5 CM	Yes	Yes
D7912	COMPLICATED SUTURE, GREATER THAN 5 CM	Yes	Yes
D7920	SKIN GRAFT	Yes	Yes
D7940	OSTEOPLASTY,FOR ORTHOGNATHIC DEFORMITIES	Yes	Yes
D7941	OSTEOTOMY-MANDIBULAR RAMI	Yes	Yes
D7943	OSTEOTOMY-MANDIBULAR RAMI W/BONE GRAFT	Yes	Yes
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL	Yes	Yes
D7946	LEFORT I (MAXILLA,TOTAL)	Yes	Yes
D7947	LEFORT I (MAXILLA,SEGMENTED)	Yes	Yes
D7948	RETRUSION), W/O BONE GRAFT	Yes	Yes
D7950	OSSEOUS,OSTEOPERIOSTEAL,OR CARTILAGE GRAFT OF MANDIBLE OR MAXILLA	Yes	Yes
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION	Yes	Yes
D7963	FRENULOPLASTY	Yes	Yes
D7970	EXC OF HYPERPLASTIC TISSUE, PER ARCH	Yes	Yes
D7980	SIALOLITHOTOMY	Yes	Yes
D7981	EXC OF SALIVARY GLAND	Yes	Yes
D7991	CORONOIDECTOMY	Yes	Yes
D7997	ARCHBAR	Yes	Yes
D9210		Yes	Yes
D9211	REGIONAL BLOCK ANESTHESIA	Yes	Yes
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	Yes	Yes
D9215		Yes	Yes
D9219	EVALUATE FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA	Yes	Yes
D9220	DEEP SEDATION/GENERAL ANESTHESIA, FIRST 30 MINS	Yes	Yes
D9222	DEEL SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	Yes	Yes
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	Yes	Yes
D9230	INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS	Yes	Yes
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA - FIRST 15 MINUTES	Yes	Yes
D9243	MINUTES INCREMENT	Yes	Yes
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	Yes	Yes
G0330	monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use	Yes	Yes
<b>DME</b>	<b>BENEFITS TO BE VERIFIED</b>		
A4468	Exsufflation belt, includes all supplies and accessories	Yes	Yes
A4540	arm	Yes	Yes
A4541	Monthly supplies for use of device coded at E0733	Yes	Yes
A4542	the wrist	Yes	Yes
A4555	ELECTRODE/TRANSDUCER USE ELCTRICAL STIM DEVICE FOR CANCER TX, REPLACEMENT	Yes	Yes
A4560	Neuromuscular electrical stimulator (NMES), disposable, replacement only	Yes	Yes
A4561	Pessary, reusable, rubber, any type	Yes	Yes
A4562	Pessary, reusable, non rubber, any type	Yes	Yes
A4593	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, controller	Yes	Yes
A4594	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece,	Yes	Yes
A4596	Cranial electrotherapy stimulation (CES) system supplies and accessories, per month	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
A4600	SLEEVE INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EA	Yes	Yes
A4611	BATTERY, HEAVY DUTY; REPLACEMENT PT OWNED VENTILATOR	Yes	Yes
A4612	BATTERY CABLES, REPLACEMENT PATIENT OWNED VENTILATOR	Yes	Yes
A4613	BATTERY CHARGER, REPLACEMENT PATIENT OWNED VENTILATOR	Yes	Yes
A4633	REPLACEMENT BULB/LAMP FOR UV LIGHT THERAPY, EA	Yes	Yes
A4634	REPLACEMENT BULB/LAMP FOR YHERAPEUTIC LIGHT BOX, EA	Yes	Yes
A4638	REPL BATT PULSE GENER SYS	Yes	Yes
A5500	depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	Yes	Yes
A5501	from cast(s) of patient's foot (custom molded shoe), per shoe	Yes	Yes
A5512	source of 230 degrees fahrenheit or higher, total contact with patient's foot, including arch,	Yes	Yes
A5513	contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore	Yes	Yes
A5514	rectified cad model created from a digitized scan of the patient, total contact with patient's	Yes	Yes
A6516	Gradient compression wrap with adjustable straps, foot, each, custom	Yes	Yes
A6517	Gradient compression wrap with adjustable straps, below knee, each, custom	Yes	Yes
A6520	Gradient compression garment, glove, padded, for nighttime use, each	No	No
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each	Yes	Yes
A6522	Gradient compression garment, arm, padded, for nighttime use, each	No	No
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each	Yes	Yes
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each	No	No
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each	Yes	Yes
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each	No	No
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each	Yes	Yes
A6528	Gradient compression garment, bra, for nighttime use, each	No	No
A6529	Gradient compression garment, bra, for nighttime use, custom, each	Yes	Yes
A6542	Gradient compression stocking, custom made	Yes	Yes
A6550	WOUND CARE SET FOR NEGATICE PRESSURE WOUND THERAPY (WOUNDVAC)	Yes	Yes
A6554	Gradient compression stocking, below knee, 40 mm Hg or greater, each	No	No
A6555	Gradient compression stocking, below knee, 40 mm Hg or greater, custom, each	Yes	Yes
A6556	Gradient compression stocking, thigh length, 18-30 mm Hg, custom, each	Yes	Yes
A6557	Gradient compression stocking, thigh length, 30-40 mm Hg, custom, each	Yes	Yes
A6558	Gradient compression stocking, thigh length, 40 mm Hg or greater, custom, each	Yes	Yes
A6559	Gradient compression stocking, full length/chap style, 18-30 mm Hg, custom, each	Yes	Yes
A6560	Gradient compression stocking, full length/chap style, 30-40 mm Hg, custom, each	Yes	Yes
A6561	Gradient compression stocking, full length/chap style, 40 mm Hg or greater, custom, each	Yes	Yes
A6562	Gradient compression stocking, waist length, 18-30 mm Hg, custom, each	Yes	Yes
A6563	Gradient compression stocking, waist length, 30-40 mm Hg, custom, each	Yes	Yes
A6564	Gradient compression stocking, waist length, 40 mm Hg or greater, custom, each	Yes	Yes
A6565	Gradient compression gauntlet, custom, each	Yes	Yes
A6567	Gradient compression garment, neck/head, custom, each	Yes	Yes
A6568	Gradient compression garment, torso and shoulder, each	No	No
A6569	Gradient compression garment, torso/shoulder, custom, each	No	No
A6570	Gradient compression garment, genital region, each	No	No
A6571	Gradient compression garment, genital region, custom, each	No	No
A6572	Gradient compression garment, toe caps, each	No	No
A6573	Gradient compression garment, toe caps, custom, each	Yes	Yes
A6574	Gradient compression arm sleeve and glove combination, custom, each	No	No
A6575	Gradient compression arm sleeve and glove combination, each	No	No
A6576	Gradient compression arm sleeve, custom, medium weight, each	Yes	Yes
A6577	Gradient compression arm sleeve, custom, heavy weight, each	Yes	Yes
A6578	Gradient compression arm sleeve, each	No	No
A6579	Gradient compression glove, custom, medium weight, each	Yes	Yes
A6580	Gradient compression glove, custom, heavy weight, each	Yes	Yes
A6581	Gradient compression glove, each	No	No
A6582	Gradient compression gauntlet, each	No	No
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mm Hg, each	No	No
A6584	Gradient compression wrap with adjustable straps, not otherwise specified	No	No
A6585	Gradient pressure wrap with adjustable straps, above knee, each	No	No
A6586	Gradient pressure wrap with adjustable straps, full leg, each	No	No
A6587	Gradient pressure wrap with adjustable straps, foot, each	No	No
A6588	Gradient pressure wrap with adjustable straps, arm, each	No	No
A6589	Gradient pressure wrap with adjustable straps, bra, each	No	No
A6593	specified	No	No
A6594	each	No	No
A6595	each	No	No

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
A6596	Gradient compression bandaging supply, conforming gauze, per linear yd, any width, each	No	No
A6597	Gradient compression bandage roll, elastic long stretch, linear yd, any width, each	No	No
A6598	Gradient compression bandage roll, elastic medium stretch, per linear yd, any width, each	No	No
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yd, any width, each	No	No
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 sq cm, each	No	No
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each	No	No
A6602	width, each	No	No
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 sq cm, each	No	No
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 sq cm, each	No	No
A6605	Gradient compression bandaging supply, padded foam, per linear yd, any width, each	No	No
A6606	Gradient compression bandaging supply, padded textile, per linear yd, any width, each	No	No
A6607	width, each	No	No
A6608	linear yd, any width, each	No	No
A6609	Gradient compression bandaging supply, not otherwise specified	No	No
A6610	Gradient compression stocking, below knee, 18-30 mm Hg, custom, each	Yes	Yes
A7000	CANISTER, DISPOSABLE, WITH SUCTION PUMP (WOUNDVAC)	Yes	Yes
A7020	INTERFACE COUGH STIMULATING DEVICE, ALL COMPONENTS, REPLACE ONLY	Yes	Yes
A7021	oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)	Yes	Yes
A7023	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	Yes	Yes
A7025	HIGH FREQ CHEST WALL OSCILLATION SYSTEM VEST	Yes	Yes
A7026	HIGH FREQ CHEST WALL OSCILLATION SYSTEM HOSE	Yes	Yes
A7049	Expiratory positive airway pressure intranasal resistance valve	Yes	Yes
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED	Yes	Yes
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED	Yes	Yes
A9272	MECHANICAL WOUND SUCTION, DISPOSABLE, EA	Yes	Yes
A9274	EXERNAL AMB INSULIN DELIVERY SYSTEM, DISPOSABLE, EA	Yes	Yes
A9279	MONITORING FEATURE/DEVICE, STAND ALONE OR INTEGRATED	Yes	Yes
A9293	Fertility cycle (contraception & conception) tracking software application, FDA cleared, per	Yes	Yes
A9506	Graphite crucible for preparation of technetium Tc 99m-labeled carbon aerosol, one crucible	Yes	Yes
A9900	SUPPLY/ACCESSORY/SERVICE	Yes	Yes
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Yes	Yes
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY	Yes	Yes
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	Yes	Yes
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY	Yes	Yes
B4102	ENTERAL FORMULA, ADULTS, REPLACE FLUIDS & ELECTROLYTES, 500ML = 1U	Yes	Yes
B4103	ENTERAL FORMULA, PEDIATRICS, REPLACE FLUIDS & ELECTROLYTES, 500ML = 1U	Yes	Yes
B4105	IN LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING, EA	Yes	Yes
B4148	feeding/flushing syringe, administration set tubing, dressings, tape	Yes	Yes
B4164	PARENTERAL NUTRITION, CARBOHYDRATES	Yes	Yes
B4168	PARENTERAL NUTRITION, AMINO ACID 3.5%	Yes	Yes
B4172	PARENTERAL NUTRITION, AMINO ACID 5.5%	Yes	Yes
B4176	PARENTERAL NUTRITION, AMINO ACID 7%	Yes	Yes
B4178	PARENTERAL NUTRITION, AMINO ACID > 8.5%	Yes	Yes
B4180	PARENTERAL NUTRITION, CARBOHYDRATES, >50%	Yes	Yes
B4185	PARENTERAL NUTRITION, PER 10GMS LIPID	Yes	Yes
B4189	PARENTERAL NUTRITION, COMPOUNDED AMINO ACID/CARBOHYDRATES, 10-51GM PROTEIN	Yes	Yes
B4193	PARENTERAL NUTRITION, COMPOUNDED AMINO ACID/CARBOHYDRATES, 52-73GM PROTEIN	Yes	Yes
B4197	PROTEIN	Yes	Yes
B4199	PARENTERAL NUTRITION, COMPOUNDED AMINO ACID/CARBOHYDRATES, >100GM PROTEIN	Yes	Yes
B4216	PARENTERAL NUTRITION, ADDITIVES	Yes	Yes
B4220	PARENTERAL NUTRITION, SUPPLY KIT; PREMIX, PER DAY	Yes	Yes
B4222	PARENTERAL NUTRITION, SUPPLY KIT; HOME MIX, PER DAY	Yes	Yes
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	Yes	Yes
B5000	PARENTERAL NUTRITION, COMPOUNDED AMINO ACID/CARBOHYDRATES, RENAL	Yes	Yes
B5100	PARENTERAL NUTRITION, COMPOUNDED AMINO ACID/CARBOHYDRATES, HEPATIC	Yes	Yes
B5200	AMINO ACIDS	Yes	Yes
B9002	ENTERAL NUTRITION INFUSION PUMP	Yes	Yes
B9004	PARENTERAL INFUSION PUMP, PORTABLE	Yes	Yes
B9006	PARENTERAL INFUSION PUMP, STATIONARY	Yes	Yes
B9998	UNSPECIFIED ENTERAL SUPPLIES	Yes	Yes
B9999	UNSPECIFIED PARENTERAL SUPPLIES	Yes	Yes
C1600	Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable)	Yes	Yes
C1601	Endoscope, single-use (i.e., disposable), pulmonary, imaging/illumination device (insertable)	Yes	Yes
C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components),	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
C1606	Adapter, single-use (i.e., disposable), for attaching ultrasound system to upper gastrointestinal	Yes	Yes
C9804	system components, nonopioid medical device (must be a qualifying Medicare nonopioid	Yes	Yes
C9806	system components, nonopioid medical device (must be a qualifying Medicare nonopioid	Yes	Yes
E0144	WALKER, ENCLOSED, 4 SIDED FRAMED, RIGID OR FOLDING, WHEELED W/ POTERIOR SEAT	Yes	Yes
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height	Yes	Yes
E0170	COMMODE CHAIR W/INTEGRATED SEAT LIFT MECHANISM; ELECTRIC	Yes	Yes
E0181	PWR PRESSURE REDUCING MATTRESS OVERLY/PAD PUMP	Yes	Yes
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	Yes	Yes
E0184	DRY PRESSURE MATTRESS	Yes	Yes
E0185	GEL PRESSURE MATTRESS PAD	Yes	Yes
E0186	AIR PRESSURE MATTRESS	Yes	Yes
E0187	WATER PRESSURE MATTRESS	Yes	Yes
E0193	POWERED AIR FLOTATION BED	Yes	Yes
E0194	AIR FLUIDIZED BED	Yes	Yes
E0196	GEL PRESSURE MATTRESS	Yes	Yes
E0197	AIR PRESSURE PAD FOR MATTRES	Yes	Yes
E0198	WATER PRESSURE PAD FOR MATTR	Yes	Yes
E0199	DRY PRESSURE PAD FOR MATTRES	Yes	Yes
E0201	Penile contracture device, manual, greater than 3 lbs traction force	Yes	Yes
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	Yes	Yes
E0203	THERAPEUTIC LIGHTBOX	Yes	Yes
E0217	WATER CIRCULATING HEAT PAD W/ PUMP	Yes	Yes
E0218	WATER CIRCULATING COLD PAD W/ PUMP	Yes	Yes
E0221	INFRARED HEATING SYSTEM	Yes	Yes
E0225	HYDROCOLLATOR UNIT, INCLUDES PADS	Yes	Yes
E0235	PARAFFIN BATH UNIT PORTABLE	Yes	Yes
E0236	PUMP FOR WATER CIRCULATING PAD	Yes	Yes
E0239	HYDROCOLLATOR UNIT, PORTABLE	Yes	Yes
E0250	HOSP BED FIXED HT W/ MATTRES	Yes	Yes
E0251	HOSP BED FIXD HT W/O MATTRES	Yes	Yes
E0255	HOSPITAL BED VAR HT W/ MATTR	Yes	Yes
E0256	HOSPITAL BED VAR HT W/O MATT	Yes	Yes
E0260	HOSP BED SEMI-ELECTR W/ MATT	Yes	Yes
E0261	HOSP BED SEMI-ELECTR W/O MAT	Yes	Yes
E0265	HOSP BED TOTAL ELECTR W/ MAT	Yes	Yes
E0266	HOSP BED TOTAL ELEC W/O MATT	Yes	Yes
E0270	HOSP BED, INSTITUTIONAL INCL; OSCILLATING, CIRCULATING, STRYKER FRAME, W/MATTRESS	Yes	Yes
E0271	MATTRESS, INNERSPRING	Yes	Yes
E0272	MATTRESS, FOAM RUBBER	Yes	Yes
E0277	POWERED PRES-REDU AIR MATTRS	Yes	Yes
E0290	HOSP BED FX HT W/O RAILS W/M	Yes	Yes
E0291	HOSP BED FX HT W/O RAIL W/O	Yes	Yes
E0292	HOSP BED VAR HT W/O RAIL W/O	Yes	Yes
E0293	HOSP BED VAR HT W/O RAIL W/	Yes	Yes
E0294	HOSP BED SEMI-ELECT W/ MATTR	Yes	Yes
E0295	HOSP BED SEMI-ELECT W/O MATT	Yes	Yes
E0296	HOSP BED TOTAL ELECT W/ MATT	Yes	Yes
E0297	HOSP BED TOTAL ELECT W/O MAT	Yes	Yes
E0300	ENCLOSED PED CRIB HOSP GRADE	Yes	Yes
E0301	HD HOSP BED, 350-600 LBS	Yes	Yes
E0302	EX HD HOSP BED > 600 LBS	Yes	Yes
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350	Yes	Yes
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN	Yes	Yes
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED	Yes	Yes
E0328	HOSP BED PED MANUAL INCL MAT	Yes	Yes
E0329	HOSP BED PED ELECTRIC INCL M	Yes	Yes
E0372	POWERED AIR OVERLAY FOR MATTRESS	Yes	Yes
E0424	STATIONARY COMPRESSED GAS O2	Yes	Yes
E0425	GAS SYSTEM STATIONARY COMPRE	Yes	Yes
E0430	OXYGEN SYSTEM GAS PORTABLE	Yes	Yes
E0431	PORTABLE GASEOUS O2	Yes	Yes
E0433	PORTABLE LIQUID O2, RENTAL, HOEM LIQUIFIER	Yes	Yes
E0434	PORTABLE LIQUID O2	Yes	Yes
E0435	OXYGEN SYSTEM LIQUID PORTABL	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
E0439	STATIONARY LIQUID O2	Yes	Yes
E0440	OXYGEN SYSTEM LIQUID STATION	Yes	Yes
E0441	OXYGEN CONTENTS, GASEOUS	Yes	Yes
E0442	OXYGEN CONTENTS, LIQUID	Yes	Yes
E0443	PORTABLE O2 CONTENTS, GAS	Yes	Yes
E0444	PORTABLE O2 CONTENTS, LIQUID	Yes	Yes
E0445	OXIMETER NON-INVASIVE	Yes	Yes
E0446	TOPICAL OXYGEN SYSTEM	Yes	Yes
E0447	4L PER MIN	Yes	Yes
E0455	OXYGEN TENT EXCL CROUP/PED T	Yes	Yes
E0457	CHEST SHELL	Yes	Yes
E0459	CHEST WRAP	Yes	Yes
E0462	ROCKING BED, W/ OR W/O SIDERAILS	Yes	Yes
E0465	HOME VENTILATOR, ANY TYPE	Yes	Yes
E0466	PRESSURE SUPPORT VENTILATOR	Yes	Yes
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough	Yes	Yes
E0469	device	Yes	Yes
E0470	RAD W/O BACKUP NON-INV INTFC	Yes	Yes
E0471	RAD W/BACKUP NON INV INTRFC	Yes	Yes
E0472	RAD W BACKUP INVASIVE INTRFC	Yes	Yes
E0480	PERCUSSOR, ELECT OR PNEUMATIC, HOME MODEL	Yes	Yes
E0481	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM	Yes	Yes
E0482	COUGH STIMULATING DEVICE	Yes	Yes
E0483	receiving simultaneous external oscillation, includes all accessories and supplies, each	Yes	Yes
E0484	NON-ELEC OSCILLATORY PEP DVC	Yes	Yes
E0485	ADJ	Yes	Yes
E0486	ADJ	Yes	Yes
E0490	electrical stimulation of the tongue muscle, controlled by hardware remote	Yes	Yes
E0491	conjunction with the power source and control electronics unit, controlled by hardware	Yes	Yes
E0492	POWER SRC&CTRL ELEC ORAL DVC NEUMUSC ELC STM TNG	Yes	Yes
E0493	ORAL DVC NM ELC STIM TONGUE MUSC PWR S&C ELC 90D	Yes	Yes
E0530	and accessories, any type	Yes	Yes
E0562	HUMIDIFIER, NON HEATED USED W/ POSITIVE AIRWAY PRESSURE DEVICE	Yes	Yes
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL	Yes	Yes
E0601	CONTINUOUS AIRWAY PRESSURE DEVICE	Yes	Yes
E0617	AUTOMATIC EXT DEFIBRILLATOR	Yes	Yes
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	Yes	Yes
E0619	APNEA MONITOR W RECORDER	Yes	Yes
E0621	PATIENT LIFT SLING OR SEAT	Yes	Yes
E0625	PATIENT LIFT, NO OTHERWISE CLASSIFIED	Yes	Yes
E0627	SEAT LIFT INCORP LIFT-CHAIR	Yes	Yes
E0629	SEAT LIFT FOR PT FURN-NON-EL	Yes	Yes
E0630	PATIENT LIFT HYDRAULIC	Yes	Yes
E0635	PATIENT LIFT ELECTRIC	Yes	Yes
E0636	MULTIPOSITIONAL PT SUPPORT SYSTEM, W/ INTEGRATED LIFT	Yes	Yes
E0637	COMBINATION SIT TO STAND SYSTEM, W/ SEATLIFT, W/ OR W/O WHEELS	Yes	Yes
E0638	STANDING FRAME SYSTEM, ONE POSITION, W/ OR W/O WHEELS	Yes	Yes
E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISSASSEMBLY AND REASSEMBLY	Yes	Yes
E0640	PATIENT LIFT, FIXED SYSTEM	Yes	Yes
E0641	STANDING FRAME, MULTI-POSITION, W/ OR W/O WHEELS	Yes	Yes
E0642	STANDNG FRAME SYSTEM, MOBILE	Yes	Yes
E0650	PNEUMA COMPRESOR NON-SEGMENT	Yes	Yes
E0651	PNEUM COMPRESSOR SEGMENTAL	Yes	Yes
E0652	PNEUM COMPRES W/CAL PRESSURE	Yes	Yes
E0655	NONSEG PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, HALF ARM	Yes	Yes
E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, TRUNK	Yes	Yes
E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, CHEST	Yes	Yes
E0660	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, FULL LEG	Yes	Yes
E0665	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, FULL ARM	Yes	Yes
E0666	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, HALF LEG	Yes	Yes
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, FULL LEG	Yes	Yes
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, FULL ARM	Yes	Yes
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, HALF LEG	Yes	Yes
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	Yes	Yes
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	Yes	Yes
E0675	FOR ARTERIALINSUFF	Yes	Yes
E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS	Yes	Yes
E0677	Nonpneumatic sequential compression garment, trunk	Yes	Yes
E0678	NONPNEUMATIC SEQUENTIAL COMPRES GARMENT FULL LEG	Yes	Yes
E0679	NONPNEUMATIC SEQUENTIAL COMPRES GARMENT HALF LEG	Yes	Yes
E0680	NONPNEUMATIC COMPRES CONTROL W/SEQ CALIBR GRAD P	Yes	Yes
E0681	NONPNEUMATIC COMPRESS CONTROL WO CALIBRAT GRAD P	Yes	Yes
E0682	Nonpneumatic sequential compression garment, full arm	Yes	Yes
E0683	Nonpneumatic, nonsequential, peristaltic wave compression pump	Yes	Yes
E0691	2SQ FT	Yes	Yes
E0692	UV LIGHT THERAPY SYS PANEL, INCL BULBS/LAMPS, TIMER AND EYE PROTECTION, 4 FT PANEL	Yes	Yes
E0693	UV LIGHT THERAPY SYS PANEL, INCL BULBS/LAMPS, TIMER AND EYE PROTECTION, 6 FT PANEL	Yes	Yes
E0694	UV LIGHT THERAPY SYS PANEL, INCL BULBS/LAMPS, TIMER AND EYE PROTECTION, 6 FT PANEL	Yes	Yes
E0715	Intravaginal device intended to strengthen pelvic floor muscles during Kegel exercises	Yes	Yes
E0716	during Kegel exercises	Yes	Yes
E0731	FORM-FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS	Yes	Yes
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-	Yes	Yes
E0739	therapy, includes all components and accessories, motors, microprocessors, sensors	Yes	Yes
E0746	ELECTROMYOGRAPHY BIOFEEDBACK DEVICE	Yes	Yes
E0761	NON THERMAL HIGH FREQUENCY RADIOWAVES	Yes	Yes
E0767	device, for cancer treatment, includes all accessories	Yes	Yes
E0779	EXT AMB INFUSN PUMP, INF > 8 HRS	Yes	Yes
E0780	EXT AMB INFUSN PUMP, INF < 8HRS	Yes	Yes
E0781	AMB INF PUMP, SIGLE OR MULT CHANNELS	Yes	Yes
E0782	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE	Yes	Yes
E0783	INFUSION PUMP, IMPLANTABLE, PROGRAMMABLE	Yes	Yes
E0784	EXT AMB INFUSN PUMP INSULIN	Yes	Yes
E0785	IMPLANTABLE EPIDURAL/INTRATHECAL CATH W/PUMP	Yes	Yes
E0786	IMPLANTABLE PROGRAM INF PUMP, REPL (EXCLUDES EPI/INTRATH)	Yes	Yes
E0791	PARENTERAL INF PUMP, STATIONARY	Yes	Yes
E0840	TRACTION FRAME, CERVICAL TRACTION	Yes	Yes
E0849	TRACTION EQP CERV FREESTAND STAND/FRME PNEUMATIC	Yes	Yes
E0850	TRACTION STAND, FREESTANDING, CERVICAL TRACTION	Yes	Yes
E0855	CERVICAL TRACTION DEVICE	Yes	Yes
E0870	TRACTION FRAME, EXTREMITY TRACTION	Yes	Yes
E0880	TRACTION FRAME, FREESTANDING, EXTREMITY TRACTION	Yes	Yes
E0890	TRACTION FRAME, PELVIC TRACTION	Yes	Yes
E0900	TRACTION FRAME, FREESTANDING, PELVIC TRACTION	Yes	Yes
E0935	CPM DEVICE KNEE	Yes	Yes
E0936	CPM DEVICE OTHER THAN KNEE	Yes	Yes
E0946	FRACTURE FRAME DUAL CROSS BARS	Yes	Yes
E0950	WHEELCHAIR ACCESS; TRAY	Yes	Yes
E0955	WHEELCHAIR ACCESS; HEADREST	Yes	Yes
E0956	WHEELCHAIR ACCESS; LATERAL TRUNK/HIP SUPPORT	Yes	Yes
E0957	WHEELCHAIR ACCESS; MEDIAL THIGH SUPPORT	Yes	Yes
E0958	MANUAL WC ACCESS; ONE ARM DRIVE ATTACHMENT	Yes	Yes
E0959	MANUAL WC ACCESS; ADAPTER FOR AMPUTEE	Yes	Yes
E0960	WHEELCHAIR ACCESS; SHOULDER HARNESS/STRAPS	Yes	Yes
E0961	WHEEL LOCK BRAKE EXTENSION	Yes	Yes
E0966	MANUAL WC ACCESS; HEADREST EXT	Yes	Yes
E0967	MANUAL WC ACCESS; HAND RIM W/PROTECTIONS	Yes	Yes
E0970	NO 2 FOOTPLATES, EXCEPT FOR ELEV LEGRESTS	Yes	Yes
E0983	MANUAL WC ACCESS, POWER ADD ON; JOYSTICK	Yes	Yes
E0984	MANUAL WC ACCESS, POWER ADD ON; TILLER CONTROL	Yes	Yes
E0985	W/C SEAT LIFT MECHANISM	Yes	Yes
E0986	MANUAL WC ACCESS, PUSH ACTIVATED POWER ASSIT	Yes	Yes
E0988	MANUAL WC ACCESS, LEVER ACTIVATED POWER ASSIT	Yes	Yes
E1002	WHEELCHAIR ACCESS, POWER SEATING SYSTEM; TILT ONLY	Yes	Yes
E1003	WHEELCHAIR ACCESS, POWER SEATING SYSTEM; RECLINE ONLY, W/O SHEAR REDUCT	Yes	Yes
E1004	WHEELCHAIR ACCESS, POWER SEATING SYSTEM; RECLINE ONLY, W/MECH SHEAR REDUCT	Yes	Yes
E1005	WHEELCHAIR ACCESS, POWER SEATING SYSTEM; RECLINE ONLY, W/POWER SHEAR REDUCT	Yes	Yes
E1006	WHEELCHAIR ACCESS, POWER SEATING SYSTEM; TILT/RECLINE, W/O SHEAR REDUCT	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
E1007	WHEELCHAIR ACCESS, POWER SEATING SYSTEM; TILT/RECLINE, W/ MECH SHEAR REDUCT	Yes	Yes
E1008	WHEELCHAIR ACCESS, POWER SEATING SYSTEM; TILT/RECLINE, W/ POWER SHEAR REDUCT	Yes	Yes
E1009	WHEELCHAIR ACCESS, ADD TO POWER SEATING SYSTEM; MECH LEG ELEVATION	Yes	Yes
E1010	WHEELCHAIR ACCESS, ADD TO POWER SEATING SYSTEM; POWER LEG ELEVATION	Yes	Yes
E1015	SHOCK ABSORBER MANUAL WHEELCHAIR, EACH	Yes	Yes
E1016	SHOCK ABSORBER POWER WHEELCHAIR, EACH	Yes	Yes
E1017	HEAVY DUTY SHOCK ABSORBER HEAVY DUTY MANUAL WC	Yes	Yes
E1018	HEAVY DUTY SHOCK ABSORBER HEAVY DUTY POWER WC	Yes	Yes
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	Yes	Yes
E1022	Wheelchair transportation securement system, includes all components and accessories	Yes	Yes
E1023	Wheelchair transit securement system, includes all components and accessories	Yes	Yes
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other	Yes	Yes
E1029	WHEELCHAIR ACCESS, VENT TRAY; FIXED	Yes	Yes
E1030	WHEELCHAIR ACCESS, VENT TRAY; GIMBALED	Yes	Yes
E1031	ROLLABOUT CHAIR	Yes	Yes
E1032	other drive control interface	Yes	Yes
E1033	cushioned, includes all components and accessories	Yes	Yes
E1034	support, includes all components and accessories	Yes	Yes
E1035	MULTI POSITIONAL PATIENT TRANSFER SYSTEM, W/ INTEG SEAT	Yes	Yes
E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA WIDEM W/ INTEGRATED SEAT	Yes	Yes
E1037	TRANSPORT CHAIR, PED SIZE	Yes	Yes
E1038	TRNSPRT CHAIR ADLT SZ PT WT CAP TO&INCL 300 LBS	Yes	Yes
E1039	TRNSPRT CHAIR ADLT SZ HEVY DUTY PT WT CAP>300 LB	Yes	Yes
E1083	HEMI-WHEELCHAIR FIXED ARMS, DETACHABLE ELEVATING LEG RESTS	Yes	Yes
E1084	HEMI-WHEELCHAIR DETACHABLE ARMS, DETACHABLE ELEVATING LEG RESTS	Yes	Yes
E1085	HEMI-WHEELCHAIR FIXED ARMS, DETACHABLE FOOT RESTS	Yes	Yes
E1086	HEMI-WHEELCHAIR DETACHABLE ARMS, DETACHABLE FOOT RESTS	Yes	Yes
E1087	WHEELCHAIR LIGHTWT FIXED ARM, SWING AWAY DETACHABLE ELEV LEG RESTS	Yes	Yes
E1088	WHEELCHAIR LIGHTWEIGHT DET ARMS DESK, DETACHABLE ELEVATING LEG RESTS	Yes	Yes
E1089	WHEELCHAIR LIGHTWT FIXED ARM, SWING AWAY DETACHABLE FOOTREST	Yes	Yes
E1090	WHEELCHAIR LIGHTWEIGHT DET ARMS DESK, DETACHABLE FOOT RESTS	Yes	Yes
E1092	WHEELCHAIR WIDE W/ LEG RESTS	Yes	Yes
E1093	WHEELCHAIR WIDE W/ FOOT REST	Yes	Yes
E1100	WHCHR S-RECL FXD ARM LEG RES	Yes	Yes
E1110	WHEELCHAIR SEMI-RECL DETACH	Yes	Yes
E1161	MANUAL ADULT WC W TILTINSPAC	Yes	Yes
E1170	AMPUTEE WC, FIXED ARMS, SWING AWAY DETACH ELEV LEGRESTS	Yes	Yes
E1171	AMPUTEE WC, FIXED ARMS, W/O LEGRESTS	Yes	Yes
E1172	AMPUTEE WC, DETACH ARMS, W/O LEGRESTS	Yes	Yes
E1180	AMPUTEE WC, DETACH ARMS, W/ SWING AWAY DETACH LEGRESTS	Yes	Yes
E1190	AMPUTEE WC, DETACH ARMS, SWING AWAY DETACH ELEV LEGRESTS	Yes	Yes
E1195	HEAVY DUTY AMPUTEE WC , FIXED ARMS, SWING AWAY DETACH ELEV LEGRESTS	Yes	Yes
E1200	AMPUTEE WC, FIXED ARMS, SWING AWAY DETACH FOOTREST	Yes	Yes
E1220	WHLCHR SPECIAL SIZE/CONSTRUCTED	Yes	Yes
E1221	WHEELCHAIR SPEC SIZE W FOOT, FIXED ARM	Yes	Yes
E1222	WHEELCHAIR SPEC SIZE W/ ELEV LEGRESTS, FIXED ARM	Yes	Yes
E1223	WHEELCHAIR SPEC SIZE W FOOT, DETACHABLE ARMS	Yes	Yes
E1224	WHEELCHAIR SPEC SIZE W/ ELEV LEGRESTS, DETACHABLE ARMS	Yes	Yes
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK	Yes	Yes
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK	Yes	Yes
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	Yes	Yes
E1229	WHEELCHAIR PEDIATRIC SIZE NOS	Yes	Yes
E1230	POWER OPERATED VEHICLE	Yes	Yes
E1231	RIGID PED W/C TILT-IN-SPACE, W/ SEATING SYSTEM	Yes	Yes
E1232	FOLDING PED WC TILT-IN-SPACE, W/ SEATING SYSTEM	Yes	Yes
E1233	RIG PED WC TLTNSPC W/O SEATING SYSTEM	Yes	Yes
E1234	FLD PED WC TLTNSPC W/O SEATING SYSTEM	Yes	Yes
E1235	RIGID PED WC ADJUSTABLE, W/ SEATING SYSTEM	Yes	Yes
E1236	FOLDING PED WC ADJUSTABLE, W/ SEATING SYSTEM	Yes	Yes
E1237	RIG PED WC ADJUSTABL W/O SEATING SYSTEM	Yes	Yes
E1238	FLD PED WC ADJUSTABL W/O SEATING SYSTEM	Yes	Yes
E1239	POWER WHEELCHAIR PEDIATRIC SIZE NOS	Yes	Yes
E1240	WHEELCHAIR LITWT DET ARMS, SWING AWAY DET ELEV LEGRESTS	Yes	Yes
E1250	WHEELCHAIR LITWT FIXED ARMS, SWING AWAY DET ELEV LEGRESTS	Yes	Yes



CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
E1260	WHEELCHAIR LITWT DET ARMS, SWING AWAY DET ELEV LEGRESTS	Yes	Yes
E1270	WHEELCHAIR LIGHTWEIGHT, FIXED ARMS, SWING AWAY DET ELEV LEGRESTS	Yes	Yes
E1280	WHEELCHAIR HEAVY DUTY, DET ARM LEGRESTS	Yes	Yes
E1285	WHEELCHAIR HEAVY DUTY, FIXED ARM , SWING AWAY DET LEGRESTS	Yes	Yes
E1290	WHEELCHAIR HEAVY DUTY, DET ARM, SWING AWAY FOOTRESTS	Yes	Yes
E1295	WHEELCHAIR HEAVY DUTY FIXED, ELEVATING LEGREST	Yes	Yes
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Yes	Yes
E1297	SPECIAL WHEELCHAIR SEAT DEPTH BU UPHOLSTRY	Yes	Yes
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	Yes	Yes
E1300	WHIRLPOOL, PORTABLE	Yes	Yes
E1301	Whirlpool tub, walk-in, portable	Yes	Yes
E1310	WHIRLPOOL NON-PORTABLE	Yes	Yes
E1372	OXYGEN SUPPLY HEATER FOR NEBULIZER	Yes	Yes
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY, CAP DELIVERY 85% OR > OXYGEN CONC	Yes	Yes
E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY, CAP DELIVERY 85% OR > OXYGEN CONC	Yes	Yes
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	Yes	Yes
E1399	DURABLE MEDICAL EQUIPMENT, MISC	Yes	Yes
E1405	O2/WATER VAPOR ENRICH SYS W/HEATED DELIVERY	Yes	Yes
E1406	O2/WATER VAPOR ENRICH SYS W/O HEATED DELIVERY	Yes	Yes
E1510	KIDNEY DIALISATE DELIVERY SYSTEM	Yes	Yes
E1590	HEMODIALYSIS MACHINE	Yes	Yes
E1592	AUTO INTERMITTENT PERITONEAL DIALYSIS SYSTEM	Yes	Yes
E1594	CYCLER DIALYSIS MACHINE PERITONEAL DIALYSIS	Yes	Yes
E1610	REVERSE OSMOSIS WATER PURIFICATION SYSTEM; HEMODIALYSIS	Yes	Yes
E1615	DEIONIZER WATER PURIFICATION SYSTEM; HEMODIALYSIS	Yes	Yes
E1625	WATER SOFTENING SYSTEM FOR HEMODIALYSIS	Yes	Yes
E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM	Yes	Yes
E1632	WEARABLE ARTIFICIAL KIDNEY, EACH	Yes	Yes
E1635	COMPACT TRAVEL HEMODIALYZER	Yes	Yes
E1699	DIALYSIS EQUIPMENT NOC	Yes	Yes
E1700	JAW MOTION REHABILITATION SYSTEM	Yes	Yes
E1800	Dynamic adjustable elbow extension and flexion device, includes soft interface material	Yes	Yes
E1801	range of motion adjustment, includes all components and accessories	Yes	Yes
E1802	DYNAMIC ADJ FOREARM PRONATION/SUPINATION DEVICE	Yes	Yes
E1805	Dynamic adjustable wrist extension and flexion device, includes soft interface material	Yes	Yes
E1806	STATIC PROGRESSIVE STRETCH WRIST DEVICE EXT/FLEX DEVICE	Yes	Yes
E1810	Dynamic adjustable knee extension and flexion device, includes soft interface material	Yes	Yes
E1811	STATIC PROG KNEE DEVICE, EXT/FLEX, W/ OR W/O ROM ADJ	Yes	Yes
E1812	DYNAMIC ADJ KNEE EXT/FLEX DEVICE, W/ ACTIVE RESISTANCE CONTROL	Yes	Yes
E1815	Dynamic adjustable ankle extension and flexion device, includes soft interface materia	Yes	Yes
E1816	range of motion adjustment, includes all components and accessories	Yes	Yes
E1818	range of motion adjustment, includes all components and accessories	Yes	Yes
E1821	STRETCH DEVICE	Yes	Yes
E1825	Dynamic adjustable finger extension and flexion device, includes soft interface material	Yes	Yes
E1830	Dynamic adjustable toe extension and flexion device, includes soft interface material	Yes	Yes
E1831	STATIC PROGRESSIVE STRETCH TO DEVICE, EXTENSION/FLEXION	Yes	Yes
E1832	includes all components and accessories	Yes	Yes
E1840	DYNAMIC ADJ SHOULDER FLEX/ABD/ROTATION	Yes	Yes
E1841	adjustment, includes all components and accessories	Yes	Yes
E1902	AAC NON-ELECTRONIC BOARD	Yes	Yes
E2001	urine management system	Yes	Yes
E2100	BLD GLUCOSE MONITOR W/INTEGRATED VOICE SYNT	Yes	Yes
E2101	BLD GLUCOSE MONITOR W/INTEGRATED LANCING	Yes	Yes
E2120	PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT INNER EAR	Yes	Yes
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	Yes	Yes
E2208	Wheelchair accessory, cylinder tank carrier, each	Yes	Yes
E2209	Accessory, arm trough, with or without hand support, each	Yes	Yes
E2219	Manual wheelchair accessory, foam caster tire, any size, each	Yes	Yes
E2222	replacement only, each	Yes	Yes
E2291	BACK, PLANAR, PEDS WHEELCHAIR INCL FIXED ATTACHING HARDWARE	Yes	Yes
E2292	SEAT, PLANAR, PEDS WHEELCHAIR INCL FIXED ATTACHING HARDWARE	Yes	Yes
E2293	BACK, CONTOURED, PEDS WHEELCHAIR INCL FIXED ATTACHING HARDWARE	Yes	Yes
E2294	SEAT, CONTOURED, PEDS WHEELCHAIR INCL FIXED ATTACHING HARDWARE	Yes	Yes
E2295	MANUAL WC ACCESS, PED SIZE, DYNAMIC SEATING SYSTEM	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	Yes	Yes
E2301	POWER WHEELCHAIR ACCESS; POWER STANDING SYSTEM	Yes	Yes
E2310	POWER WC ACCESS; ELECTRONIC CONNECTION CONTROLLER/POWER SEATING SYS	Yes	Yes
E2311	SYS	Yes	Yes
E2312	POWER WC ACCESS; HAND/CHIN CONTROL INTERFACE W/ JOYSTICK	Yes	Yes
E2313	POWER WC ACCESS, HARNESS FOR UGRADE TO EXPANDABLE CONTROLLER	Yes	Yes
E2321	POWER WC ACCESS; HAND CONTROL INTERFACE W/ JOYSTICK	Yes	Yes
E2322	POWER WC ACCESS; HAND CONTROL INTERFACE W/ MULT MECH SWITCHES	Yes	Yes
E2323	POWER WC ACCESS; HAND CONTROL INTERFACE W/ SPECIALTY JOYSTICK	Yes	Yes
E2324	POWER WC ACCESS, CHIN CUP FO RCHIN CONTORL	Yes	Yes
E2325	POWER WC ACCESS, SIP/PUFF INTERFACE	Yes	Yes
E2326	POWER WC ACCESS, BREATH TUBE KIT FOR SIP/PUFF INTERFACE	Yes	Yes
E2327	POWER WC ACCESS, HEAD CONTROL INTERFACE, MECHANICAL	Yes	Yes
E2328	POWER WC ACCESS, HEAD CONTROL OR EXT INTERFACE, ELECTRONIC	Yes	Yes
E2329	POWER WC ACCESS, HEAD CONTROL INTERFACE, NONPORPORTIONAL, MECHANICAL	Yes	Yes
E2330	POWER WC ACCESS, HEAD CONTROL INTERFACE, NONPORPORTIONAL, MECHANICAL	Yes	Yes
E2331	POWER WC ACCESS, ATTENDANT CONTROL, PROPORTIONAL	Yes	Yes
E2340	POWER WC ACCESS, NON STANDARD SEAT FRAME, 20-23IN	Yes	Yes
E2341	POWER WC ACCESS, NON STANDARD SEAT FRAME, 24-27IN	Yes	Yes
E2342	POWER WC ACCESS, NON STANDARD SEAT FRAME, 20 OR 21IN	Yes	Yes
E2343	POWER WC ACCESS, NON STANDARD SEAT FRAME, 22-25IN	Yes	Yes
E2351	POWER WC ACCESS, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE	Yes	Yes
E2358	POWER WC ACCESS, GROUP 34 NON SEALED LEAD ACID BATTERY, EA	Yes	Yes
E2359	POWER WC ACCESS, GROUP 34 SEALED LEAD ACID BATTERY, EA	Yes	Yes
E2360	POWER WC ACCESS, GROUP 22 NF NON SEALED LEAD ACID BATTERY, EA	Yes	Yes
E2361	POWER WC ACCESS, GROUP 22 NF SEALED LEAD ACID BATTERY, EA	Yes	Yes
E2362	POWER WC ACCESS, GROUP 24 NON SEALED LEAD ACID BATTERY, EA	Yes	Yes
E2363	POWER WC ACCESS, GROUP 24 SEALED LEAD ACID BATTERY, EA	Yes	Yes
E2364	POWER WC ACCESS, GROUP U-1 NON SEALED LEAD ACID BATTERY, EA	Yes	Yes
E2365	POWER WC ACCESS, GROUP U-1 SEALED LEAD ACID BATTERY, EA	Yes	Yes
E2366	POWER WC ACCESS, BATTERY CHARGER, SINGLE MODE	Yes	Yes
E2367	POWER WC ACCESS, BATTERY CHARGER, DUAL MODE	Yes	Yes
E2368	POWER WC COMPONENT, MOTOR, REPLACEMENT ONLY	Yes	Yes
E2369	POWER WC COMPONENT, GEAR BOX, REPLACEMENT ONLY	Yes	Yes
E2370	POWER WC COMPONENT, MOTOR AND GEAR BOX, REPLACEMENT ONLY	Yes	Yes
E2371	POWER WC ACCESS, GROUP 27 SEALED LEAD ACID BATTERY, EA	Yes	Yes
E2372	POWER WC ACCESS, GROUP U-1 NON SEALED LEAD ACID BATTERY, EA	Yes	Yes
E2373	POWER WC ACCESS, HAND OR CHIN CONTROL INTERFACE, FIXED MOUNTING HARDWARE	Yes	Yes
E2374	POWER WC ACCESS, HAND OR CHIN CONTROL INTERFACE, REPLACMENT ONLY	Yes	Yes
E2375	REPLACEMENT ONLY	Yes	Yes
E2376	REPLACEMENT ONLY	Yes	Yes
E2377	POWER WC ACCESS, EXPANDABLE CONTROLLER, UPGRADED AT INITIAL ISSUE	Yes	Yes
E2378	POWER WC COMPONENT, ACTUATR, REPLACEMENT ONLY	Yes	Yes
E2381	POWER WC ACCESS, PNEUMATIC DRIVE WHEEL TIRE, REPLACEMENT ONLY	Yes	Yes
E2382	POWER WC ACCESS, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, REPLACEMENT ONLY	Yes	Yes
E2383	POWER WC ACCESS, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE, REPLACEMENT ONLY	Yes	Yes
E2384	POWER WC ACCESS, PNEMATIC CASTER TIRE, REPLACEMENT ONLY	Yes	Yes
E2385	POWER WC ACCESS, TUBE FOR PNEMATIC CASTER TIRE, REPLACEMENT ONLY	Yes	Yes
E2386	POWER WC ACCESS, FOAM FILLED DRIVE WHEEL, REPLACEMENT ONLY	Yes	Yes
E2387	POWER WC ACCESS, FOAM FILLED CASTER TIRE, REPLACEMENT ONLY	Yes	Yes
E2388	POWER WC ACCESS, FOAM DRIVE WHEEL TIRE, REPLACEMENT ONLY	Yes	Yes
E2389	POWER WC ACCESS, FOAM CASTER TIRE, REPLACEMENT ONLY	Yes	Yes
E2391	POWER WC ACCESS, SOLID DRIVE WHEEL TIRE, REPLACEMENT ONLY	Yes	Yes
E2392	POWER WC ACCESS, SOLID CASTER TIRE W/INTEGRATED WHEEL, REPLACEMENT ONLY	Yes	Yes
E2394	POWER WC ACCESS, DRIVE WHEEL EXCLUDES TIRE, REPLACEMENT ONLY	Yes	Yes
E2395	POWER WC ACCESS, CASTER WHEEL EXCLUDES TIRE, REPLACEMENT ONLY	Yes	Yes
E2396	POWER WC ACCESS, CASTER FORK, REPLACEMENT ONLY	Yes	Yes
E2397	POWER WC ACCESS, LITHIUM BASED BATTERY, EACH	Yes	Yes
E2402	NEGATIVE PRESS WOUND THERAPY PUMP	Yes	Yes
E2500	SPEECH GEN DEVC DIGITIZED </= 8 MINS REC TIME	Yes	Yes
E2502	SGD PREREC MSG >8MIN <=20MIN	Yes	Yes
E2504	SGD PREREC MSG>20MIN <=40MIN	Yes	Yes
E2506	SGD PREREC MSG > 40 MIN	Yes	Yes
E2508	SGD SPELLING PHYS CONTACT	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF	Yes	Yes
E2511	DIGITAL	Yes	Yes
E2512	SGD ACCESSORY, MOUNTING SYS	Yes	Yes
E2513	Accessory for speech generating device, electromyographic sensor	Yes	Yes
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	Yes	Yes
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	Yes	Yes
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	Yes	Yes
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	Yes	Yes
E2617	CSTM FAB WC BACK CUSHN ANY SIZE ANY MOUNT HARDWARE	Yes	Yes
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes	Yes
E3000	Speech volume modulation system, any type, including all components and accessories	Yes	Yes
E3200	all components and accessories, prescription only	Yes	Yes
E8000	GAIT TRAINER, PED SIZE, POSTERIOR SUPPORT	Yes	Yes
E8001	GAIT TRAINER, PED SIZE, UPRIGHT SUPPORT	Yes	Yes
E8002	GAIT TRAINER, PED SIZE, ANTERIOR SUPPORT	Yes	Yes
G0138	IV infusion of cipaglusosidase alfa-atga, including provider/supplier acquisition and clinical	Yes	Yes
G0248	DEMONSTRATE USE HOME INR MONITOR	Yes	Yes
G0249	PROVIDE TEST MATERIAL, EQUIPMENT INR MONITORING	Yes	Yes
G0552	course of treatment that augments a behavioral therapy plan	Yes	Yes
K0003	LIGHTWEIGHT WHEELCHAIR	Yes	Yes
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	Yes	Yes
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Yes	Yes
K0006	HEAVY DUTY WHEELCHAIR	Yes	Yes
K0007	EXTRA HEAVY DUTY WHEELCHAIR	Yes	Yes
K0009	OTHER MANUAL WHEELCHAIR/BASE	Yes	Yes
K0010	STANDARD-WEIGHT FRAME, MOTORIZED/POWER WHEELCHAIR	Yes	Yes
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Yes	Yes
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	Yes	Yes
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	Yes	Yes
K0052	Swingaway, detachable footrests, replacement only, each	Yes	Yes
K0070	each	Yes	Yes
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	Yes	Yes
K0606	AED GARMENT W/ ECG ANALYSIS	Yes	Yes
K0607	REPL BATT FOR AED	Yes	Yes
K0608	REPL GARMENT FOR AED	Yes	Yes
K0609	REPL ELECTRODE FOR AED	Yes	Yes
K0738	PORTABLE GAS OXYGEN SYSTEM	Yes	Yes
K0743	SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS	Yes	Yes
K0744	ABSORPTIVE WOUND DSG FOR USE WITH SUCTION PUMP, PORTABLE, PAD SIZE 16 SQ IN OR <	Yes	Yes
K0745	= 48 SQ IN	Yes	Yes
K0746	ABSORPTIVE WOUND DSG FOR USE WITH SUCTION PUMP, PORTABLE, PAD SIZE > 48 SQ IN	Yes	Yes
K0800	POV GROUP 1 STD UP TO 300 LBS	Yes	Yes
K0801	POV GROUP 1 HD 301-450 LBS	Yes	Yes
K0802	POV GROUP 1 VHD 451-600 LBS	Yes	Yes
K0806	POV GROUP 2 STD UP TO 300LBS	Yes	Yes
K0807	POV GROUP 2 HD 301-450 LBS	Yes	Yes
K0808	POV GROUP 2 VHD 451-600 LBS	Yes	Yes
K0812	POWER OPERATED VEHICLE NOC	Yes	Yes
K0813	PWC GP 1 STD PORTSLING/SOLID SEAT/BACK UP TO 300#	Yes	Yes
K0814	PWC GP 1 STD PORT CAP CHAIR	Yes	Yes
K0815	PWC GP 1 STD SEAT/BACK	Yes	Yes
K0816	PWC GP 1 STD CAP CHAIR	Yes	Yes
K0820	PWC GP 2 STD PORT SEAT/BACK	Yes	Yes
K0821	PWC GP 2 STD PORT CAP CHAIR	Yes	Yes
K0822	PWC GP 2 STD SEAT/BACK	Yes	Yes
K0823	PWC GP 2 STD CAP CHAIR	Yes	Yes
K0824	PWC GP 2 HD SEAT/BACK	Yes	Yes
K0825	PWC GP 2 HD CAP CHAIR	Yes	Yes
K0826	PWC GP2 VHD SEAT/BACK	Yes	Yes
K0827	PWC GP 2 VHD CAP CHAIR	Yes	Yes
K0828	PWC GP 2 XTRA HD SEAT/BACK	Yes	Yes
K0829	PWC GP 2 XTRA HD CAP CHAIR	Yes	Yes
K0830	PWC GP2 STD SEAT ELEVATE S/B	Yes	Yes
K0831	PWC GP2 STD SEAT ELEVATE CAP	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
K0835	PWC GP2 STD SING POW OPT S/B	Yes	Yes
K0836	PWC GP2 STD SING POW OPT CAP	Yes	Yes
K0837	PWC GP 2 HD SING POW OPT S/B	Yes	Yes
K0838	PWC GP 2 HD SING POW OPT CAP	Yes	Yes
K0839	PWC GP2 VHD SING POW OPT S/B	Yes	Yes
K0840	PWC GP2 XHD SING POW OPT S/B	Yes	Yes
K0841	PWC GP2 STD MULT POW OPT S/B	Yes	Yes
K0842	PWC GP2 STD MULT POW OPT CAP	Yes	Yes
K0843	PWC GP2 HD MULT POW OPT S/B	Yes	Yes
K0848	PWC GP 3 STD SEAT/BACK	Yes	Yes
K0849	PWC GP 3 STD CAP CHAIR	Yes	Yes
K0850	PWC GP 3 HD SEAT/BACK	Yes	Yes
K0851	PWC GP 3 HD CAP CHAIR	Yes	Yes
K0852	PWC GP 3 VHD SEAT/BACK	Yes	Yes
K0853	PWC GP 3 VHD CAP CHAIR	Yes	Yes
K0854	PWC GP 3 XHD SEAT/BACK	Yes	Yes
K0855	PWC GP 3 XHD CAP CHAIR	Yes	Yes
K0856	PWC GP3 STD SING POW OPT S/B	Yes	Yes
K0857	PWC GP3 STD SING POW OPT CAP	Yes	Yes
K0858	PWC GP3 HD SING POW OPT S/B	Yes	Yes
K0859	PWC GP3 HD SING POW OPT CAP	Yes	Yes
K0860	PWC GP3 VHD SING POW OPT S/B	Yes	Yes
K0861	PWC GP3 STD MULT POW OPT S/B	Yes	Yes
K0862	PWC GP3 HD MULT POW OPT S/B	Yes	Yes
K0863	PWC GP3 VHD MULT POW OPT S/B	Yes	Yes
K0864	PWC GP3 XHD MULT POW OPT S/B	Yes	Yes
K0868	PWC GP 4 STD SEAT/BACK	Yes	Yes
K0869	PWC GP 4 STD CAP CHAIR	Yes	Yes
K0870	PWC GP 4 HD SEAT/BACK	Yes	Yes
K0871	PWC GP 4 VHD SEAT/BACK	Yes	Yes
K0877	PWC GP4 STD SING POW OPT S/B	Yes	Yes
K0878	PWC GP4 STD SING POW OPT CAP	Yes	Yes
K0879	PWC GP4 HD SING POW OPT S/B	Yes	Yes
K0880	PWC GP4 VHD SING POW OPT S/B	Yes	Yes
K0884	PWC GP4 STD MULT POW OPT S/B	Yes	Yes
K0885	PWC GP4 STD MULT POW OPT CAP	Yes	Yes
K0886	PWC GP4 HD MULT POW S/B	Yes	Yes
K0890	PWC GP5 PED SING POW OPT S/B	Yes	Yes
K0891	PWC GP5 PED MULT POW OPT S/B	Yes	Yes
K0898	POWER WHEELCHAIR NOC	Yes	Yes
K0899	POW MOBILITY DEV NO SADMERC	Yes	Yes
K0900	CUSTOMIZED DME, OTHER THAN WC	Yes	Yes
K1028	electrical stimulation of the tongue muscle, controlled by phone application	Yes	Yes
K1029	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in	Yes	Yes
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility	Yes	Yes
K1031	Nonpneumatic compression controller without calibrated gradient pressure	Yes	Yes
K1032	Nonpneumatic sequential compression garment, full leg	Yes	Yes
K1033	Nonpneumatic sequential compression garment, half leg	Yes	Yes
K1035	FDA approved, authorized or cleared	Yes	Yes
K1037	Docking station for use with oral device/appliance used to reduce upper airway collapsibility	Yes	Yes
L1320	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with	Yes	Yes
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management	Yes	Yes
L5827	shock absorption and stance extension damping	Yes	Yes
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase	Yes	Yes
L6028	use without external power, not including inserts described bYes L6692	Yes	Yes
L6029	Upper extremityYes addition, test socket/interface, partial hand including fingers	Yes	Yes
L6030	Upper extremityYes addition, external frame, partial hand including fingers	Yes	Yes
L6031	external power	Yes	Yes
L6032	or equal)	Yes	Yes
L6033	Addition to upper extremityYes prosthesis, partial hand including fingers, acrYesic material	Yes	Yes
L6037	suspension of components, and one cast change, partial hand including fingers	Yes	Yes
L6700	pattern-recognition decoding intent movement	Yes	Yes
L7406	Addition to upper extremityYes, user adjustable, mechanical, residual limb volume management sYesstem	Yes	Yes
Q0478	POWER ADAPTER, USE W/ ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, VEHICEL TYPE	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
Q0479	ONLY	Yes	Yes
Q0480	DRIVER USE W/ ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACE ONLY	Yes	Yes
Q0481	ONLY	Yes	Yes
Q0482	VENTRIICULAR ASSIST DEVICE, REPLACE ONLY	Yes	Yes
Q0483	MONITOR/DISPLAY, USE W/ ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACE ONLY	Yes	Yes
Q0484	ONLY	Yes	Yes
Q0485	MONITOR CONTROL CABLE, USE W/ ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACE ONLY	Yes	Yes
Q0486	REPLACE ONLY	Yes	Yes
Q0487	LEADS, USE W/ ANY TYPE ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACE ONLY	Yes	Yes
Q0488	POWER BACK BASE, USE W/ ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACE ONLY	Yes	Yes
Q0489	ONLY	Yes	Yes
Q0490	EMERGENCY POWER SOURC, USE W/ ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACE ONLY	Yes	Yes
Q0491	REPLACE ONLY	Yes	Yes
Q0492	ONLY	Yes	Yes
Q0493	DEVICE, REPLACE ONLY	Yes	Yes
Q0494	REPLACE ONLY	Yes	Yes
Q0495	ASSIST DEVICE, REPLACE ONLY	Yes	Yes
Q0502	MOBILITY CART FOR PNEUMATIC VENTRICULAR DEVICE, REPLACE ONLY	Yes	Yes
Q0503	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACE ONLY	Yes	Yes
Q0504	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPACE ONLY	Yes	Yes
Q0506	DEVICE, REPLACE ONLY	Yes	Yes
S8120	O2 CONTENTS GAS CUBIC FT	Yes	Yes
S8121	O2 CONTENTS LIQUID LB	Yes	Yes
S8130	INTERFERENTIAL CURRENT STIMULATOR, 2 CHANNEL	Yes	Yes
S8131	INTERFERENTIAL CURRENT STIMULATOR, 4 CHANNEL	Yes	Yes
S9002	Intravaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation	Yes	Yes
<b>ENTERAL SOLUTIONS</b>	<b>BENEFITS TO BE VERIFIED</b>		
B4102	ENTERAL FORMULA, ADULTS, REPLACE FLUIDS/ELECTROLYTES, 500ML=1 UNIT	Yes	Yes
B4103	ENTERAL FORMULA, PEDS, REPLACE FLUIDS/ELECTROLYTES, 500ML=1 UNIT	Yes	Yes
B4149	ENTERAL FORMULA, BLENDERIZED NATL FOODS W/ NUTRIENTS, THRU FEEDING TUBE, 100	Yes	Yes
B4150	ENTERAL FORMULA, NUT COMP W/ NUTRIENTS, THRU FEEDING TUBE, 100 CAL = 1 UNIT	Yes	Yes
B4152	ENTERAL FORMULA, NUTR COMP, CALORIE DENSE, W/NUTRIENTS, THRU FEEDING TUBE, 100	Yes	Yes
B4153	ENTERAL FORMULA, HYDROLOZYED PROTEINS/AMINO ACIDS, ADMIN THRU FEEDING TUBE	Yes	Yes
B4154	ENTERAL FORMULA, SPECIAL METABOLIC NEEDS, ADMIN THRU FEEDING TUBE	Yes	Yes
B4155	ENTERAL FORMULA, INCOMPLETE/MODULAR NUTRIENTS	Yes	Yes
B4157	ENTERAL FORMULA, SPECIAL METABOLIC NEEDS, ADMIN THRU FEEDING TUBE	Yes	Yes
B4158	ENTERAL FORMULA, PEDS, NUTR COMP, W/ INTACT NUTRIENTS, THRU FEEDING TUBE, 100	Yes	Yes
B4159	ENTERAL FORMULA, PEDS, NUTR COMP, SOY BASED, W/ INTACT NUTRIENTS THRU FEEDING	Yes	Yes
B4160	ENTERAL FORMULA, PEDS, NUTR COMP, CAL DENSE, W/ INTACT NUTRIENTS THRU FEEDING	Yes	Yes
B4161	ENTERAL FORMULA, PEDS, HYDROLYZED/AMINO ACIDS, ADMIN THRU FEEDING TUBE	Yes	Yes
B4162	ENTERAL FORMULA, PEDS, SPECIAL METABOLIC NEEDS , ADMIN THRU FEEDING TUBE	Yes	Yes
S9433	MEDICAL FOOD NUTRITIONALLY COMPLETE, ADMIN ORALLY, PROVIDING 100% OF	Yes	Yes
S9434	MODIFIED SOLID FOOD SUPPLEMENTS FOR INBORN ERRORS OF METABOLISM	Yes	Yes
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	Yes	Yes
<b>GENETIC/LAB TESTING</b>	<b>BENEFITS TO BE VERIFIED</b>		
0539U	sequencing, interrogation for single-nucleotide variants, insertions/deletions, gene	Yes	Yes
81105	HUMAN PLT ANTIGEN, GENOTYPING HPA-1, GENE ANALYSIS, COMMOM VARIANTS	Yes	Yes
81106	HUMAN PLT ANTIGEN, GENOTYPING HPA-2, GENE ANALYSIS, COMMOM VARIANTS	Yes	Yes
81107	HUMAN PLT ANTIGEN, GENOTYPING HPA-3, GENE ANALYSIS, COMMOM VARIANTS	Yes	Yes
81108	HUMAN PLT ANTIGEN, GENOTYPING HPA-4, GENE ANALYSIS, COMMOM VARIANTS	Yes	Yes
81109	HUMAN PLT ANTIGEN, GENOTYPING HPA-5, GENE ANALYSIS, COMMOM VARIANTS	Yes	Yes
81110	HUMAN PLT ANTIGEN, GENOTYPING HPA-6, GENE ANALYSIS, COMMOM VARIANTS	Yes	Yes
81111	HUMAN PLT ANTIGEN, GENOTYPING HPA-9 GENE ANALYSIS, COMMOM VARIANTS	Yes	Yes
81112	HUMAN PLT ANTIGEN, GENOTYPING HPA-15 GENE ANALYSIS, COMMOM VARIANTS	Yes	Yes
81120	IDH1, GLIOMA, COMMON VARIANTS	Yes	Yes
81121	IDH2, GLIOMA, COMMON VARIANTS	Yes	Yes
81161	EMD, DELETION ANALYSIS, AND DUPLICATION ANALYSIS, OF PERFORMED	Yes	Yes
81162	BRCA1/BRCA2, FULL SEQUENCE AND FULL DUPLICATION/DEPLETION ANALYSIS	Yes	Yes
81163	BRCA1/BRCA2, FULL SEQUENCE ANALYSIS	Yes	Yes
81164	BRCA1/BRCA2, FULL DUPLICATION/DEPLETION ANALYSIS	Yes	Yes
81165	BRCA1 HEREDITARY BREAST/OVARIAN CANCER, GENE ANALYSIS, FULL SEQUENCE ANALYSIS	Yes	Yes
81166	BRCA1 HEREDITARY BREAST/OVARIAN CANCER, FULL DEPLICATION/DELETION ANALYSIS	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
81167	BRCA1 HEREDITARY BREAST/OVARIAN CANCER, FULL DEUPLICATION/DELETION ANALYSIS	Yes	Yes
81170	ABL1, GENE ANALYSIS, VARIANTS IN THE KINASE DOMAIN	Yes	Yes
81171	[FRAXE]] gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes
81172	[FRAXE]] gene analysis; characterization of alleles (eg, expanded size and methylation status)	Yes	Yes
81173	AFF2, FRAGILE X MENTAL RETARDATION GENE ANALYSIS, FULL GENE SEQUENCE	Yes	Yes
81174	AFF2, FRAGILE X MENTAL RETARDATION GENE ANALYSIS, KNOWN FAMILIAL VARIANT	Yes	Yes
81175	ASXL1, GENE ANALYSIS, VARIANTS IN THE KINASE DOMAIN	Yes	Yes
81176	ASXL1, TARGETED SEQUENCE ANALYSIS (EXON 12)	Yes	Yes
81177	ALLELES	Yes	Yes
81178	ATXN1 (SPINOCEREBELLAR ATAXIA), ANALYSIS, EVAL TO DETECT ABN ALLELES	Yes	Yes
81179	ATXN2 (SPINOCEREBELLAR ATAXIA), ANALYSIS, EVAL TO DETECT ABN ALLELES	Yes	Yes
81180	ATXN3 (SPINOCEREBELLAR ATAXIA), ANALYSIS, EVAL TO DETECT ABN ALLELES	Yes	Yes
81181	ATXN7 (SPINOCEREBELLAR ATAXIA), ANALYSIS, EVAL TO DETECT ABN ALLELES	Yes	Yes
81182	ATXN805 (SPINOCEREBELLAR ATAXIA), ANALYSIS, EVAL TO DETECT ABN ALLELES	Yes	Yes
81183	ATXN10 (SPINOCEREBELLAR ATAXIA), ANALYSIS, EVAL TO DETECT ABN ALLELES	Yes	Yes
81184	CACNA1A (SPPINOCEREBELLAR ATAXIA, GENE ANALYSIS, EVAL TO DETECT ABN ALLELES	Yes	Yes
81185	CACNA1A (SPPINOCEREBELLAR ATAXIA, FULL GENE SEQUENCE	Yes	Yes
81186	CACNA1A (SPPINOCEREBELLAR ATAXIA, KNOWN FAMILIAL VARIANCE	Yes	Yes
81187	CNBP (MYOTNIC DYSTROPHY, GENE ANALYSIS, EVAL TO DETECT ABNL ALLELES	Yes	Yes
81188	CSTB (UNVERRICHT-LUNDBORG DX). GENE ANALYSIS TO DETECT ABNL ALLELES	Yes	Yes
81189	CSTB (UNVERRICHT-LUNDBORG DX). FULL GENE SEQUENCE	Yes	Yes
81190	CSTB (UNVERRICHT-LUNDBORG DX). KNOWN FAMILIAL VARIANCE	Yes	Yes
81195	number variants, optical genome mapping (OGM)	Yes	Yes
81200	ASPA GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81201	APC, FAP, AFAP, GENE ANALYSIS, FULL GENE ANALYSIS	Yes	Yes
81202	APC, FAP, AFAP, GENE ANALYSIS, KOWN FAMILIAL VARIANTS	Yes	Yes
81203	APC, FAP, AFAP, GENE ANALYSIS, DUPLICATE/DELETION VARIANTS	Yes	Yes
81204	ANALYSIS, CHARACTERIZATION OF ALLIES	Yes	Yes
81205	BCKDHB MAPLE SYRUP URINE DISEASE GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81206	BREAKPOINT	Yes	Yes
81207	BREAKPOINT	Yes	Yes
81208	BREAKPOINT	Yes	Yes
81209	BLM BLOOM SYNDROME GENE ANALYSIS	Yes	Yes
81210	BRAF COLON CANCER GENE ANALYSIS	Yes	Yes
81212	BRCA1, BRCA2 GENE ANALYSIS	Yes	Yes
81215	BRCA1 GENE ANALYSIS, KNOWN FAMILIAL VARIANT	Yes	Yes
81216	BRCA2 FULL SEQUENCE GENE ANALYSIS	Yes	Yes
81217	BRCA2 GENE ANALYSIS, KNOWN FAMILIAL VARIANT	Yes	Yes
81219	CALR, GENE ANALYSIS, COMMON VARIANTS IN EXON 9	Yes	Yes
81220	CFTR GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81221	CFTR GENE ANALYSIS, KNOWN FAMILIAL VARIANTS	Yes	Yes
81222	CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Yes	Yes
81223	CFTR FULL SEQUENCE GENE ANALYSIS	Yes	Yes
81224	CFTR GENE ANALYSIS, INTRON 8 POLY-T-ANALYSIS	Yes	Yes
81225	CYP2C19 GENE ANALYSIS	Yes	Yes
81226	CYP2D6 GENE ANALYSIS	Yes	Yes
81227	CYP2C9 GENE ANALYSIS	Yes	Yes
81228	interrogation of genomic regions for copy number variants, comparative genomic	Yes	Yes
81229	interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP)	Yes	Yes
81230	CYP3A4, GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81231	CYP3A5, GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81232	DPYD, GENE ANALYSIS COMMON VARIANTS	Yes	Yes
81233	BTX, CHRONIC LYMPH LEUKEMIA, GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81234	DMPK (MYOTONIC DYSTROPHY TYPE 1), GENE ANALYSIS, EVAL TO DETECT ABNL ALLELES	Yes	Yes
81235	EGFR GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81236	GENE SEQUENCE	Yes	Yes
81237	EZH2 (DIFFUSE LARGE B CELL LYMPHOMA), GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81238	F9 COAGULATION FACTOR, FULL GENE SEQUENCE	Yes	Yes
81239	DMPK (MYOTONIC DYSTROPHY TYPE 1), GENE ANALYSIS, CHARACT OF ALLELES	Yes	Yes
81240	F2 HEREDITARY HYPERCAOGULABILITY GENE ANALYSIS	Yes	Yes
81241	F5 HEREDITARY HYPERCAOGULABILITY GENE ANALYSIS, LEIDEN VARIANT	Yes	Yes
81242	FANCC FANCONIA ANEMA TYPE C GENE ANALYSIS COMMON VARIANTS	Yes	Yes
81243	disability [XLID]] gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes
81244	disability [XLID]] gene analysis; characterization of alleles (eg, expanded size and promoter	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
81245	FLT3 ACUTE MYELOID LEUKEMIA GENE ANALYSIS INTERNAL TANDEM DUPLICATION	Yes	Yes
81246	FLT3, TYROSINE KINASE DOMAINE (TKD), VARIANTS	Yes	Yes
81247	G6PD, GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81248	GA6D, JKNOWN FAMILIAL VARIANTS	Yes	Yes
81249	GA6D, FULL GENE SEQUENCE	Yes	Yes
81250	G6PC GLYCOGEN STORAGE DISEASE GENE ANALYSIS COMMON VARIANTS	Yes	Yes
81251	GBA GAUCHER DISEASE GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81252	GJBG GEE ANALYSIS, FULL GENE SEQUENCE	Yes	Yes
81253	GJB2 GENE ANALYSIS, KNOWN FAMILIAL VARIANTS	Yes	Yes
81254	CJB6 GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81255	HEXA TAY SACHS GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81256	HEMOCHROMATOSIS GENE ABALYSIS, COMMON VARIANTS	Yes	Yes
81257	HBA1/HBA2 ALPHA THALASEMMIA FOR COMMON DELETION VARIANTS	Yes	Yes
81258	HBA1/HBA2 ALPHA THALASEMMIA, KNOWN FAMILIAL VARIANT	Yes	Yes
81259	HBA1/HBA2 ALPHA THALASEMMIA, FULL GENE SEQUENCE	Yes	Yes
81260	IKBKAP FAMILIAL DYSAUTONOMIA GENE ANAYLSUS, COMMON VARIANTS	Yes	Yes
81261	CLONAL POPULATIONS, AMPLIFIED	Yes	Yes
81262	CLONAL POPULATIONS, DIRECT PROBE	Yes	Yes
81263	ANALYSIS	Yes	Yes
81264	CLONAL POPULATIONS	Yes	Yes
81265	COMPARATIVE ANALYSIS USING STR MARKERS GERMLINE	Yes	Yes
81266	COMPARATIVE ANALYSIS USING STR MARKERS GERMLINE,LIST SEPERATELY	Yes	Yes
81269	HBA1/HBA2 ALPHA THALASEMMIA, DUPLICATION/DELETION VARIANTS	Yes	Yes
81270	JAK2 MYELOPOLIFERATIVE DISORDER GENE ANALYSIS VARIANT	Yes	Yes
81271	HTT (HUNTINGTON DISEASE) GENE ANALYSIS, EVAL TO DETECT ABNL ALLELES	Yes	Yes
81272	KIT, HARDY-ZUCKERMAN, GENE ANALYSIS, VARIANT	Yes	Yes
81273	KIT, HARDY-ZUCKERMAN, GENE ANALYSIS, D816 VARIANT	Yes	Yes
81274	HTT (HUNTINGTON DISEASE) GENE ANALYSIS, CHARACTRIZATION OF ALLELES	Yes	Yes
81275	KRAS CARCINOMA GENE ANALYSIS VARIANTS	Yes	Yes
81276	KRAS CARCINOMA GENE ANALYSIS ADDIT VARIANTS	Yes	Yes
81279	JAK2 TARGETED SEQUENCE ANALYSIS	Yes	Yes
81283	IFNL3, INTERFERON, LAMBDA 3, GENE ANALYSIS	Yes	Yes
81284	FXN (FRIEDREICH ATAXIA), GENE ANALYSS, EVAL TO DETECT ABNL ALLELES	Yes	Yes
81285	FXN (FRIEDREICH ATAXIA), GENE ANALYSS, CHARACT OF ALLELES	Yes	Yes
81286	FXN (FRIEDREICH ATAXIA), GENE ANALYSS, FULL GENE SEQUENCE	Yes	Yes
81287	MGMT, METHYLATION ANALYSIS	Yes	Yes
81288	MHL1 , GENE ANALYSIS, PROMOTOR METHYLATIO ANALYSIS	Yes	Yes
81289	FXN (FRIEDREICH ATAXIA), GENE ANALYSS, KNOWN FAMILIAL VARIANTS	Yes	Yes
81290	MCOLN1 MUCOLIPIDOSIS TYPE IV GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81291	MTHFR HEREDITARY HEYPERCOAGULABILITY GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81292	MLH1 COLON CANCER FULL SEQUENCE GENE ANALYSIS	Yes	Yes
81293	MLH1 COLON CANCER GENE ANALYSIS, KNOWN FAMILIAL VARIANTS	Yes	Yes
81294	MLH1 COLON CANCER GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Yes	Yes
81295	MLH2 COLON CANCER FULL SEQUENCE GENE ANALYSIS	Yes	Yes
81296	MLH2 COLON CANCER GENE ANALYSIS, KNOWN FAMILIAL VARIANTS	Yes	Yes
81297	MLH2 COLON CANCER GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Yes	Yes
81298	MSH6 COLON CANCER FULL SEQUENCE GENE ANALYSIS	Yes	Yes
81299	MSH6 COLON CANCER GENE ANALYSIS, KNOWN FAMILIAL VARIANTS	Yes	Yes
81300	MSH6 COLON CANCER GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Yes	Yes
81301	MICROSATELLITE INSTABILITY ANALYSIS, HEREDITARY COLON CANCER, LYNCH SYNDROME,	Yes	Yes
81302	MECP2 RETT SYNDROME GENE ANALYSIS FULL SEQUENCE	Yes	Yes
81303	MECP2 RETT SYNDROME GENE ANALYSIS, KNOWN FAMILIAL VARIANT	Yes	Yes
81304	MECP2 RETT SYNDROME GENE ANALYSIS, DUPLICATION/DELETION VARIANTS	Yes	Yes
81305	VARIANT	Yes	Yes
81306	NUDT15 (DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81310	NPM1 ACUTE MYELOID LEUKEMIA GENE ANALYSIS	Yes	Yes
81312	ABNL ALLELES	Yes	Yes
81313	PCA3/KLK3, PROSTATE CANCER ANTIGEN 3, RATIO	Yes	Yes
81314	PDGFRA, PLT DERIVED GROWTH FACTOR, GENE ANALYSIS, TARGETED SEQ ANALYSIS	Yes	Yes
81315	QUANTITATIVE	Yes	Yes
81316	QUANTITATIVE	Yes	Yes
81317	PMS2 COLON CANCER FULL SEQUENCE GENE ANALYSIS	Yes	Yes
81318	PMS2 COLON CANCER GENE ANALYSIS, KNOWN FAMILIAL VARIANTS	Yes	Yes
81319	PMS2 COLON CANCER GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
81320	PLCG2 (CHRONIC LYMPHOCYTIC LEUKEMIA), GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81321	PTEN GENE ANALYSIS, FULL SEQUENCE ANALYSIS	Yes	Yes
81322	PTEN GENE ANALYSIS, KNOWN FAMILIAL VARIANT	Yes	Yes
81323	PTEN GENE ANALYSIS, DELETION/DUPLICATION VARIANT	Yes	Yes
81324	PMP22 GENE ANALYSIS, DELETION/DUPLICATION VARIANT	Yes	Yes
81325	PMP22 GENE ANALYSIS, FULL SEQUENCE ANALYSIS	Yes	Yes
81326	PMP22 GENE ANALYSIS, KNOWN FAMILIAL VARIANT	Yes	Yes
81327	SEPT9, COLORECTAL CANCER, METHYLATION ANALYSIS	Yes	Yes
81328	VARIANTS	Yes	Yes
81329	SMN1 ANALYSIS, IF PERF	Yes	Yes
81330	SMPD1 NIEMANN-PICK DISEASE GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81331	SNRPN/UBE3A PRADI-WILLI SYNDROME/ANGELMAN SYNDROME, METHYLATION ANALYSIS	Yes	Yes
81332	SERPINA1 ALPHA-1-ANTITRYPSIN DEFICIENCY GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81333	TFFBI (CORNEAL DYSTROPHY), GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81334	ANALYSIS	Yes	Yes
81335	TPMT, DRUG METABOLISM, GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81336	SMN1 (SPINAL MUSCULAR ATROPHY), GENE ANALYSIS, FULL GENE SEQUENCE	Yes	Yes
81337	SMN1 (SPINAL MUSCULAR ATROPHY), GENE ANALYSIS, KNOWN FAMILIAL VARIANT	Yes	Yes
81339	MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10	Yes	Yes
81340	POPULATIONS, AMPLIFIED	Yes	Yes
81341	POPULATIONS, DIRECT PROBE	Yes	Yes
81342	POPULATIONS	Yes	Yes
81343	PPP2R2B (SPINOCEREBRELLAR ATAXIA, GENE ANALYSIS, EVAL TO DETECT ABNL ALLELES	Yes	Yes
81344	TBP (SPINOCEREBRELLAT ATAXIA) GENE ANALYSIS, EVAL TO DETECT ABLN ALLELES	Yes	Yes
81345	TERT (THYROID CANCER, GLIOBLASTOMA), GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS	Yes	Yes
81346	TYMS, 5FU METABOLISM, GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81349	interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-	Yes	Yes
81350	UNCONJUGATED HEYPERBILITUBENEMIA (GILBERT SYND)); GENE ANALYS COMMON	Yes	Yes
81355	VKORC1 WARFARIN METABOLISM GENE ANALYSIS, COMMON VARIANTS	Yes	Yes
81361	HBB, HEMOGLOBIN, COMMON VARIANTS	Yes	Yes
81362	HBB, HEMOGLOBIN, KNOWN FAMILIAL VARIANTS	Yes	Yes
81363	HBB, HEMOGLOBIN, DUPLICATION/DELETION VARIANTS	Yes	Yes
81364	HBB, HEMOGLOBIN, FULL GENE SEQUENCE	Yes	Yes
81400	MOLECULAR PATH PX, LEVEL 1. BY TECH	Yes	Yes
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Yes	Yes
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Yes	Yes
81403	analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation	Yes	Yes
81404	mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a	Yes	Yes
81405	mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted	Yes	Yes
81406	mutation scanning or duplication/deletion variants of 26-50 exons)	Yes	Yes
81407	mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple	Yes	Yes
81408	DNA SEQUENCE ANALYSIS > 50 EXONS	Yes	Yes
81410	AORTIC DYSFUNCTION/DILATION, GENOMIC SEQ ANALYSIS PANEL, MUST INCL SEQ 9 GENES	Yes	Yes
81411	AORTIC DYSFUNCTION/DILATION, DUPLICATION.DELETION ANALYSIS	Yes	Yes
81412	GENES	Yes	Yes
81413	CARDIAC ION CHANNELOPATHIES, GENOMIC SEQ ANALYSIS PANEL, MUST INCL 10 GENES	Yes	Yes
81414	GENE ANALYSIS PANEL,AT LEAST 2 GENES	Yes	Yes
81415	EXOME, SEQUENCE ANALYSIS	Yes	Yes
81416	EXOME, SEQUENCE ANALYSIS, EACH COMPARATOR EXOME	Yes	Yes
81417	EXOME, SEQUENCE ANALYSIS, RE-EVALUATION OR PREV OBAINED EXOME SEQUENCE	Yes	Yes
81418	testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion	Yes	Yes
81420	FETAL CHROMOSOMAL ANEUPLOIDY, GENOMIC SEQUENCE ANALYSIS	No	No
81422	IN MATERNAL BLOOD	Yes	Yes
81425	GENOME, SEQUENCE ANALYSIS	Yes	Yes
81426	GENOME, SEQUENCE ANALYSIS, EACH COMPARATOR GENOME	Yes	Yes
81427	GENOME, SEQUENCE ANALYSIS, RE-EVALUATION OR PREV OBAINED GENOME SEQUENCE	Yes	Yes
81430	HEARING LOSS, GENOMIC SEQUENCE ANALYSIS, 60 GENES	Yes	Yes
81431	HEARING LOSS, DUPLICATION/DELETION ANALYSIS	Yes	Yes
81432	cancer, hereditary endometrial cancer, hereditary pancreatic cancer, hereditary prostate	Yes	Yes
81434	HEREDITARY RETINAL DISORDERS, GENOMIN SEQUENCE ANYALSIS, AT LEAST 15 GENES	Yes	Yes
81435	Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel, 5 or	Yes	Yes
81437	parathyroid carcinoma, malignant pheochromocytoma or paraganglioma), genomic sequence	Yes	Yes
81439	HEREDITARY CARDIOMYOPATHY, GENOMIC SEQ ANALYSIS, AT LEAST 5 GENES	Yes	Yes
81440	NUCLEAR ENCODED MITOCHONDRIAL GENS, GENOMIC SEQUENC PANEL, 100 GENES	Yes	Yes



CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
81441	congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency	Yes	Yes
81442	NOONAN SPECTRUM DISORDERS, GENOMIC SEQ ANALYSIS, INCL 12 GENES	Yes	Yes
81443	PANEL, AT LEAST 15 GENES	Yes	Yes
81445	sequence variants and copy number variants or rearrangements, if performed; DNA analysis or	Yes	Yes
81449	sequence variants and copy number variants or rearrangements, if performed; RNA analysis	Yes	Yes
81450	interrogation for sequence variants, and copy number variants or rearrangements, or isoform	Yes	Yes
81451	interrogation for sequence variants, and copy number variants or rearrangements, or isoform	Yes	Yes
81455	disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2,	Yes	Yes
81456	analysis panel, interrogation for sequence variants and copy number variants or	Yes	Yes
81460	WHOLE MITOCHONDRIAL GENOME, GENOMIC SEQUENCE, HETEROPLASMY DETECTION	Yes	Yes
81462	interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy	Yes	Yes
81463	interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite	Yes	Yes
81464	interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy	Yes	Yes
81465	DETECTION	Yes	Yes
81470	X-LINKED INTELLECTUAL DISABILITY, GENOMIC SEQUENCE ANALYSIS, 60 GENES	Yes	Yes
81471	X-LINKED INTELLECTUAL DISABILITY, DUPLICATION/DELETION ANALYSIS, 60 GENES	Yes	Yes
81479	UNLISTED MOLECULAR PATHOLOGY PX	Yes	Yes
81504	ONCOLOGY, MICROASSAY GENE EXPRESSION PROFILING > 2000 GENES	Yes	Yes
81515	markers for Atopobium vaginae, Atopobium species, Megaspheera type 1, and Bacterial	Yes	Yes
81517	peptide [PIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays,	Yes	Yes
81518	ONCOLOGY, MRNA, GENE EXPRESSION PROFILING REAL TIME RT-PCR OF 11 GENES	Yes	Yes
81519	ONCOLOGY, BREAST, MRNA, GENE EXPRESSION PROFILING	Yes	Yes
81520	ONCOLOGY, BREAST, MRNA, GENE EXPRESSION PROFILING, HYBRID CAPTURE 58 GENES	Yes	Yes
81521	HOUSEKEEPING GENES	Yes	Yes
81525	ONCOLOGY, COLON, MRNA, GENE EXPRESSION PROFILING BY RT-PCR OF 12 GENES	Yes	Yes
81528	ONCOLOGY, COLORECTAL, REAL TIME SIGNAL AMPLIFICATION OF 10 DNA MARKERS	Yes	Yes
81539	AND HHK2)	Yes	Yes
81540	ONCOLOGY, THYROID, GENE EXPRESSION, ANALYSIS OF 142 GENES	Yes	Yes
81541	ONCOLOGY, PROSTATE, MRNA GENE EXPRESSION, RT-PCR 46 GENES	Yes	Yes
81551	ONCOLOGY, PROSTATE, PROFILING RT PCR, 3 GENES	Yes	Yes
81558	quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm	Yes	Yes
81595	GENES	Yes	Yes
81596	NECRINFLAMMATORY ACTIVITY IN LIVER	Yes	Yes
81599	UNLISTED MULTIANALYSIS ASSAY WITH ALGORITHMIC ANALYSIS	Yes	Yes
82166	Anti-mullerian hormone (AMH)	Yes	Yes
83529	Interleukin-6 (IL-6)	Yes	Yes
86041	Acetylcholine receptor (AChR); binding antibody	Yes	Yes
86042	Acetylcholine receptor (AChR); blocking antibody	Yes	Yes
86043	Acetylcholine receptor (AChR); modulating antibody	Yes	Yes
87154	Culture, typing; identification of blood pathogen and resistance typing, when performed, by	Yes	Yes
87467	[EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA],	Yes	Yes
87468	amplified probe technique	Yes	Yes
87469	technique	Yes	Yes
87478	technique	Yes	Yes
87484	technique	Yes	Yes
87523	including reverse transcription, when performed	Yes	Yes
87593	Infectious agent detection by nucleic acid (DNA or RNA); orthopoxvirus (eg, monkeypox virus,	Yes	Yes
87624	risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68), pooled result	Yes	Yes
87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory	Yes	Yes
88271	MOLECULAR CYTOGENICS, DNA PROBE, EACH	Yes	Yes
88272	MOLECULAR CYTOGENICS, CHROMOSOMAL INSITU HYBRIDIZATION, ANALYE 3-5 CELLS	Yes	Yes
88273	MOLECULAR CYTOGENICS, CHROMOSOMAL INSITU HYBRIDIZATION, ANALYE 10-30 CELLS	Yes	Yes
88274	MOLECULAR CYTOGENICS, INTERPHASE INSITU HYBRIDIZATION, ANALYE 25-99 CELLS	Yes	Yes
88275	MOLECULAR CYTOGENICS, INTERPHASE INSITU HYBRIDIZATION, ANALYE 100-300 CELLS	Yes	Yes
88280	CHROMOSOME ANALYSIS; ADDITIONAL KARYOTYPES, EACH STUDY	Yes	Yes
88283	Banding)	Yes	Yes
88285	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED, EACH STUDY	Yes	Yes
88289	CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY	Yes	Yes
88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT	Yes	Yes
88299	UNLISTED CYTOGENETIC STUDY	Yes	Yes
88360	receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single	Not Covered	Not Covered
0008U	PDHP 1, RDXa AND RPOPb, NEXT GEN SEQ/FRESS TISSUE OR FECAL SAMPLE	Yes	Yes
0018U	ONCOLOGY, THYROID, MICRORNA PROFILING PT-PCR OF 10 MICRORNA	Yes	Yes
0019M	and algorithm reported as 4-year likelihood of coronary event in high-risk populations	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
0019U	ALGORITHM FOR TX	Yes	Yes
0020M	Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation	Yes	Yes
0021U	UTR-Roppin, Desmocollin, AURKAIP-1, CSNK2A2)	Yes	Yes
0022U	analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as	Yes	Yes
0023U	ONCOLOGY, AML, DNA, GENOTYPING, INTERNAL TANDEM DUPLICATION, D835, I836	Yes	Yes
0095U	26]] and Major Basic Protein [PRG2 {proteoglycan 2, pro eosinophil major basic protein}]],	Yes	Yes
0269U	of 22 genes, blood, buccal swab, or amniotic fluid	Yes	Yes
0271U	swab, or amniotic fluid	Yes	Yes
0272U	duplication/deletion of PLAUI, blood, buccal swab, or amniotic fluid, comprehensive	Yes	Yes
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), analysis of 9 genes (F13A1, F13B,	Yes	Yes
0274U	duplication/deletion of PLAUI, blood, buccal swab, or amniotic fluid	Yes	Yes
0277U	duplication/deletion of PLAUI, blood, buccal swab, or amniotic fluid	Yes	Yes
0278U	or amniotic fluid	Yes	Yes
0285U	treatments, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported in ng/mL	Yes	Yes
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-	Yes	Yes
0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine	Yes	Yes
0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1,	Yes	Yes
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24	Yes	Yes
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole	Yes	Yes
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144	Yes	Yes
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes,	Yes	Yes
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes,	Yes	Yes
0294U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes,	Yes	Yes
0295U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes,	Yes	Yes
0296U	Oncology (breast ductal carcinoma in situ), protein expression profiling by	Yes	Yes
0297U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing of	Yes	Yes
0298U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA	Yes	Yes
0299U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA	Yes	Yes
0300U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and	Yes	Yes
0301U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired	Yes	Yes
0302U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella	Yes	Yes
0303U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella	Yes	Yes
0304U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules,	Yes	Yes
0305U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules,	Yes	Yes
0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-	Yes	Yes
0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a	Yes	Yes
0308U	Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs])	Yes	Yes
0309U	Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue	Yes	Yes
0310U	Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers (NT-proBNP, C-reactive	Yes	Yes
0311U	Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic	Yes	Yes
0312U	Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG	Yes	Yes
0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and	Yes	Yes
0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32	Yes	Yes
0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of	Yes	Yes
0316U	Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine	Yes	Yes
0317U	Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood,	Yes	Yes
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray	Yes	Yes
0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using	Yes	Yes
0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using	Yes	Yes
0321U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens,	Yes	Yes
0322U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines	Yes	Yes
0323U	Hematology, red blood cell (RBC) functionality and deformity as a function of shear stress,	Yes	Yes
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA	Yes	Yes
0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using	Yes	Yes
0328U	Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid	Yes	Yes
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene	Yes	Yes
0330U	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification	Yes	Yes
0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations	Yes	Yes
0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by	Yes	Yes
0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis	Yes	Yes
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-	Yes	Yes
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including	Yes	Yes
0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including	Yes	Yes
0337U	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection,	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
0338U	Oncology (solid tumor), circulating tumor cell selection, identification, morphological	Yes	Yes
0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription	Yes	Yes
0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays	Yes	Yes
0341U	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of	Yes	Yes
0342U	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B,	Yes	Yes
0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by	Yes	Yes
0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid	Yes	Yes
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic	Yes	Yes
0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA	Yes	Yes
0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA	Yes	Yes
0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA	Yes	Yes
0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA	Yes	Yes
0351U	apoptosis-inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C-	Yes	Yes
0356U	(ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	Yes	Yes
0358U	chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely	Yes	Yes
0359U	by phase separation and immunoassay, plasma, algorithm reports risk of cancer	Yes	Yes
0360U	ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical	Yes	Yes
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative	Yes	Yes
0362U	enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, fine needle	Yes	Yes
0363U	genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm	Yes	Yes
0364U	next-generation sequencing with algorithm, quantification of dominant clonal sequence(s),	Yes	Yes
0365U	SDC1 and VEGFA), by immunoassays, urine, diagnostic algorithm, including patient's age, race	Yes	Yes
0366U	MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability	Yes	Yes
0367U	MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a	Yes	Yes
0368U	PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4,	Yes	Yes
0371U	semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism,	Yes	Yes
0372U	amplified probe technique, urine, reported as an antimicrobial stewardship risk score	Yes	Yes
0375U	epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie,	Yes	Yes
0376U	factors, prognostic algorithm determining the risk of distant metastases, and prostate cancer-	Yes	Yes
0377U	nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including	Yes	Yes
0378U	repeat-primed PCR, blood, saliva, or buccal swab	Yes	Yes
0379U	(55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy	Yes	Yes
0381U	measurement of allo-isoleucine, leucine, isoleucine, and valine, liquid chromatography with	Yes	Yes
0382U	measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass	Yes	Yes
0383U	measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid	Yes	Yes
0384U	and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LC-	Yes	Yes
0385U	insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA),	Yes	Yes
0387U	immunohistochemistry, formalin-fixed paraffin-embedded (FFPE) tissue, report for risk of	Yes	Yes
0388U	nucleotide variants, copy number variants, insertions and deletions, and structural variants in	Yes	Yes
0389U	and mast cell-expressed membrane protein 1 (MCEMP1), RNA, using quantitative reverse	Yes	Yes
0390U	binding protein 4 (RBP4), by immunoassay, serum, algorithm reported as a risk score	Yes	Yes
0391U	paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants,	Yes	Yes
0392U	drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of	Yes	Yes
0393U	detection of misfolded a-synuclein protein by seed amplification assay, qualitative	Yes	Yes
0394U	PFAS compounds by liquid chromatography with tandem mass spectrometry (LC-MS/MS),	Yes	Yes
0395U	carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as	Yes	Yes
0398U	using PCR, formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as risk score for	Yes	Yes
0399U	binding antibody and blocking autoantibodies by enzyme-linked immunoassay (ELISA),	Yes	Yes
0400U	analysis and multiplex ligation-dependent probe amplification, DNA, reported as carrier	Yes	Yes
0401U	blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event	Yes	Yes
0403U	reported as percentage of likelihood of detecting clinically significant prostate cancer	Yes	Yes
0404U	immunoassay, serum, results reported as risk of disease progression	Yes	Yes
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing,	Yes	Yes
0406U	[TCPP], CD206, CD66b, CD3, CD19), algorithm reported as likelihood of lung cancer	Yes	Yes
0407U	immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor	Yes	Yes
0408U	acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])	Yes	Yes
0409U	from plasma, including single nucleotide variants, insertions/deletions, copy number	Yes	Yes
0410U	enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected	Yes	Yes
0411U	analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	Yes	Yes
0412U	with tandem mass spectrometry (LC-MS/MS) and qualitative ApoE isoform-specific	Yes	Yes
0413U	aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone	Yes	Yes
0414U	(ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if performed,	Yes	Yes
0415U	EOTAXIN, and MCP-3 by immunoassay combined with age, sex, family history, and personal	Yes	Yes
0417U	heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
0418U	histologic and immunohistochemical features, reported as a recurrence score	Yes	Yes
0419U	of 13 genes, saliva or buccal swab, report of each gene phenotype	Yes	Yes
0420U	HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of	Yes	Yes
0421U	markers (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, EGLN2) and fecal	Yes	Yes
0422U	cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free	Yes	Yes
0423U	genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition	Yes	Yes
0424U	quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no	Yes	Yes
0425U	analysis, each comparator genome (eg, parents, siblings)	Yes	Yes
0426U	sequence analysis	Yes	Yes
0427U	procedure)	Yes	Yes
0429U	45, 51, 52, 56, 58, 59, 66, and 68)	Yes	Yes
0430U	elastase and reducing substances, feces, quantitative	Yes	Yes
0431U	qualitative	Yes	Yes
0432U	qualitative	Yes	Yes
0433U	including prostate-specific antigen, reported as likelihood of cancer	Yes	Yes
0434U	analysis of 25 genes with reported phenotypes	Yes	Yes
0435U	CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity	Yes	Yes
0436U	predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy	Yes	Yes
0437U	biomarkers, whole blood, algorithm reported as predictive risk score	Yes	Yes
0438U	interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6,	Yes	Yes
0439U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nucleotide polymorphisms	Yes	Yes
0440U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide	Yes	Yes
0441U	Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical	Yes	Yes
0442U	Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive	Yes	Yes
0443U	Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid	Yes	Yes
0444U	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes,	Yes	Yes
0445U	B-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent	Yes	Yes
0446U	Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 10 cytokine soluble	Yes	Yes
0447U	Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 11 cytokine soluble	Yes	Yes
0449U	Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy,	Yes	Yes
0450U	Oncology (multiple myeloma), liquid chromatography with tandem mass spectrometry (LC-	Yes	Yes
0451U	Oncology (multiple myeloma), LC-MS/MS, peptide ion quantification, serum, results compared	Yes	Yes
0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative	Yes	Yes
0453U	Oncology (colorectal cancer), cell-free DNA (cfDNA), methylation-based quantitative PCR assay	Yes	Yes
0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations,	Yes	Yes
0455U	Infectious agents (sexually transmitted infection), Chlamydia trachomatis, Neisseria	Yes	Yes
0457U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9	Yes	Yes
0458U	Oncology (breast cancer), S100A8 and S100A9, by enzyme-linked immunosorbent assay	Yes	Yes
0459U	B-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA),	Yes	Yes
0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by	Yes	Yes
0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by	Yes	Yes
0462U	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-	Yes	Yes
0463U	Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-	Yes	Yes
0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification,	Yes	Yes
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes	Yes	Yes
0466U	Cardiology (coronary artery disease [CAD]), DNA, genome-wide association studies (564856	Yes	Yes
0467U	Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome	Yes	Yes
0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a-5p, alpha 2-macroglobulin, YKL40,	Yes	Yes
0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for	Yes	Yes
0470U	Oncology (oropharyngeal), detection of minimal residual disease by next-generation	Yes	Yes
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes	Yes	Yes
0472U	Carbonic anhydrase VI (CA VI), parotid specific/secretory protein (PSP) and salivary protein	Yes	Yes
0473U	Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-	Yes	Yes
0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary	Yes	Yes
0475U	Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-	Yes	Yes
0476U	attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and	Yes	Yes
0477U	attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and	Yes	Yes
0478U	KRAS, BRAF, ALK, ROS1, RET, NTRK 1/2/3, ERBB2, and MET) in formalin-fixed paraffin-	Yes	Yes
0479U	Tau, phosphorylated, pTau217	Yes	Yes
0480U	metagenomic next-generation sequencing (DNA and RNA), bioinformatic analysis, with	Yes	Yes
0481U	TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors),	Yes	Yes
0482U	placental growth factor (PlGF), serum, ratio reported for sFlt-1/PlGF, with risk of progression	Yes	Yes
0483U	point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of	Yes	Yes
0484U	oral, rectal, or vaginal swab, algorithm reported as probability of macrolide resistance	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
0485U	report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-	Yes	Yes
0486U	markers present in cell-free circulating tumor DNA, algorithm reported as quantitative	Yes	Yes
0487U	84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number	Yes	Yes
0488U	detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K)	Yes	Yes
0489U	more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic	Yes	Yes
0490U	characterization and enumeration based on differential CD146, high molecular-weight	Yes	Yes
0491U	enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8,	Yes	Yes
0492U	enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8,	Yes	Yes
0493U	generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA	Yes	Yes
0494U	free DNA (cfDNA) of blood in pregnant individuals known to be RhD negative, reported as	Yes	Yes
0495U	GDF15), germline polygenic risk score (60 variants), clinical information (age, family history of	Yes	Yes
0496U	time RT-PCR, and 4 proteins by enzyme-linked immunosorbent assay, blood, reported positive	Yes	Yes
0497U	MCM3, MTUS1, TTC21B, ALAS1, and PPP2CA), utilizing formalin-fixed paraffin-embedded	Yes	Yes
0498U	methylation pattern in 45 genes, blood, and formalin-fixed paraffin-embedded (FFPE) tissue,	Yes	Yes
0499U	generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53),	Yes	Yes
0500U	analysis (M41T, M41V, M41L, c.118-2A>C, c.118-1G>C, c.118-9_118-2del, S56F, S621C)	Yes	Yes
0501U	Oncology (colorectal), blood, quantitative measurement of cell-free DNA (cfDNA	Yes	Yes
0502U	52, 56, 58, 59, 66, and 68), cervical cells, branched-chain capture hybridization, reported as	Yes	Yes
0503U	(ptau217, np-tau217, ptau217/np-tau217 ratio), blood, immunoprecipitation with quantitation	Yes	Yes
0504U	real-time PCR, reported as positive or negative for each organism	Yes	Yes
0506U	generation sequencing of at least 89 differentially methylated genomic regions, algorithm	Yes	Yes
0507U	enrichment, using whole blood or plasma, algorithm reported as cancer detected or not	Yes	Yes
0508U	nucleotide polymorphisms (SNPs), plasma, and urine, initial evaluation reported as percentage	Yes	Yes
0509U	nucleotide polymorphisms (SNPs) previously identified, plasma, reported as percentage of	Yes	Yes
0510U	sequenced RNA whole-transcriptome data, reported as probability of predicted molecular	Yes	Yes
0511U	reported as tumor-response prediction for each drug	Yes	Yes
0513U	histologic features for microsatellite instability (MSI) and homologous recombination	Yes	Yes
0514U	of adalimumab (ADL) levels in venous serum in patients undergoing adalimumab therapy,	Yes	Yes
0515U	of infliximab (IFX) levels in venous serum in patients undergoing infliximab therapy, results	Yes	Yes
0516U	number variant analysis, reported as metabolizer status	Yes	Yes
0517U	plasma, qualitative and quantitative therapeutic minimally and maximally effective dose of	Yes	Yes
0519U	plasma, 110 or more drugs or substances, qualitative and quantitative therapeutic minimally	Yes	Yes
0522U	IgM, and IgA antibodies, chemiluminescence, semiquantitative, blood	Yes	Yes
0523U	nucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffin-	Yes	Yes
0528U	resistance genes, amplified probe technique, including reverse transcription for RNA targets,	Yes	Yes
0529U	variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis, saliva,	Yes	Yes
0530U	genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report	Yes	Yes
0532U	sequencing for single-nucleotide variants, insertions/deletions, copy number variations, peripheral blood, buffy	Yes	Yes
0533U	CYesP2C9, CYesP2C19, CYesP2C, CYesP2D6, CYesP3A5, CYesP4F2, DPYesD, G6PD, GGCK, NUDT15, SLC01B1, TPMT,	Yes	Yes
0534U	using buccal swab, algorithm reported as a risk score	Yes	Yes
0536U	from whole blood in pregnant individuals at 10+ weeks gestation known to be RhD negative, reported as fetal RhD	Yes	Yes
0537U	>2500 differential methylation regions (DMRs), plasma, algorithm reported as positive or negative	Yes	Yes
0538U	tumor tissue, DNA analysis of 600 genes, interrogation for single-nucleotide variants, insertions/deletions, gene	Yes	Yes
0540U	analysis of plasma, reported as percentage of donor-derived cell-free DNA to determine probability of rejection	Yes	Yes
0543U	of 517 genes, interrogation for single-nucleotide variants, multi-nucleotide variants, insertions and deletions from	Yes	Yes
0544U	cell-free DNA, percentage reported as risk for rejection	Yes	Yes
0547U	Neurofilament light chain (NFL), chemiluminescent enzyme immunoassay, plasma, quantitative	Yes	Yes
0548U	Glial fibrillary acidic protein (GFAP), chemiluminescent enzyme immunoassay, using plasma	Yes	Yes
0549U	urine, diagnostic algorithm reported as a probability index for bladder cancer and/or upper tract urothelial	Yes	Yes
0551U	plasma	Yes	Yes
0552U	disorders from trophoblast biopsy, linkage analysis of disease-causing locus, and when	Yes	Yes
0553U	using DNA genomic sequence analysis from embryonic trophoblast for structural	Yes	Yes
0554U	using DNA genomic sequence analysis from trophoblast biopsy for aneuploidy, ploidy, a	Yes	Yes
0555U	using DNA genomic sequence analysis from embryonic trophoblast for structural	Yes	Yes
0556U	RNA by real-time PCR, 12 targets, nasopharyngeal or oropharyngeal swab, including multiplex	Yes	Yes
0557U	for Atopobium vaginae, Gardnerella vaginalis, Megasphaera types 1 and 2, bacterial vaginosis	Yes	Yes
0558U	colorectal cancer protein marker (BF7 antigen), using serum, result reported as indicative of	Yes	Yes
0559U	breast cancer protein marker (BF9 antigen), serum, result reported as indicative of	Yes	Yes
0560U	blood and tumor tissue, baseline assessment for design and construction of a personalized	Yes	Yes
0561U	blood, subsequent assessment with comparison to initial assessment to evaluate for MRD	Yes	Yes
0562U	nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and	Yes	Yes
0563U	acid (DNA or RNA), 11 viral targets and 4 bacterial targets, qualitative RT-PCR, upper	Yes	Yes
0564U	acid (DNA or RNA), 10 viral targets and 4 bacterial targets, qualitative RT-PCR, upper	Yes	Yes
0565U	to detect 6626 epigenetic alterations, cell-free DNA, plasma, algorithm reported as cancer	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
0566U	HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1,	Yes	Yes
0567U	combination of short and long reads, for single-nucleotide variants, insertions/deletions and	Yes	Yes
0568U	at residue (eg, pTau217), neurofilament light chain (NfL), and glial fibrillary acidic protein	Yes	Yes
0569U	(>20000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA),	Yes	Yes
0570U	carboxyl-terminal hydrolase L1 (UCH-L1), immunoassay, whole blood or plasma, individual	Yes	Yes
0571U	plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations,	Yes	Yes
0572U	diagnostic algorithm reported as risk of prostate cancer	Yes	Yes
0573U	pancreatic cyst lesion fluid, algorithm reported as categorical mucinous or non-mucinous	Yes	Yes
0574U	chromatography mass spectrometry (LC-MS)	Yes	Yes
0794T	options based on the patient's tumor-specific cancer marker information obtained from prior	Yes	Yes
M1410	completed within 6 months of diagnosis	No	No
S3800	GENETIC TESTING FOR AMYOTROPHIC LATERAL SCLEROSIS	Yes	Yes
S3840	ENDOCRINE NEOPLASIA TYPE 2	Yes	Yes
S3841	GENETIC TESTING FOR RETINOBLASTOMA	Yes	Yes
S3842	GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE	Yes	Yes
S3844	DNA ANALYSIS CONNEXIN 26 GENE FIR SUSP CONGENITAL, PROFOUND DEAFNESS	Yes	Yes
S3845	GENETIC TESTING FOR ALPHA-THALASSEMIA	Yes	Yes
S3846	GENETIC TESTING FOR HEMOGLOBIN E BETA-THALASSEMIA	Yes	Yes
S3849	GENETIC TESTING FOR NEIMANN-PICK DISEASE	Yes	Yes
S3850	GENETIC TESTING FOR SICKLE CELL ANEMIA	Yes	Yes
S3852	DNA ANALYSIS FOR APOE EPSILON 4 ALLELE FOR SUSCEPT ALZHEIMER'S DISEASE	Yes	Yes
S3853	GENETIC TESTING FOR MYOTONIC MUSCULAR DYSTROPHY	Yes	Yes
S3854	GENE EXPRESSION PROFILING PANEL FOR USE IN MGMT OF BREAST CANCER TREATMENT	Yes	Yes
S3861	BRUGADA SYND	Yes	Yes
S3865	COMPREHENSIVE GENE SEQUENCE ANALYSIS FOR HYPERTROPHIC CARDIOMYOPATHY	Yes	Yes
S3866	MUTATION IN FAMILY	Yes	Yes
S3870	AUTISM SPECTRUM DISORDER OR MENTAL RETARDATION	Yes	Yes
<b>HABILITATIVE</b>			
	Any Habilitative Care	No	No
20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	No	No
20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	No	No
<b>HOME HEALTH</b>			
<b>BENEFITS TO BE VERIFIED</b>			
90963	ESRD HOME HEMODIALYSIS PER FULL MONTH, < 2YRS AGE, MONITORING NUTRITION	Yes	Yes
90964	ESRD HOME HEMODIALYSIS PER FULL MONTH, 2- 11 AGE, MONITORING NUTRITION	Yes	Yes
90965	ESRD HOME HEMODIALYSIS PER FULL MONTH, 12-19 AGE, MONITORING NUTRITION	Yes	Yes
90966	ESRD HOME HEMODIALYSIS PER FULL MONTH, 20 OR OLDER AGE, MONITORING NUTRITION	Yes	Yes
90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT or OUTPATIENT	Yes	Yes
93792	PATIENT/CAREGIVER TRAINING INR MONITORING, UNDER DIRECTION OF QUALIFIED PROF	Yes	Yes
94005	HOME VENTILATION MGMT CARE PLAN OVERSIGHT OF A PATIENT IN HOME	Yes	Yes
94774	PROFESSIONAL	Yes	Yes
94775	PEDIATRIC HOME APNEA MONITORING ATTACHMENT ONLY	Yes	Yes
94776	PEDIATRIC HOME APNEA MONITORING ATTACHMENT ONLY	Yes	Yes
99500	HOME VISIT FOR PRENATAL & GESTATIONAL DIABETES MONITORING & ASSESSMENT	Yes	Yes
99501	HOME VISIT FOR POSTNATAL ASSESSEMENT & F/U CARE	Yes	Yes
99502	HOME VISIT FOR NEWBORN CARE & ASSESSMENT	Yes	Yes
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE	Yes	Yes
99504	HOME VISIT FOR MECHANICAL VENTILATION CARE	Yes	Yes
99505	HOME VISIT FOR STOMA CARE & MAINTENANCE	Yes	Yes
99506	HOME VISIT FOR INTRAMUSCULAR INJECTIONS	Yes	Yes
99507	HOME VISIT FOR CARE & MAINTENANCE OF CATHETERS	Yes	Yes
99509	HOME VISIT FOR ASSISTANCE WITH ADL & PERSONAL CARE	Yes	Yes
99510	HOME VISIT FOR INDIVIDUAL, FAMILY, OR MARRIAGE COUNSELING	Yes	Yes
99511	HOME VISIT FOR FECAL IMPACTION MGMT & ENEMA ADMIN	Yes	Yes
99512	HOME VISIT FOR HEMODIALYSIS	Yes	Yes
99600	UNLISTED HOME VISIT SVV OR PROCEDURE	Yes	Yes
E1905	software	Yes	Yes
G0151	PHYSICAL THERAPY HOME HEALTH OR HOSPICE, EACH 15 MIN	Yes	Yes
G0152	OCCUPATIONAL THERAPY HOME HEALTH OR HOSPICE, EACH 15 MIN	Yes	Yes
G0153	SPEECH/LANGUAGE HOME HEALTH OR HOSPICE, EACH 15 MIN	Yes	Yes
G0155	CLINICAL SW HOME HEALTH OR HOSPICE, EACH 15 MIN	Yes	Yes
G0156	HHA HOME HEALTH OR HOSPICE, EACH 15 MIN	Yes	Yes
G0157	PHYSICAL THERAPY ASSISTANT HOME HEALTH OR HOSPICE, EACH 15 MIN	Yes	Yes
G0158	OCCUPATIONALTHERAPY ASSISTANT HOME HEALTH OR HOSPICE, EACH 15 MIN	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
G0159	PHYSICAL THERAPY IN HOME HEALTH SETTING, EACH 15 MIN	Yes	Yes
G0160	OCCUPATIONAL THERAPY IN HOME HEALTH SETTING, EACH 15 MIN	Yes	Yes
G0161	SPEECH-LANGUAGE THERAPY IN HOME HEALTH SETTING, EACH 15 MIN	Yes	Yes
G0162	SKILLED NURSE RN MGMT CARE PLAN HOME HEALTH OR HOSPICE, EACH 15 MIN	Yes	Yes
G0248	DEMONSTRATE USE HOME INR MONITOR	Yes	Yes
G0249	PROVIDE TEST MATERIAL, EQUIPMENT	Yes	Yes
G0299	DIRECT SKILLED REGISTERED NURSE , HOME OF HOSPICE SETTING, EACH 15 MIN	Yes	Yes
G0300	DIRECT SKILLED LICENSED PRACTICAL NURSE , HOME OF HOSPICE SETTING, EACH 15 MIN	Yes	Yes
G0320	way audio and video telecommunications system	Yes	Yes
G0321	other real-time interactive audio-only telecommunications system	Yes	Yes
G0398	HOME SLEEP STUDY TEST, W/ TYPE II PORTABLE MONITOR	Yes	Yes
G0399	HOME SLEEP STUDY TEST, W/ TYPE III PORTABLE MONITOR	Yes	Yes
G0400	HOME SLEEP STUDY TEST, W/ TYPE IV PORTABLE MONITOR	Yes	Yes
G0490	AGENCIES, RN OR LPN	Yes	Yes
G0493	HH OR HOSPICE	Yes	Yes
G0494	HH OR HOSPICE	Yes	Yes
G0495	SKILLED RN SVCS TRAINING AND/OR EDUCATION PT/FAMILY, HH OR HOSPICE , EACH 15 MIN	Yes	Yes
G0496	SKILLED LPN SVCS TRAINING AND/OR EDUCATION PT/FAMILY, HH OR HOSPICE, EACH 15 MIN	Yes	Yes
J0689	Injection, cefazolin sodium (Baxter), not therapeutically equivalent to J0690, 500 mg	Yes	Yes
J0701	Injection, cefepime HCl (Baxter), not therapeutically equivalent to Maxipime, 500 mg	Yes	Yes
J0703	Injection, cefepime HCl (B. Braun), not therapeutically equivalent to Maxipime, 500 mg	Yes	Yes
J0877	Injection, daptomycin (Hospira), not therapeutically equivalent to J0878, 1 mg	Yes	Yes
J2021	Injection, linezolid (Hospira) not therapeutically equivalent to J2020, 200 mg	Yes	Yes
J2184	Injection, meropenem (B. Braun) not therapeutically equivalent to J2185, 100 mg	Yes	Yes
J2247	Injection, micafungin sodium (Par Pharm) not therapeutically equivalent to J2248, 1 mg	Yes	Yes
J2281	Injection, moxifloxacin (Fresenius Kabi) not therapeutically equivalent to J2280, 100 mg	Yes	Yes
J3244	Injection, tigecycline (Accord) not therapeutically equivalent to J3243, 1 mg	Yes	Yes
Q5001	HOSPICE OR HOME HEALTH CARE PROVIDED IN PATIENT'S HOME/RESIDENCE	Yes	Yes
Q5002	HOSPICE OR HOME HEALTH CARE PROVIDED IN ASSISTED LIVING	Yes	Yes
Q5009	HOSPICE OR HOME HEALTH CARE PROVIDED IN PLACE UNSPECIFIED	Yes	Yes
S5108	HOME CARE TRAINING TO HOME CARE CLIENT, PER 15 MIN	Yes	Yes
S5109	HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	Yes	Yes
S5110	HOME CARE TRAINING, FAMILY, PER 15 MIN	Yes	Yes
S5111	HOME CARE TRAINING, FAMILY, PER SESSION	Yes	Yes
S5115	HOME CARE TRAINING, NON-FAMILY, PER 15 MIN	Yes	Yes
S5116	HOME CARE TRAINING, NON-FAMILY, PER SESSION	Yes	Yes
S5180	HOME HEALTH RESPIRATORY TX, INITIAL EVAL	Yes	Yes
S5181	HOME HEALTH RESPIRATORY TX, PER DIEM	Yes	Yes
S9001	HOME UTERINE MONITOR W/ OR W/O NURSING SVCS	Yes	Yes
S9061	& NURSING)	Yes	Yes
S9097	HOME VISIT FOR WOUND CARE	Yes	Yes
S9098	HOME VISIT PHOTOTHERAPY, INCL EQUIP RENTAL, NURSING, LABS, SUPPLIES, PER DIEM	Yes	Yes
S9110	PER MONTH	Yes	Yes
S9122	HHA IN HOME, PER HOUR	Yes	Yes
S9123	SKILLED NURSE IN HOME, PER HOUR	Yes	Yes
S9124	LPN/LVN IN HOME, PER HOUR	Yes	Yes
S9127	SOCIAL WORK IN HOME, PER DIEM	Yes	Yes
S9128	SPEECH THERAPY, IN HOME, PER DIEM	Yes	Yes
S9129	OCCUPATIONAL THERAPY, IN HOME, PER DIEM	Yes	Yes
S9131	PHYSICAL THERAPY, IN HOME, PER DIEM	Yes	Yes
S9208	HOME MGMT PRE-TERM LABOR, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9209	HOME MGMT PPROM, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9211	HOME MGMT GESTATIONAL HTN, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9212	HOME MGMT POST-PARTUM HTN, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9213	HOME MGMT PREECLAMPSIA, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9214	HOME MGMT GESTATIONAL DIABETES, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9335	HOME THERAPY, HEMODIALYSIS, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9339	HOME THERAPY, PERITONEAL DIALYSIS, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9474	ENTERSTOMAL THERAPY BY RN, PER DIEM	Yes	Yes
T1001	NURSING ASSESSMENT/EVALUATION	Yes	Yes
T1002	RN SERVICES, UP TO 15 MIN	Yes	Yes
T1003	LPN/LVN SERVICES, UP TO 15 MIN	Yes	Yes
T1004	QUALIFIED NURSING AID SERVICES, UP TO 15 MIN	Yes	Yes
T1021	HHA OR CNA, PER VISIT	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
T1022	CONTRACTED HH AGENCY SERVICES, ALL SERVICES PROVIDED, PER DAY	Yes	Yes
T1028	MEDICAL NEEDS	Yes	Yes
T1030	REGISTERED NURSE, IN THE HOME, PER DIEM	Yes	Yes
T1031	LICENSED VOCATIONAL NURSE, IN THE HOME, PER DIEM	Yes	Yes
<b>HOME INFUSION</b>	<b>BENEFITS TO BE VERIFIED</b>		
99601	HOME INFUSION/SPECIALTY DRUG ADMIN, PER VISIT (UP TO 2HRS)	Yes	Yes
99602	HOME INFUSION/SPECIALTY DRUG ADMIN, EACH ADDIT HR	Yes	Yes
99605	15 MIN, NEW PT	Yes	Yes
99606	15 MIN, EST PT	Yes	Yes
99607	EACH ADDIT 15 MIN	Yes	Yes
S5035	HOME INFUSION TX, PUMP MAINTENACE	Yes	Yes
S5036	HOME INFUSION TX, REPAIR OF INFUSION DEVICE	Yes	Yes
S5497	HOME INFUSION TX, CATHETER CARE MAINT, PER DIEM	Yes	Yes
S5498	HOME INFUSION TX, CATHETER CARE MAINT, SIMPLE, PER DIEM	Yes	Yes
S5501	HOME INFUSION TX, CATHETER CARE MAINT, COMPLEX, PER DIEM	Yes	Yes
S5502	HOME INFUSION TX, CATHETER CARE MAINT, IMPLANTED ACCESS DEV, PER DIEM	Yes	Yes
S5517	HOME INFUSION TX, ALL SUPPLIES, DECLOT CATHETER	Yes	Yes
S5518	HOME INFUSION TX, ALL SUPPLIES, REPAIR CATHETER	Yes	Yes
S5520	HOME INFUSION TX, ALL SUPPLIES, PICC LINE INSERTION	Yes	Yes
S5521	HOME INFUSION TX, ALL SUPPLIES, MIDLINE INSERTION	Yes	Yes
S5522	HOME INFUSION TX, NURSING ONLY, PICC LINE INSERTION	Yes	Yes
S5523	INSERTION MIDLINE CATHETER, HOME INFUION, NURSING SVCS	Yes	Yes
S9061	HOME MGMT PRE-TERM LABOR, INCL PROF, PHARM, SUPPLIES, & EQUIP	Yes	Yes
S9209	HOME MGMT PROM, INCL PROF, PHARM, SUPPLIES, & EQUIP	Yes	Yes
S9211	HOME MGMT GESTATIONAL HTN, INCL PROF, PHARM, SUPPLIES, & EQUIP	Yes	Yes
S9212	HOME MGMT POST PARTUM HTN, INCL PROF, PHARM, SUPPLIES, & EQUIP	Yes	Yes
S9213	HOME MGMT PRE-ECLAMPSIA HTN, INCL PROF, PHARM, SUPPLIES, & EQUIP	Yes	Yes
S9214	HOME MGMT GESTATIONAL DIABETES, INCL PROF, PHARM, SUPPLIES, & EQUIP	Yes	Yes
S9325	HOME INFUSION, PAIN MGMT INFUSION, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9326	NURSING)	Yes	Yes
S9327	HOME INFUSION, INT PAIN MGMT INFUSION, <24 HRS, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9328	NURSING)	Yes	Yes
S9329	HOME INFUSION, CHEMOTHERAPY INFUSION, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9330	NURSING)	Yes	Yes
S9331	NURSING)	Yes	Yes
S9336	NURSING)	Yes	Yes
S9338	HOME INFUSION, IMMUNOTHERAPY, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9340	HOME INFUSION, ENTERAL NUTRITION, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9341	HOME INFUSION, ENTERAL NUTRITION VIA GRAVITY, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9342	HOME INFUSION, ENTERAL NUTRITION VIA PUMP, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9343	HOME INFUSION, ENTERAL NUTRITION VIA BOLUS, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9345	HOME INFUSION, ANTIHEMOPHILIC AGENT IV THERAPY, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9346	NURSING)	Yes	Yes
S9347	DRUGS & NURSING)	Yes	Yes
S9348	HOME INFUSION, INOTROPIC AGENT IV THERAPY, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9349	HOME INFUSION, TOCOLYTIC IV THERAPY, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9351	NURSING)	Yes	Yes
S9353	HOME INFUSION, CONTNUOUS INSULIN IV THERAPY, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9355	HOME INFUSION, CHELATION THERAPY, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9357	HOME INFUSION, ENZYME REPLACEMENT IV THERAPY, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9359	NURSING)	Yes	Yes
S9361	HOME INFUSION, DIURETIC IV THERAPY, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9363	HOME INFUSION, ANTISPASMODIC THERAPY, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9364	HOME INFUSION, TPN, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9365	HOME INFUSION, TPN, 1L PER DAY, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9366	HOME INFUSION, TPN, >1L - ≤2L PER DAY, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9367	HOME INFUSION, TPN, >2L - ≤3L PER DAY, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9368	HOME INFUSION, TPN, >3L PER DAY, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9370	HOME THERAPY, INTERMITTENT ANTIEMETIC INJECTION, (EXCL. DRUGS & NURSING)	Yes	Yes
S9372	HOME THERAPY, INTERMITTENT ANTICOAG INJECTION, (EXCL. DRUGS & NURSING)	Yes	Yes
S9373	HOME INFUSION, HYDRATION THERAPY, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9374	HOME INFUSION, HYDRATION THERAPY, 1L PER DAY, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9375	NURSING)	Yes	Yes



CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
S9376	NURSING)	Yes	Yes
S9377	HOME INFUSION, HYDRATION THERAPY, >3L PER DAY, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9379	NURSING)	Yes	Yes
S9381	VISIT	Yes	Yes
S9490	HOME INFUSION, CORTICOSTEROID INFUSION, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9494	NURSING)	Yes	Yes
S9497	DRUGS & NURSING)	Yes	Yes
S9500	DRUGS & NURSING)	Yes	Yes
S9501	DRUGS & NURSING)	Yes	Yes
S9502	DRUGS & NURSING)	Yes	Yes
S9503	DRUGS & NURSING)	Yes	Yes
S9504	DRUGS & NURSING)	Yes	Yes
S9537	HOME THERAPY, HORMONE INJECTION THERAPY, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9538	HOME TRANSFUSION BLOOD PRODUCTS, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9542	NURSING)	Yes	Yes
S9558	HOME INJECTABLE THERAPY, GROWTH HORMONE, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9559	HOME INJECTABLE THERAPY, INTERFERON, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9560	HOME INJECTABLE THERAPY, HORMONAL THERAPY, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9562	administrative services, professional pharmacy services, care coordination, and all necessary	Yes	Yes
S9563	pharmacy services, care coordination, and all necessary supplies and equipment (drugs and	Yes	Yes
S9590	HOME THERAPY, IRRIGATION, PER DIEM (EXCL. DRUGS & NURSING)	Yes	Yes
S9810	HOURLY	Yes	Yes
<b>HOSPICE</b>	<b>BENEFITS TO BE VERIFIED</b>		
G0182	PHYSICIAN SUPERVISION HOSPICE	Yes	Yes
G0337	HOSPICE EVALUATION AND COUNSELING; PRE-ELECTION	Yes	Yes
G9473	SERVICES BY CHAPLAIN, HOSPICE SETTING, EACH 15 MIN	Yes	Yes
G9474	SERVICES BY DIETARY COUNSELOR, HOSPICE SETTING, EACH 15 MIN	Yes	Yes
G9475	SERVICES BY OTHER COUNSELOR, HOSPICE SETTING, EACH 15 MIN	Yes	Yes
G9476	SERVICES BY VOLUNTEER, HOSPICE SETTING, EACH 15 MIN	Yes	Yes
G9477	SERVICES BY CARE COORDINATOR, HOSPICE SETTING, EACH 15 MIN	Yes	Yes
G9478	SERVICES BY OTHER QUALIFIED THERAPIST, HOSPICE SETTING, EACH 15 MIN	Yes	Yes
Q5002	HOSPICE CARE PROVIDED ASSISTED LIVING FACILITY	Yes	Yes
Q5003	HOSPICE CARE PROVIDED NURSING LTC FACIL/NON-SKILL NF	Yes	Yes
Q5004	HOSPICE CARE PROVIDED SKILLED NURSING FACILITY	Yes	Yes
Q5005	HOSPICE CARE PROVIDED INPATIENT FACILITY	Yes	Yes
Q5006	HOSPICE CARE PROVIDED INPATIENT HOSPICE FACILITY	Yes	Yes
Q5007	HOSPICE CARE PROVIDED LONG TERM CARE FACILITY	Yes	Yes
Q5008	HOSPICE CARE PROVIDED INPATIENT PSYCHIATRIC FACILITY	Yes	Yes
Q5010	HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY	Yes	Yes
S0255	HOSPICE REFERRAL VISIT PERFORMED BY NURSE OR SOCIAL WORKER	Yes	Yes
S9126	HOSPICE CARE, IN THE HOME, PER DIEM	Yes	Yes
T2042	HOSPICE ROUTINE HOME CARE, PER DIEM	Yes	Yes
T2043	HOSPICE CONTINUOUS HOME CARE, PER HOUR	Yes	Yes
T2044	HOSPICE INPATIENT RESPITE CARE, PER DIEM	Yes	Yes
T2045	HOSPICE GENERAL INPATIENT CARE, PER DIEM	Yes	Yes
T2046	HOSPICE LONG TERM CARE, ROOM AND BOARD ONLY, PER DIEM	Yes	Yes
<b>IMAGING</b>			
19085	performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion,	Yes	Yes
19086	performed, and imaging of the biopsy specimen, when performed, percutaneous; each	Yes	Yes
61715	ablation of target, intracranial, including stereotactic navigation and frame placement, when	Yes	Yes
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TMJ(S)	Yes	Yes
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; W/O CONTRAST	Yes	Yes
70460	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; W/ CONTRAST	Yes	Yes
70470	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; W/O CONTRAST, FOLLOWED BY CONT MATL(S)	Yes	Yes
70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, POSTERIOR FOSSA OR OUTER, MIDDLE OR INNER	Yes	Yes
70481	COMPUTED TOMOGRAPHY, ORBIT, SELLA, POSTERIOR FOSSA OR OUTER, MIDDLE OR INNER	Yes	Yes
70482	COMPUTED TOMOGRAPHY, ORBIT, SELLA, POSTERIOR FOSSA OR OUTER, MIDDLE OR INNER	Yes	Yes
70486	COMPUTED TOMOGRAPHY, MAXIOFACIAL AREA; W/O CONTRAST	Yes	Yes
70487	COMPUTED TOMOGRAPHY, MAXIOFACIAL AREA; W/ CONTRAST	Yes	Yes
70488	COMPUTED TOMOGRAPHY, MAXIOFACIAL AREA; W/O CONTRAST, FOLLOWED BY CONT	Yes	Yes
70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; W/O CONTRAST	Yes	Yes
70491	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; W/ CONTRAST	Yes	Yes
70492	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; W/O CONTRAST, FOLLOWED BY CONT	Yes	Yes
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD W/CONTRAST, INCL NON CONTRAST	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK W/CONTRAST, INCL NON CONTRAST	Yes	Yes
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; W/O	Yes	Yes
70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; W/ CONTRAST	Yes	Yes
70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, ,/OR NECK; W/O CONT	Yes	Yes
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; W/O CONTRAST	Yes	Yes
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; W/ CONTRAST	Yes	Yes
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; W/O CONTRAST, FOLLOWED BY CONT	Yes	Yes
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; W/O CONTRAST	Yes	Yes
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; W/ CONTRAST	Yes	Yes
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; W/O CONTRAST, FOLLOWED BY CONT MATL(S)	Yes	Yes
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUD BRAIN STEM); W/O	Yes	Yes
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUD BRAIN STEM); W/	Yes	Yes
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUD BRAIN STEM); W/O	Yes	Yes
70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDTEST SELECTION AND	Yes	Yes
70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQ PHYSICIAN OR	Yes	Yes
70557	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUD BRAIN STEM/SKULL BASE),	Yes	Yes
70558	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUD BRAIN STEM/SKULL BASE),	Yes	Yes
70559	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUD BRAIN STEM/SKULL BASE),	Yes	Yes
71250	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST MATERIAL	Yes	Yes
71260	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITH CONTRAST MATERIAL(S)	Yes	Yes
71270	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST MATERIAL,	Yes	Yes
71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUTH	Yes	Yes
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST W/CONTRAST, INCL NON CONTRAST	Yes	Yes
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVAL OF HILAR AND	Yes	Yes
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVAL OF HILAR AND	Yes	Yes
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVAL OF HILAR AND	Yes	Yes
71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCL MYOCARDIUM), W/ CONTRAST OR W/O	Yes	Yes
72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; W/O CONTRAST	Yes	Yes
72126	COMPUTED TOMOGRAPHY, CERVICAL SPINE; W/ CONTRAST	Yes	Yes
72127	COMPUTED TOMOGRAPHY, CERVICAL SPINE; W/O CONTRAST, FOLLOWED BY CONT MATL(S)	Yes	Yes
72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; W/O CONTRAST	Yes	Yes
72129	COMPUTED TOMOGRAPHY, THORACIC SPINE; W/ CONTRAST	Yes	Yes
72130	COMPUTED TOMOGRAPHY, THORACIC SPINE; W/O CONTRAST, FOLLOWED BY CONT MATL(S)	Yes	Yes
72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; W/O CONTRAST	Yes	Yes
72132	COMPUTED TOMOGRAPHY, LUMBAR SPINE; W/ CONTRAST	Yes	Yes
72133	COMPUTED TOMOGRAPHY, LUMBAR SPINE; W/O CONTRAST, FOLLOWED BY CONT MATL(S)	Yes	Yes
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	Yes	Yes
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	Yes	Yes
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	Yes	Yes
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	Yes	Yes
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	Yes	Yes
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	Yes	Yes
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	Yes	Yes
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS,	Yes	Yes
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	Yes	Yes
72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, W/ OR W/O	Yes	Yes
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS W/CONTRAST, INCL NON CONTRAST	Yes	Yes
72192	COMPUTED TOMOGRAPHY, PELVIS; W/O CONTRAST	Yes	Yes
72193	COMPUTED TOMOGRAPHY, PELVIS; W/ CONTRAST	Yes	Yes
72194	COMPUTED TOMOGRAPHY, PELVIS; W/O CONTRAST, FOLLOWED BY CONT MATL(S)	Yes	Yes
72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; W/O CONTRAST	Yes	Yes
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; W/ CONTRAST	Yes	Yes
72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; W/O CONTRAST MATERIAL(S),	Yes	Yes
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, W/ OR W/O CONTRAST	Yes	Yes
73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; W/O CONTRAST	Yes	Yes
73201	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; W/ CONTRAST	Yes	Yes
73202	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; W/O CONTRAST, FOLLOWED BY CONT	Yes	Yes
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY W/CONTRAST, INCL NON	Yes	Yes
73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	Yes	Yes
73219	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	Yes	Yes
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	Yes	Yes
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; W/O	Yes	Yes
73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; W/	Yes	Yes
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; W/O	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, W/ OR W/O CONTRAST	Yes	Yes
73700	COMPUTED TOMOGRAPHY LOWER EXTREMITY; W/O CONTRAST	Yes	Yes
73701	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; W/ CONTRAST	Yes	Yes
73702	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; W/O CONTRAST, FOLLOWED BY CONT	Yes	Yes
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY W/CONTRAST, INCL NON	Yes	Yes
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	Yes	Yes
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; W/	Yes	Yes
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	Yes	Yes
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; W/O	Yes	Yes
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; W/O	Yes	Yes
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; W/O	Yes	Yes
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST	Yes	Yes
74150	COMPUTED TOMOGRAPHY ABDOMEN; W/O CONTRAST	Yes	Yes
74160	COMPUTED TOMOGRAPHY, ABDOMEN; W/ CONTRAST	Yes	Yes
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, W/CONTRAST, INCL NON	Yes	Yes
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, W/CONTRAST, INCL NON CONTRAST	Yes	Yes
74176	COMPUTED TOMOGRAPHY ABDOMEN & PELVIS; W/O CONTRAST	Yes	Yes
74177	COMPUTED TOMOGRAPHY, ABDOMEN & PELVIS; W/ CONTRAST	Yes	Yes
74178	COMPUTED TOMOGRAPHY, ABDOMEN & PELVIS; W/O CONTRAST, FOLLOWED BY CONT	Yes	Yes
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; W/O CONTRAST	Yes	Yes
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; W/ CONTRAST	Yes	Yes
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; W/O CONTRAST, FOLLOWED BY	Yes	Yes
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, W/ OR W/O CONTRAST	Yes	Yes
74261	CT COLONOGRAPHY; W/O CONTRAST	Yes	Yes
74262	CT COLONOGRAPHY; W/ CONTRAST	Yes	Yes
74263	CT COLONOGRAPHY	Yes	Yes
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION W/O	Yes	Yes
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION W/O	Yes	Yes
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION W/O	Yes	Yes
75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION W/O	Yes	Yes
75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING	Yes	Yes
75571	COMPUTED TOMOGRAPHY, HEART, W/O CONTRAST, W/QUANTITATIVE EVAL OF CORONARY	Yes	Yes
75572	COMPUTED TOMOGRAPHY, HEART, W/ CONTRAST, EVAL CARDIAC STRUCTURE AND	Yes	Yes
75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF	Yes	Yes
75574	COMPUTED TOMOGRAPHY, ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS	Yes	Yes
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA & BILATERAL ILEOCECAL	Yes	Yes
76380	COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED F/U STUDY	Yes	Yes
76390	MAGNETIC RESONANCE SPECTROSCOPY	Yes	Yes
76391	MAGNETIC RESONANCE (VIBRATION). ELASTOGRAPHY	Yes	Yes
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Yes	Yes
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	Yes	Yes
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC RESONANCE SPECTROSCOPY	Yes	Yes
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	Yes	Yes
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT	Yes	Yes
77013	COMPUTED TOMOGRAPHY GUIDANCE FOR AND MONITORING PARENCHYMAL TISSUE	Yes	Yes
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	Yes	Yes
77021	MAGNETIC RESONANCE IMAGING GUIDANCE FOR NEEDLE PLACEMENT	Yes	Yes
77022	MAGNETIC RESONANCE IMAGING GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	Yes	Yes
77046	MAGNETIC RESONANCE IMAGING, BREAST, W/O AND/OR W/ CONTRAST MATL(S); UNILATERAL	Yes	Yes
77047	MAGNETIC RESONANCE IMAGING, BREAST, W/O AND/OR W/ CONTRAST MATL(S); BILATERAL	Yes	Yes
77048	MAGNETIC RESONANCE IMAGING, BREAST, W/O AND/OR W/ CONTRAST MATL(S); UNILATERAL	Yes	Yes
77049	MAGNETIC RESONANCE IMAGING, BREAST, W/O AND/OR W/ CONTRAST MATL(S); BILATERAL, INCL	Yes	Yes
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE AXIAL SKELETON	Yes	Yes
77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	Yes	Yes
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TX PLANNING	Yes	Yes
78431	ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at	Yes	Yes
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT), SINGLE STUDY, AT REST OR	Yes	Yes
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST OR	Yes	Yes
78453	MYOCARDIAL PERFUSION IMAGING, PLANAR, SINGLE STUDY, AT REST OR STRESS	Yes	Yes
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR, MULTIPLE STUDIES, AT REST OR STRESS	Yes	Yes
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY, METABOLIC EVAL STUDY (INCL	Yes	Yes
78469	MYOCARDIAL IMAGING TOMOGRAPHIC SPECT W/ OR W/O QUANTIFICATION	Yes	Yes
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY, PERFUSION STUDY (INCL	Yes	Yes
78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY, PERFUSION STUDY (INCL	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
78494	CARDIAC BLOOD POOL IMAGING, SPECT, AT REST	Yes	Yes
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY; METABOLIC EVALUATION	Yes	Yes
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY; PERFUSION EVALUATION	Yes	Yes
78803	radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when	Yes	Yes
78804	RADIOPHARMACEUTICAL LOCALIZATION TUMOR; PLANAR, WHOLE BODY, 2 OR MORE DAYS	Yes	Yes
78811	POSITRON EMISSION TOMOGRAPHY IMAGING; LIMITED AREA (EG, CHEST, HEAD/NECK)	Yes	Yes
78812	POSITRON EMISSION TOMOGRAPHY IMAGING; SKULL BASE TO MID-THIGH	Yes	Yes
78813	POSITRON EMISSION TOMOGRAPHY IMAGING; WHOLE BODY	Yes	Yes
78814	POSITRON EMISSION TOMOGRAPHY W/ CONCURRENTLY ACQUIRED CT FOR ATTENUATION	Yes	Yes
78815	POSITRON EMISSION TOMOGRAPHY W/ CONCURRENT ACQUIRED CT FOR ATTENUATION	Yes	Yes
78816	POSITRON EMISSION TOMOGRAPHY W/ CONCURRENTLY ACQUIRED CT FOR ATTENUATION	Yes	Yes
78830	radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when	Yes	Yes
78831	radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when	Yes	Yes
78832	radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when	Yes	Yes
0042T	CEREBRAL PERFUSION ANALYSIS USING COMPUTED TOMOGRAPHY W/ CONTRAST	Yes	Yes
0054T	COMPUTER ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHO PROCEDURE	Yes	Yes
0055T	COMPUTER ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHO DEVICE WITH	Yes	Yes
0071T	FOCUSED US ABLATION UTERINE LEIOMYOMATA, INCL MR GUIDANCE; VOL < 200CC TISSUE	Yes	Yes
0072T	FOCUSED US ABLATION UTERINE LEIOMYOMATA, INCL MR GUIDANCE; VOL > 200CC TISSUE	Yes	Yes
0151T	CT HEART FUNCTION EVALUATION	Yes	Yes
0332T	MYOCARDIAL SYMPATHETIC INTERV, WITH TOMOGRAPHIC SPECT	Yes	Yes
0721T	Quantitative computed tomography (CT) tissue characterization, including interpretation and	Yes	Yes
0722T	Quantitative computed tomography (CT) tissue characterization, including interpretation and	Yes	Yes
0723T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data	Yes	Yes
0724T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data	Yes	Yes
0793T	including right heart catheterization, pulmonary artery angiography, and all imaging guidance	Yes	Yes
0807T	captured cinefluorograph images; in combination with previously acquired computed	Yes	Yes
0808T	captured cinefluorograph images; in combination with computed tomography (CT) images	Yes	Yes
0876T	Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and	Yes	Yes
0877T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical	Yes	Yes
0878T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical	Yes	Yes
0879T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical	Yes	Yes
0880T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical	Yes	Yes
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity	Yes	Yes
0890T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation,	Yes	Yes
0891T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation,	Yes	Yes
0892T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation,	Yes	Yes
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion	Yes	Yes
0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control;	Yes	Yes
0896T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control;	Yes	Yes
0898T	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-	Yes	Yes
0899T	Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF),	Yes	Yes
0900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived	Yes	Yes
0944T	microwave ablation	Yes	Yes
0946T	of the target structure, including data acquisition, data preparation and transmission,	Yes	Yes
0947T	blood-brain barrier disruption using microbubble resonators to increase the concentration of	Yes	Yes
C8900	MAGNETIC RESONANCE ANGIOGRAPHY W/ CONTRAST, ABDOMEN	Yes	Yes
C8901	MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST, ABDOMEN	Yes	Yes
C8902	MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST, FOLLOWED BY W/ CONTRAST,	Yes	Yes
C8903	MAGNETIC RESONANCE IMAGING W/CONTRAST BREAST; UNILATERAL	Yes	Yes
C8905	MAGNETIC RESONANCE IMAGING W/O CONTRAST, FOLLOWED BY W/ CONTRAST, BREAST;	Yes	Yes
C8906	MAGNETIC RESONANCE IMAGING W/CONTRAST BREAST; BILATERAL	Yes	Yes
C8908	MAGNETIC RESONANCE IMAGING W/O CONTRAST, FOLLOWED BY W/ CONTRAST, BREAST;	Yes	Yes
C8909	MAGNETIC RESONANCE ANGIOGRAPHY W/ CONTRAST, CHEST (EXCL MYOCARDIUM)	Yes	Yes
C8910	MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST, CHEST (EXCL MYOCARDIUM)	Yes	Yes
C8911	MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST, CHEST (EXCL MYOCARDIUM)	Yes	Yes
C8912	MAGNETIC RESONANCE ANGIOGRAPHY W/ CONTRAST, LOWER EXTREMITY	Yes	Yes
C8913	MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST, LOWER EXTREMITY	Yes	Yes
C8914	MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST, FOLLOWED BY W/ CONTRAST,	Yes	Yes
C8918	MAGNETIC RESONANCE ANGIOGRAPHY W/ CONTRAST, PELVIS	Yes	Yes
C8919	MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST, PELVIS	Yes	Yes
C8920	MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST, FOLLOWED BY W/ CONTRAST,	Yes	Yes
C9791	including preparation and administration of agent	Yes	Yes
C9793	tomographic angiographYes and/or magnetic resonance imaging with report	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
G0219	PET IMAGING WHOLE BODY; MELANOMA FOR NONCOVERED INDICATIONS	Yes	Yes
G0235	PET IMAGING, ANY SITE, NOT OTHERWISE SPECIFIED	Yes	Yes
G0252	PET IMAGING, FULL & PTL INITIAL DX BREAST CANCER OR SURGERY PLANNING	Yes	Yes
G0288	RECONSTRUCTION, COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF AORTA FOR SURGICAL	Yes	Yes
S8035	MAGNETIC SOURCE IMAGING	Yes	Yes
S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Yes	Yes
S8040	TOPOGRAPHIC BRAIN MAPPING	Yes	Yes
S8042	MAGNETIC RESONANCE IMAGING (MRI), LOW-FIELD	Yes	Yes
S8080	SCINTIMMOGRAPHY, UNILATERAL	Yes	Yes
S8085	F-18FDG, IMAGING, MON DEDICATED PET	Yes	Yes
S8092	ELECTRON BEAM COMPUTED TOPOGRAPHY	Yes	Yes
<b>IMPLANTS</b>	<b>BENEFITS TO BE VERIFIED</b>		
33975	INSERTION, VENTRICULAR ASSIST DEVICE, EXTRACORPOREAL, SINGLE VENTRICLE	Yes	Yes
33976	INSERTION, VENTRICULAR ASSIST DEVICE, EXTRACORPOREAL, BIVENTRICULAR	Yes	Yes
33977	REMOVAL, VENTRICULAR ASSIST DEVICE, EXTRACORPOREAL, SINGLE VENTRICLE	Yes	Yes
33978	REMOVAL, VENTRICULAR ASSIST DEVICE, EXTRACORPOREAL, BIVENTRICULAR	Yes	Yes
33979	VENTRICLE	Yes	Yes
33980	VENTRICLE	Yes	Yes
33981	PUMP(S), SINGLE OR EACH PUMP	Yes	Yes
33982	VENTRICLE, W/O CARDIOPULM BYPASS	Yes	Yes
33983	VENTRICLE, W/ CARDIOPULM BYPASS	Yes	Yes
33990	SUPERVISION AND INTERPRETATION; LEFT HEART, ARTERIAL ACCESS ONLY	Yes	Yes
33991	interpretation; left heart, both arterial and venous access, with transseptal puncture	Yes	Yes
33992	cannula(s), at separate and distinct session from insertion	Yes	Yes
33993	WITH IMAGING GUIDANCE AT SEPARATE AND DISTINCT SESSION FROM INSERTION	Yes	Yes
33999	UNLISTED PROCEDURE, CARDIAC SURGERY	Yes	Yes
65785	IMPLANT, INTRASTOMAL CORNEAL RING SEGMENTS (INTACS)	Yes	Yes
69501	Transmastoid antrotomy (simple mastoidectomy)	Yes	Yes
69502	Mastoidectomy; complete	Yes	Yes
69505	Mastoidectomy; modified radical	Yes	Yes
69511	Mastoidectomy; radical	Yes	Yes
69530	Petrous apicectomy including radical mastoidectomy	Yes	Yes
69535	Resection temporal bone, external approach; Excludes Middle fossa approach (69950-69970)	Yes	Yes
69540	Excision aural polyp	Yes	Yes
69550	Excision aural glomus tumor; transcanal	Yes	Yes
69552	Excision aural glomus tumor; transmastoid	Yes	Yes
69554	Excision aural glomus tumor; extended (extratemporal)	Yes	Yes
69601	Revision mastoidectomy; resulting in complete mastoidectomy	Yes	Yes
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy	Yes	Yes
69603	Revision mastoidectomy; resulting in radical mastoidectomy	Yes	Yes
69604	following mastoidectomy (69631-69632)	Yes	Yes
69610	or without patch	Yes	Yes
69620	Myringoplasty (surgery confined to drumhead and donor area)	Yes	Yes
69631	surgery), initial or revision; without ossicular chain reconstruction	Yes	Yes
69632	surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)	Yes	Yes
69633	surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg,	Yes	Yes
69635	ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction	Yes	Yes
69636	ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction	Yes	Yes
69637	ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and	Yes	Yes
69641	membrane repair); without ossicular chain reconstruction	Yes	Yes
69642	membrane repair); with ossicular chain reconstruction	Yes	Yes
69643	membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction	Yes	Yes
69644	membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction	Yes	Yes
69645	membrane repair); radical or complete, without ossicular chain reconstruction	Yes	Yes
69646	membrane repair); radical or complete, with ossicular chain reconstruction	Yes	Yes
69650	Stapes mobilization	Yes	Yes
69660	use of foreign material;	Yes	Yes
69661	use of foreign material; with footplate drill out	Yes	Yes
69662	Revision of stapedectomy or stapedotomy	Yes	Yes
69666	Repair oval window fistula	Yes	Yes
69667	Repair round window fistula	Yes	Yes
69670	Mastoid obliteration (separate procedure)	Yes	Yes
69676	Tympanic neurectomy	Yes	Yes
69710	TEMPORAL BONE	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
69711	TEMPORAL BONE	Yes	Yes
69714	TO EXTERNAL SPEECH PROCESSOR	Yes	Yes
69716	external speech processor, within the mastoid and/or resulting in removal of less than 100 sq	Yes	Yes
69717	percutaneous attachment to external speech processor	Yes	Yes
69719	magnetic transcutaneous attachment to external speech processor, within the mastoid and/or	Yes	Yes
69728	external speech processor, outside the mastoid and involving a bony defect greater than or	Yes	Yes
69729	external speech processor, outside of the mastoid and resulting in removal of greater than or	Yes	Yes
69730	magnetic transcutaneous attachment to external speech processor, outside the mastoid and	Yes	Yes
69930	COCHLEAR DEVICE IMPLANTATION, W/ OR W/O MASTOIDECTOMY	Yes	Yes
69949	UNLISTED PROCEDURE, INNER EAR	Yes	Yes
0725T	Vestibular device implantation, unilateral	Yes	Yes
0726T	Removal of implanted vestibular device, unilateral	Yes	Yes
0727T	Removal and replacement of implanted vestibular device, unilateral	Yes	Yes
0728T	Diagnostic analysis of vestibular implant, unilateral; with initial programming	Yes	Yes
0729T	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming	Yes	Yes
0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance	Yes	Yes
0732T	Immunotherapy administration with electroporation, intramuscular	Yes	Yes
0735T	Preparation of tumor cavity, with placement of a radiation therapy applicator for	Yes	Yes
0737T	Xenograft implantation into the articular surface	Yes	Yes
0826T	to test the function of the device and select optimal permanent programmed values with	Yes	Yes
A4263	PERMANENT, LONG TERM, NON DISSOLVABLE LACRIMAL DUCT IMPLANT, EA	Yes	Yes
C1602	Orthopedic/device/drug matrix/absorbable bone void filler, antimicrobial-eluting (implantable)	Yes	Yes
C8000	Support device, extravascular, for arteriovenous fistula (implantable)	Yes	Yes
C8003	from distal femur to proximal tibia, open, includes measurements, positioning and	Yes	Yes
J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	Yes	Yes
S2230	MIDDLE EAR	Yes	Yes
S2235	IMPLANT AUDITORY BRAIN	Yes	Yes
<b>INFERTILITY</b>	<b>BENEFITS TO BE VERIFIED</b>		
58321	ARTIFICIAL INSEMINATION, INTRA CERVICAL	Yes	Yes
58322	ARTIFICIAL INSEMINATION, INTRA UTERINE	Yes	Yes
58323	SPERM WASHING FOR ARTIFICIAL INSEMINATION	Yes	Yes
58340	CATH/INTRO SALINE INFUSION SONOHYSTEROGRAPHY (SIS) OR HYSTEROSALPINGOGRAPHY	Yes	Yes
58345	INTRO FALLOPIAN TUBE FOR DX OR PATENCY, W/ OR W/O HYSTEROSALPINGOGRAPHY	Yes	Yes
58350	CHROMOTUBULATION OF OVIDUCT INCL MATERIALS	Yes	Yes
58672	LAPAROSCOPY WITH FIMBRIOPLASTY	Yes	Yes
58674	LAPAROSCOPY SURGICAL, ABLATION UTERINE FIBROIDS, RF	Yes	Yes
58974	EMBRYO TRANSFER INTRAUTERINE	Yes	Yes
89250	CULTURE OOCYTES/EMBRYOS <4 DAYS	Yes	Yes
89257	SPERM IDENTIFICATION FROM ASPIRATION	Yes	Yes
89260	SPERM ISOLATION SINGLE PREP FOR INSEMINATION W SEMEN ANALYSIS	Yes	Yes
89261	SPERM ISOLATION COMPLEX PREP FOR INSEMINATION W SEMEN ANALYSIS	Yes	Yes
89264	SPERM IDENTIFICATION FROM TESTES TISSUE	Yes	Yes
89268	INSEMINATION OF OOCYTES	Yes	Yes
89272	EXTENDED CULTURE OF OOCYTES/EMBRYOS 4-7 DAYS	Yes	Yes
89280	ASSISTED OOCYTE FERTILIZATION < OR = 10 OOCYTES	Yes	Yes
89281	ASSISTED OOCYTE FERTILIZATION > 10 OOCYTES	Yes	Yes
89290	BIOPSY, OOCYTE OR EMBRYO < OR = 5 EMBRYOS	Yes	Yes
89291	BIOPSY, OOCYTE OR EMBRYO > 5 EMBRYOS	Yes	Yes
89300	SEMEN ANALYSIS PRESENCE/MOTILITY SPERM INCL HUHNER TEST	Yes	Yes
89310	SEMEN ANALYSIS MOTILITY/COUNT NOT INCL HUHNER TEST	Yes	Yes
89320	SEMEN ANALYSIS VOLUME,COUNT,MOTILITY AND DIFFERENTIAL	Yes	Yes
89321	SEMEN ANALYSIS SPERM PRESENCE/MOTILITY	Yes	Yes
89322	CRITERIA	Yes	Yes
89325	SPERM ANTIBODIES	Yes	Yes
89329	SPERM EVAL HAMSTER PENETRATION TEST	Yes	Yes
89330	SPERM EVAL CERVICAL MUCOS PENETRATION TEST W/ OR W/O SPINNBARKEIT TEST	Yes	Yes
89331	SPERM EVAL FOR RETROGRADE EJACULATION, URINE	Yes	Yes
89335	CRYOPRESERVATION; REPRODUCTIVE TISSUE, TESTICULAR	Yes	Yes
89337	CRYOPRESERVATION; MATURE OOCYTE(S)	Yes	Yes
89342	STORAGE (PER YEAR); EMBRYO(S)	Yes	Yes
89343	STORAGE (PER YEAR); SPERM/SEMEN	Yes	Yes
89344	STORAGE (PER YEAR); REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN	Yes	Yes
89346	STORAGE (PER YEAR); OOCYTE(S)	Yes	Yes
89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
89353	THAWING OF CRYOPRESERVED; SPERM/SEMEN, EACH ALIQUOT	Yes	Yes
89354	THAWING OF CRYOPRESERVED; REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN	Yes	Yes
89356	THAWING OF CRYOPRESERVED; OOCYTES, EACH ALIQUOT	Yes	Yes
89398	UNLISTED REPRODUCTIVE MEDICINE LABORATORY PROCEDURE	Yes	Yes
S4011	IN VITRO FERTILIZATION	Yes	Yes
S4013	COMPLETE CYCLE, GAMETE INTRFALLOPIAN TRANSFER (GIFT), CASE RATE	Yes	Yes
S4014	COMPLETE CYCLE, ZYGOTE INTRFALLOPIAN TRANSFER (ZIFT), CASE RATE	Yes	Yes
S4015	COMPLETE IN VITRO FERTILIZATION CYCLE, NOT OTHERWISE SPEC, CASE RATE	Yes	Yes
S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Yes	Yes
S4017	INCOMPLETE CYCLE, TX CANCELLED PRIOR TO STIMULATION, CASE RATE	Yes	Yes
S4018	FROZEN EMBRYO TRANSFER PROCEDURE CANCELLED BEFORE TRANSFER, CASE RATE	Yes	Yes
S4020	IN VITRO FERTILIZATION PROCEDURE CANCELLED BEFORE ASPIRATION, CASE RATE	Yes	Yes
S4021	IN VITRO FERTILIZATION PROCEDURE CANCELLED AFTER ASPIRATION, CASE RATE	Yes	Yes
S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Yes	Yes
S4023	DONOR EGG CYCLE, INCOMPLETE, CASE RATE	Yes	Yes
S4024	Air polYesmer-tYespe A intrauterine foam, per studYes dose	Yes	Yes
S4025	DONOR SERVICES FOR IN VITRO FERTILIZATION (SPERM/EMBRYO), CASE RATE	Yes	Yes
S4026	PROCUREMENT OF DONOR SPERM FROM SPERM BANK	Yes	Yes
S4027	STORAGE OF PREVIOUSLY FROZEN EMBRYOS	Yes	Yes
S4028	MICROSURGICAL EPIDIDYMAL SPERM ASPIRATION	Yes	Yes
S4030	SPERM PROCUREMENT AND CRYOPRESERVATION SERVICES; INITIAL VISIT	Yes	Yes
S4031	SPERM PROCUREMENT AND CRYOPRESERVATION SERVICES; SUBSEQUENT VISIT	Yes	Yes
S4035	STIMULATED INTRAUTERINE INSEMINATION (IUI), CASE RATE	Yes	Yes
S4037	CRYOPRESERVED EMBRYO TRANSFER, CASE RATE	Yes	Yes
S4042	STUDIES, NONFACE-TO-FACE MEDICAL MANAGEMENT OF THE PATIENT), PER CYCLE	Yes	Yes
INJECTABLES			
J1308	Injection, famotidine, 0.25 mg	Yes	Yes
Q5147	Injection, aflibercept-aYesYesh (Pavblu), biosimilar, 1 mg	Yes	Yes
Q5149	njection, aflibercept-abzv (Enzeevu), biosimilar, 1 mg	Yes	Yes
J9054	Injection, bortezomib (Boruzu), 0.1 mg	Yes	Yes
J1938	Injection, furosemide, 1 mg	Yes	Yes
J9024	Injection, atezolizumab, 5 mg and hYesaluronidase-tqjs	Yes	Yes
C9302	Injection, zanidatamab-hrii, 2 mg	Yes	Yes
Q5152	Injection, eculizumab-aeeb (Bkemv), biosimilar, 2 mg	Yes	Yes
Q9999	Injection, ustekinumab-aauz (Otulfi), biosimilar, 1 mg	Yes	Yes
Q5151	Injection, eculizumab-aagh (EpYessqli), biosimilar, 2 mg	Yes	Yes
Q5150	Injection, aflibercept-mrb (Ahzantive), biosimilar, 1 mg	Yes	Yes
Q5148	Injection, filgrastim-txid (NYespozi), biosimilar, 1 mcg	Yes	Yes
J2804	Injection, rifampin, 1 mg	Yes	Yes
J2428	Injection, paliperidone palmitate extended release (Erzofri), 1 mg	Yes	Yes
J1271	Injection, doxYescYescline hYesclate, 1 mg	Yes	Yes
J0281	Injection, aminocaproic acid, 1 g	Yes	Yes
J2865	Injection, sulfamethoxazole 5 mg and trimethoprim 1 mg	Yes	Yes
J2351	Injection, ocrelizumab, 1 mg and hYesaluronidase-ocsq	Yes	Yes
J9161	Injection, denileukin diftitox-cxdl, 1 mcg	Yes	Yes
J1808	Injection, folic acid, 0.1 mg	Yes	Yes
J9038	Injection, axatilimab-csfr, 0.1 mg	Yes	Yes
J1290	Injection, eculizumab, 2 mg	Yes	Yes
C9300	Injection, indigotindisulfonate sodium, 1 mg	Yes	Yes
C9303	Injection, zolbetuximab-clzb, 1 mg	Yes	Yes
C9304	Injection, marstacimab-hncq, 0.5 mg	Yes	Yes
C8004	occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging	Yes	Yes
C8005	energYes, including fluoroscopic and/or ultrasound guidance, when performed, with computed tomographYes	Yes	Yes
90281	IMMUNE GLOBULIN (IG)	Yes	Yes
90283	IMMUNE GLOBULIN (IVIG)	Yes	Yes
90284	IMMUNE GLOBULIN (SCIG)	Yes	Yes
90287	BOTULINUM ANTITOXIN, EQUINE	Yes	Yes
90288	BOTULINUM ANTITOXIN, HUMAN	Yes	Yes
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN (CMV-IGIV)	Yes	Yes
90384	RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, FULL DOSE	Yes	Yes
90385	RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI DOSE	Yes	Yes
90386	RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN	Yes	Yes
90399	UNLISTED IMMUNE GLOBULIN	Yes	Yes
0232T	INJ, PLATELET RICH PLASMA, ANY SITE, HARVESY & PREP	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
0418T	INJ, AUTOLOGOUS WHITE BLOOD CELL, ANY CITE, HARVEST & PREP	Yes	Yes
C9089	Bupivacaine, collagen-matrix implant, 1 mg	Yes	Yes
C9101	Injection, oliceridine, 0.1 mg	Yes	Yes
C9145	Injection, aprepitant, (Aponvie), 1 mg	Yes	Yes
C9174	Injection, datopotamab deruxtecan-dlnk, 1 mg	Yes	Yes
C9175	Injection, treosulfan, 50 mg	Yes	Yes
G0138	IV infusion of cipaglucosidase alfa-atga, including provider/supplier acquisition and clinical	Yes	Yes
G2069	bundle including dispensing and/or administration, substance use counseling, individual and	No	No
J0129	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	Yes	Yes
J0134	Injection, acetaminophen (Fresenius Kabi), not therapeutically equivalent to J0131, 10 mg	Yes	Yes
J0136	Injection, acetaminophen (B. Braun), not therapeutically equivalent to J0131, 10 mg	Yes	Yes
J0137	Injection, acetaminophen (Hikma), not therapeutically equivalent to J0131, 10 mg	Yes	Yes
J0138	Injection, acetaminophen 10 mg and ibuprofen 3 mg	Yes	Yes
J0139	Injection, adalimumab, 1 mg	Yes	Yes
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg	No	No
J0166	Injection, epinephrine (BPI), not therapeutically equivalent to J0165, 0.1 mg	No	No
J0167	Injection, epinephrine (Hospira), not therapeutically equivalent to J0165, 0.1 mg	No	No
J0168	J0165, 0.1 mg	No	No
J0169	Injection, epinephrine (adrenalin), not therapeutically equivalent to J0165, 0.1 mg	No	No
J0174	Injection, lecanemab-irmb, 1 mg	Yes	Yes
J0175	Injection, donanemab-azbt, 2 mg	Yes	Yes
J0180	INJECTION AGALSIDASE BETA 1 MG	Yes	Yes
J0184	Injection, amisulpride, 1 mg	Yes	Yes
J0202	INJECTION, ALEMTUZUMAB, 1 MG	Yes	Yes
J0205	INJECTION ALGLUCERASE PER 10 UNITS	Yes	Yes
J0208	Injection, sodium thiosulfate (Pedmark), 100 mg	Yes	Yes
J0211	Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (Nithiodote)	Yes	Yes
J0215	INJECTION ALEFACEPT 0.5 MG	Yes	Yes
J0218	Injection, olipudase alfa-rpcp, 1 mg	Yes	Yes
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg (NEXVIAZYME)	Yes	Yes
J0220	INJECTION ALGLUCOSIDASE ALFA 10 MG NOS	Yes	Yes
J0221	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	Yes	Yes
J0225	Injection, vutrisiran, 1 mg	Yes	Yes
J0256	ALPHA-1 PROTEINASE INHIBITOR	Yes	Yes
J0257	ALPHA-1 PROTEINASE INHIBITOR	Yes	Yes
J0270	INJECTION ALPROSTADIL 1.25 MCG	Yes	Yes
J0349	Injection, rezafungin, 1 mg	Yes	Yes
J0390	INJECTION CHLOROQUINE HCL UP TO 250 MG	Yes	Yes
J0401	Injection, aripiprazole (Abilify Maintena), 1 mg	Yes	Yes
J0402	Injection, aripiprazole (Abilify Asimtufii), 1 mg	Yes	Yes
J0490	INJECTION BELIMUMAB 10 MG	Yes	Yes
J0491	Injection, anifrolumab-fnia, 1 mg (SAPHNELO)	Yes	Yes
J0565	INJECTION BEZLOTOXUMAB 10 MG	Yes	Yes
J0576	Injection, buprenorphine extended-release (Brixadi), 1 mg	No	No
J0577	Injection, buprenorphine extended-release (Brixadi), less than or equal to 7 days of therapy	No	No
J0578	Injection, buprenorphine extended-release (Brixadi), greater than 7 days and up to 28 days of	No	No
J0584	BUROSUMAB-TWZA. 1MG	Yes	Yes
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Yes	Yes
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNIT	Yes	Yes
J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNIT	Yes	Yes
J0588	INJECTION, INCOBOTULINUMTOXINA, 1 UNIT	Yes	Yes
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	Yes	Yes
J0597	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Yes	Yes
J0598	INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS	Yes	Yes
J0599	C-1 ESTERASE INHIBITOR (HUMAN) HAEGARDA, 10 UNITS	Yes	Yes
J0612	Injection, calcium gluconate, not otherwise specified, 10 mg	Yes	Yes
J0613	Injection, calcium gluconate (WG Critical Care), not therapeutically equivalent to J0612, 10 mg	Yes	Yes
J0616	Injection, metoprolol tartrate, 1 mg	No	No
J0618	Injection, calcium chloride, 2 mg	No	No
J0638	INJECTION CANAKINUMAB 1 MG	Yes	Yes
J0650	Injection, levothyroxine sodium, not otherwise specified, 10 mcg	Yes	Yes
J0651	mcg	Yes	Yes
J0652	Injection, levothyroxine sodium (Hikma), not therapeutically equivalent to J0650, 10 mcg	Yes	Yes
J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	Yes	Yes



CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
J0666	Injection, bupivacaine liposome, 1 mg	Yes	Yes
J0687	Injection, cefazolin sodium (WG Critical Care), not therapeutically equivalent to J0690, 500 mg	Yes	Yes
J0725	INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS	Yes	Yes
J0739	prophylaxis (not for use as treatment for HIV)	Yes	Yes
J0775	INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG	Yes	Yes
J0799	treatment of HIV), not otherwise classified	Yes	Yes
J0801	Injection, corticotropin (Acthar Gel), up to 40 units	Yes	Yes
J0802	Injection, corticotropin (ANI), up to 40 units	Yes	Yes
J0850	NJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL	Yes	Yes
J0870	Injection, imetelstat, 1 mg	Yes	Yes
J0872	Injection, daptomycin (Xellia), unrefrigerated, not therapeutically equivalent to J0878 or J0873,	Yes	Yes
J0873	Injection, daptomycin (Xellia), not therapeutically equivalent to J0878 or J0872, 1 mg	Yes	Yes
J0874	Injection, daptomycin (Baxter), not therapeutically equivalent to J0878, 1 mg	Yes	Yes
J0893	Injection, decitabine (Sun Pharma), not therapeutically equivalent to J0894, 1 mg	Yes	Yes
J0897	INJECTION DENOSUMAB 1 MG	Yes	Yes
J0911	Instillation, tauridine 1.35 mg and heparin sodium 100 units (central venous catheter lock for	Yes	Yes
J1010	Injection, methylprednisolone acetate, 1 mg	Yes	Yes
J1072	Injection, testosterone cypionate (Azmiro), 1 mg	Yes	Yes
J1163	Injection, diltiazem HCl, 0.5 mg	No	No
J1171	Injection, hydromorphone, 0.1 mg	Yes	Yes
J1202	Miglustat, oral, 65 mg	Yes	Yes
J1203	Injection, cipaglucosidase alfa-atga, 5 mg	Yes	Yes
J1212	INJECTION DMSO	Yes	Yes
J1271	Injection, doxycycline hyclate, 1 mg	Yes	Yes
J1290	INJECTION ECALLANTIDE 1 MG	Yes	Yes
J1299	Injection, eculizumab, 2 mg	Yes	Yes
J1300	SOLARIS	Yes	Yes
J1301	INJECTION EDARAVONE 1 MG	Yes	Yes
J1302	INJECTION, SUTIMLIMAB-JOME, 10 MG	Yes	Yes
J1304	Injection, tofersen, 1 mg	Yes	Yes
J1306	Injection, inclisiran, 1 mg (LEQVIO)	Yes	Yes
J1307	Injection, crovalimab-akkz, 10 mg	Yes	Yes
J1308	Injection, famotidine, 0.25 mg	Yes	Yes
J1323	Injection, elranatamab-bcmm, 1 mg	Yes	Yes
J1325	INJECTION EPOPROSTENOL 0.5 MG	Yes	Yes
J1326	Injection, zolbetuximab-clzb, 2 mg	Yes	Yes
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	Yes	Yes
J1412	genomes	Yes	Yes
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Yes	Yes
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Yes	Yes
J1428	INJECTION ETEPLIRSEN 10 MG	Yes	Yes
J1434	Injection, fosaprepitant (Focinvez), 1 mg	Yes	Yes
J1439	FERRIC CARBOXYMALTOSIDE, 1 MG INJECTION	Yes	Yes
J1440	Fecal microbiota, live - jslm, 1 ml	Yes	Yes
J1449	Injection, eflapegrastim-xnst, 0.1 mg	Yes	Yes
J1458	INJECTION GALSULFASE 1 MG	Yes	Yes
J1459	INJ IMMUNE GLOBULIN (PRIVIGEN), IV NONLYOPHILIZED 500 MG	Yes	Yes
J1460	IVIG/GamaSTAN SD, 1cc	Yes	Yes
J1551	INJ, IMMUNEGLOBULIN (CUTAQUIG), 100MG	Yes	Yes
J1552	Injection, immune globulin (Alyglo), 500 mg	Yes	Yes
J1554	INJ, IMMUNE GLOBULIN (ASCENIV), 500MG	Yes	Yes
J1555	INJ, IMMUNE GLOBULIN (CIVITRU), 500MG	Yes	Yes
J1556	INJ, IMMUNE GLOBULIN (BIVIGAM), 500MG	Yes	Yes
J1557	INJ, IMMUNE GLOBULIN (GAMMAPLEX)(IVIG), 500MG	Yes	Yes
J1558	INJ, IMMUNE GLOBULIN (XEMBIFY), 100MG	Yes	Yes
J1559	INJ, IMMUNE GLOBULIN (HIZENTRA), 100MG	Yes	Yes
J1560	IVIG/GamaSTAN SD, > 10cc	Yes	Yes
J1561	IVIG/GAMUNEX/GAMUNEX-C/GAMMAKED	Yes	Yes
J1562	INJECTION IMMUNE GLOBULIN VIVAGLBIN 100 MG	Yes	Yes
J1566	INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG	Yes	Yes
J1568	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	Yes	Yes
J1569	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Yes	Yes
J1570	INJ, GANCICLOVIR SODIUM, 500MG	Yes	Yes
J1571	IVIG/HEPAGAM B (INTRAMUSCULAR)	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
J1572	IVIG (FLEBOGAMMA/FLEBOGAMMA DIF)	Yes	Yes
J1573	IVIG/HEPAGAM B (INTRAVENOUS)	Yes	Yes
J1574	Injection, ganciclovir sodium (Exela), not therapeutically equivalent to J1570, 500 mg	Yes	Yes
J1575	IMMUNE GLOBULIN/HYALURONIDASE	Yes	Yes
J1597	Injection, glycopyrrolate (Glyrx-PF), 0.1 mg	Yes	Yes
J1598	Injection, glycopyrrolate (Fresenius Kabi), not therapeutically equivalent to J1596, 0.1 mg	Yes	Yes
J1599	IVIG INJ; UNSPECIFIED	Yes	Yes
J1602	INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE	Yes	Yes
J1740	INJECTION IBANDRONATE SODIUM 1 MG	Yes	Yes
J1743	INJECTION IDURSULFASE 1 MG	Yes	Yes
J1744	INJECTION ICATIBANT 1 MG	Yes	Yes
J1745	INJECTION INFlixIMAB EXCLUDES BIOSIMILAR 10 MG	Yes	Yes
J1746	INJECTION IBALIZUMAB-UIYK 10 MG	Yes	Yes
J1747	Injection, spesolimab-sbzo, 1 mg	Yes	Yes
J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg	Yes	Yes
J1749	Injection, iloprost, 0.1 mcg	Yes	Yes
J1750	INJECTION IRON DEXTRAN 50 MG	Yes	Yes
J1756	INJECTION IRON SUCROSE 1 MG	Yes	Yes
J1786	INJECTION IMIGLUCERASE 10 UNITS	Yes	Yes
J1806	Injection, esmolol HCl (WG Critical Care), not therapeutically equivalent to J1805, 10 mg	Yes	Yes
J1808	Injection, folic acid, 0.1 mg	Yes	Yes
J1826	INTERFERON BETA-1b	Yes	Yes
J1830	INTERFERON BETA-1b	Yes	Yes
J1921	Injection, labetalol HCl (Hikma), not therapeutically equivalent to J1920, 5 mg	Yes	Yes
J1930	INJECTION LANREOTIDE 1 MG	Yes	Yes
J1931	INJECTION LARONIDASE 0.1 MG	Yes	Yes
J1932	Injection, lanreotide, 1 mg	Yes	Yes
J1938	Injection, furosemide, 1 mg	Yes	Yes
J1950	LUEPROLIDE	Yes	Yes
J1952	Leuprolide injectable, camcevi, 1 mg	Yes	Yes
J1954	Injection, leuprolide acetate for depot suspension (Cipla), 7.5 mg	Yes	Yes
J1961	Injection, lenacapavir, 1 mg	Yes	Yes
J2002	Injection, lidocaine HCl in 5% dextrose, 1 mg	Yes	Yes
J2003	Injection, lidocaine HCl , 1 mg	Yes	Yes
J2004	Injection, lidocaine HCl with epinephrine, 1 mg	Yes	Yes
J2021	Injection, linezolid (Hospira), not therapeutically equivalent to J2020, 200 mg	Yes	Yes
J2182	INJECTION MEPOLIZUMAB 1 MG	Yes	Yes
J2183	Injection, meropenem (WG Critical Care), not therapeutically equivalent to J2185, 100 mg	Yes	Yes
J2184	Injection, meropenem (B. Braun), not therapeutically equivalent to J2185, 100 mg	Yes	Yes
J2246	Injection, micafungin in sodium (Baxter), not therapeutically equivalent to J2248, 1 mg	Yes	Yes
J2251	J2250, 1 mg	Yes	Yes
J2252	J2250, 1 mg	Yes	Yes
J2253	Injection, midazolam (Seizalam), 1 mg	Yes	Yes
J2267	Injection, mirikizumab-mrkz, 1 mg	Yes	Yes
J2272	mg	Yes	Yes
J2277	Injection, motixafortide, 0.25 mg	Yes	Yes
J2281	Injection, moxifloxacin (Fresenius Kabi), not therapeutically equivalent to J2280, 100 mg	Yes	Yes
J2290	Injection, nafcillin sodium, 20 mg	Yes	Yes
J2323	INJECTION NATALIZUMAB 1 MG	Yes	Yes
J2326	INJECTION NUSINERSEN 0.1 MG	Yes	Yes
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	Yes	Yes
J2329	Injection, ublituximab-xiiy, 1mg	Yes	Yes
J2350	INJECTION OCRELIZUMAB 1 MG	Yes	Yes
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	Yes	Yes
J2356	INJECTION, TEZEPELUMB-EKKO, 1 MG	Yes	Yes
J2357	INJECTION OMALIZUMAB 5 MG	Yes	Yes
J2359	Injection, olanzapine, 0.5 mg	Yes	Yes
J2373	Injection, phenylephrine HCl (Immphantiv), 20 mcg	Yes	Yes
J2428	Injection, paliperidone palmitate extended release (Erzofri), 1 mg	Yes	Yes
J2468	Injection, palonosetron HCl (Posfrea), 25 mcg	Yes	Yes
J2470	Injection, pantoprazole sodium, 40 mg	Yes	Yes
J2471	Injection, pantoprazole (Hikma), not therapeutically equivalent to J2470, 40 mg	Yes	Yes
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	Yes	Yes
J2562	INJECTION PLERIXAFOR 1 MG	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
J2599	Injection, vasopressin (American Regent), not therapeutically equivalent to J2598, 1 unit	Yes	Yes
J2601	Injection, vasopressin (Baxter), 1 unit	Yes	Yes
J2777	INJECTION, FARICIMAB-SVOA, 0.1mg	Yes	Yes
J2778	INJECTION RANIBIZUMAB 0.1 MG	Yes	Yes
J2779	INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG	Yes	Yes
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	Yes	Yes
J2782	Injection, avacincaptad pegol, 0.1 mg	Yes	Yes
J2788	INJ RHO D IMMUNE GLOBULIN HUMAN MINIDOSE 50 MCG	Yes	Yes
J2790	INJECTION RHO D IG HUMAN FULL DOSE 300 MCG	Yes	Yes
J2791	INJ RHO D IG HUMAN RHOPHYLAC IM/IV 100 IU	Yes	Yes
J2792	INJ RHO D IMMUE GLOBULIN IV HUMN 100 IU	Yes	Yes
J2793	INJECTION RILONACEPT 1 MG	Yes	Yes
J2799	Injection, risperidone (Uzedy), 1 mg	Yes	Yes
J2801	Injection, risperidone (Rykindo), 0.5 mg	Yes	Yes
J2802	Injection, romiplostim, 1 mcg	Yes	Yes
J2804	Injection, rifampin, 1 mg	Yes	Yes
J2865	Injection, sulfamethoxazole 5 mg and trimethoprim 1 mg	Yes	Yes
J2919	Injection, methylprednisolone sodium succinate, 5 mg	Yes	Yes
J2940	INJECTION SOMATREM 1 MG	Yes	Yes
J2941	INJECTION SOMATROPIN 1 MG	Yes	Yes
J2998	INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG	Yes	Yes
J3055	Injection, talquetamab-tgvs, 0.25 mg	Yes	Yes
J3111	INJECTION, ROMOSUZUMAB-AQQG, 1 MG	Yes	Yes
J2312	Injection, naloxone HCl, not otherwise specified, 0.01 mg	No	No
J2313	Injection, naloxone HCl (Zimhi), 0.01 mg	No	No
J3244	Injection, tigecycline (Accord), not therapeutically equivalent to J3243, 1 mg	Yes	Yes
J3247	Injection, secukinumab, IV, 1 mg	Yes	Yes
J3262	ACTEMRA	Yes	Yes
J3263	Injection, toripalimab-tpzi, 1 mg	Yes	Yes
J3299	INJECTION, TRIAMCINOLONE ACETONIDE (XIPERE), 1 mg	Yes	Yes
J3357	USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG	Yes	Yes
J3358	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	Yes	Yes
J3373	Injection, vancomycin HCl, 10 mg	No	No
J3374	Injection, vancomycin HCl (Mylan) not therapeutically equivalent to J3373, 10 mg	No	No
J3375	Injection, vancomycin HCl (Xellia), not therapeutically equivalent to J3373, 10 mg	No	No
J3380	Injection, vedolizumab, IV, 1 mg	Yes	Yes
J3385	INJECTION VELAGLUCERASE ALFA 100 UNITS	Yes	Yes
J3391	Injection, atidarsagene autotemcel, per treatment	Yes	Yes
J3392	Injection, exagamglogene autotemcel, per treatment	Yes	Yes
J3393	Injection, betibeglogene autotemcel, per treatment	Yes	Yes
J3394	Injection, lovotibeglogene autotemcel, per treatment	Yes	Yes
J3396	INJECTION VERTEPORFIN 0.1 MG	Yes	Yes
J3397	VESTRONIDASE ALFA-VJBK, 1MG	Yes	Yes
J3398	VORTTIGENE NEPARVOCEC-RZYL, 1 BILLIONVECTOR GENOMES	Yes	Yes
J3424	Injection, hydroxocobalamin, IV, 25 mg	Yes	Yes
J3425	Injection, hydroxocobalamin, IM, 10 mcg	Yes	Yes
J3489	INJECTION ZOLEDRONIC ACID 1 MG	Yes	Yes
J3490	UNCLASSIFIED DRUGS	Yes	Yes
J3590	UNCLASSIFIED BIOLOGICS	Yes	Yes
J3591	UNCLASSIFIED DRUG OR BIOLOGIC FOR ESRD ON DIALYSIS	Yes	Yes
J4010	FACTOR VIII, RECOMBINANT, AFSTYLA	Yes	Yes
J7165	Injection, prothrombin complex concentrate, human-lans, per IU of Factor IX activity	Yes	Yes
J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU	Yes	Yes
J7172	Injection, marstacimab-hncq, 0.5 mg	Yes	Yes
J7175	INJECTION FACTOR X 1 I.U.	Yes	Yes
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	Yes	Yes
J7179	WILLEBRAND FACTOR (VONVENDI)	Yes	Yes
J7180	FACTOR XIII, HUMAN	Yes	Yes
J7181	FACTOR XIIIa, RECOMBINANT	Yes	Yes
J7182	FACTOR XIII, RECOMBINANT (NOVOEIGHT)	Yes	Yes
J7183	VON WILLEBRAND FACTO COMPLES, Wilate	Yes	Yes
J7185	FACTOR VIII, RECOMBINANT, XYNTHA	Yes	Yes
J7186	FACTOR VIII/VON WILLEBRAND COMPLEX, HUMAN	Yes	Yes
J7187	VON WILLEBRAND FACTOR COMPLES, HUMATE P	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
J7188	FACTOR III, RECOMBINANT	Yes	Yes
J7189	Factor VIIa (antihemophilic factor, recombinant), (NovoSeven RT), 1 mcg	Yes	Yes
J7190	FACTOR VIII, HUMAN	Yes	Yes
J7191	FACTOR VIII, PORCINE	Yes	Yes
J7192	FACTOR VIII, RECOMBINANT, NOT OTHERWISE SPEC	Yes	Yes
J7193	FACTOR IX, PURIFIED, NONRECOMBINANT	Yes	Yes
J7194	FACTOR IX, COMPLEX	Yes	Yes
J7195	FACTOR IX, RECOMBINANT, NOT OTHERWISE SPEC	Yes	Yes
J7196	ANTITHROMBIN RECOMBINANT	Yes	Yes
J7197	ANTITHROMBIN III, HUMAN	Yes	Yes
J7198	ANTIINHIBITOR	Yes	Yes
J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE SPEC	Yes	Yes
J7200	FACTOR IX, RECOMBINANT, RIXUBIS	Yes	Yes
J7201	FACTO IX, FC FUSION PROTEIN, RECOMINANT, ALPROLIX	Yes	Yes
J7202	FACTOR IX, ALBUMIN FUSION, PROTEIN, RECOMBINANT, IDELVION	Yes	Yes
J7205	FACTOR VIII FC FUSION PROTEIN, RECOMBINANT	Yes	Yes
J7207	FACTOR VIII, RECOMBINANT, PEGYLATED	Yes	Yes
J7209	FACTOR VIII, RECOMBINANT, NUWIQ	Yes	Yes
J7210	FACTOR VIII, RECOMBINANT, AFSTYLA	Yes	Yes
J7211	FACTOR VIII, RECOMBINANT, KOVALTRY	Yes	Yes
J7213	Injection, coagulation factor IX (recombinant), Ixinity, 1 IU	Yes	Yes
J7214	Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviiio), per Factor VIII IU	Yes	Yes
J7316	Injection, ocriplasmin, 0.125 mg	Yes	Yes
J7318	HYALORANE OR DERIVATIVE DUROLANE, INTRA-ARTICULAR	Yes	Yes
J7320	HYALORANE OR DERIVATIVE, GENVISC 850, INTRA-ARTICULAR	Yes	Yes
J7321	HYALORANE OR DERIVATIVE, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose	Yes	Yes
J7322	HYALORANE OR DERIVATIVE, HYMOVIS, INTRA-ARTICULAR	Yes	Yes
J7323	HYALORANE OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOS	Yes	Yes
J7324	HYALORANE OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Yes	Yes
J7325	HYALORANE OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, INTRA-ARTICULAR	Yes	Yes
J7326	HYALORANE OR DERIVATIVE, GEL-ONE, INTRA-ARTICULAR	Yes	Yes
J7327	HYALORANE OR DERIVATIVE, MONOVISC, INTRA-ARTICULAR	Yes	Yes
J7328	HYALORANE OR DERIVATIVE, GELSYN-3, INTRA-ARTICULAR	Yes	Yes
J7329	HYALORANE OR DERIVATIVE, TRIVISC, FOR INTRA-ARTICULAR, 1MG	Yes	Yes
J7330	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	Yes	Yes
J7331	HYALORANE OR DERIVATIVE, SYNO-JOINT, INTRA-ARTICULAR	Yes	Yes
J7332	HYALORANE OR DERIVATIVE, TRILURON, INTRA-ARTICULAR	Yes	Yes
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	Yes	Yes
J7355	Injection, travoprost, intracameral implant, 1 mcg	Yes	Yes
J7356	Injection, foscarnidopa 0.25 mg/foslevodopa 5 mg	Yes	Yes
J7504	LYMPHOCYT IMMUN GLOB EQUINE PARENTERAL 250 MG	Yes	Yes
J7511	LYMPHOCYTIC IMMUNE GLOBULIN	Yes	Yes
J7516	Injection, cyclosporine, 250 mg	Yes	Yes
J7519	Injection, mycophenolate mofetil, 10 mg	Yes	Yes
J8611	Methotrexate (Jylamvo), oral, 2.5 mg	Yes	Yes
J8612	Methotrexate (Xatmep), oral, 2.5 mg	Yes	Yes
J9021	Injection, asparaginase, recombinant, (Rylaze), 0.1 mg	Yes	Yes
J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Yes	Yes
J9023	INJECTION, AVELUMAB, 10 MG	Yes	Yes
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	Yes	Yes
J9026	Injection, tarlatamab-dlle, 1 mg	Yes	Yes
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 mcg	Yes	Yes
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	Yes	Yes
J9033	Injection, bendamustine HCl, 1 mg	Yes	Yes
J9034	INJECTION, BENDAMUSTINE HCl (BENDEKA), 1 MG	Yes	Yes
J9035	INJECTION BEVACIZUMAB 10 MG	Yes	Yes
J9036	INJECTION, BENDAMUSTINE HYDROCHLORIDE, (BELRAPZO/BENDAMUSTINE), 1 MG	Yes	Yes
J9038	Injection, axatilimab-csfr, 0.1 mg	Yes	Yes
J9039	INJECTION, BLINATUMOMAB, 1 MCG	Yes	Yes
J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	Yes	Yes
J9046	Injection, bortezomib (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg	Yes	Yes
J9048	Injection, bortezomib (Fresenius Kabi), not therapeutically equivalent to J9041, 0.1 mg	Yes	Yes
J9049	Injection, bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 mg	Yes	Yes
J9051	Injection, bortezomib (MAIA), not therapeutically equivalent to J9041, 0.1 mg	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
J9052	Injection, carmustine (Accord), not therapeutically equivalent to J9050, 100 mg	Yes	Yes
J9055	INJECTION, CETUXIMAB, 10 MG	Yes	Yes
J9056	Injection, bendamustine HCl (Vivimusta), 1 mg	Yes	Yes
J9061	Injection, amivantamab-vmjw, 2 mg	Yes	Yes
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	Yes	Yes
J9064	Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg	Yes	Yes
J9071	Injection, cyclophosphamide (AuroMedics), 5 mg	Yes	Yes
J9072	Injection, cyclophosphamide (Avyxa), 5 mg	Yes	Yes
J9073	Injection, cYesclophosphamide (Dr. ReddYes's), 5 mg	Yes	Yes
J9074	Injection, cyclophosphamide (Sandoz), 5 mg	Yes	Yes
J9075	Injection, cyclophosphamide, not otherwise specified, 5 mg	Yes	Yes
J9076	Injection, cyclophosphamide (Baxter), 5 mg	Yes	Yes
J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Yes	Yes
J9145	INJECTION, DARATUMUMAB, 10 MG	Yes	Yes
J9161	Injection, denileukin diftitox-cxdl, 1 mcg	Yes	Yes
J9171	Injection, docetaxel, 1 mg	Yes	Yes
J9172	Injection, docetaxel (Docivyx), 1 mg	Yes	Yes
J9174	Injection, docetaxel (Beizray), 1 mg	Yes	Yes
J9202	GOSERELIN ACETATE IMPLANT PER 3.6 MG	Yes	Yes
J9203	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1MG	Yes	Yes
J9212	INJECTION INTERFERON ALFACON-1 RECOMBINANT 1 MCG	Yes	Yes
J9213	INJECTION INTERFERON ALFA-2A RECOMBINANT 3 M U	Yes	Yes
J9214	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U	Yes	Yes
J9215	INJECTION INTERFERON ALFA-N3 250,000 IU	Yes	Yes
J9216	INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS	Yes	Yes
J9217	LEUPROLIDE ACETATE 7.5 MG	Yes	Yes
J9218	LEUPROLIDE ACETATE PER 1 MG	Yes	Yes
J9219	LEUPROLIDE ACETATE IMPLANT 65 MG	Yes	Yes
J9228	INJECTION, IPILIMUMAB, 1 MG	Yes	Yes
J9229	INJECTION, INOTUZUMAB OZOGAMIXIN, 0.1MG	Yes	Yes
J9248	Injection, melphalan (Hepzato), 1 mg	Yes	Yes
J9249	Injection, melphalan (Apotex), 1 mg	Yes	Yes
J9255	Injection, methotrexate (Accord), not therapeutically equivalent to J9260, 50 mg	Yes	Yes
J9260	Injection, methotrexate sodium, 50 mg	Yes	Yes
J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Yes	Yes
J9272	Injection, dostarlimab-gxly, 10 mg	Yes	Yes
J9273	Injection, tisotumab vedotin-tftv, 1 mg	Yes	Yes
J9274	INJECTION, TEBENTAFUSP-TEBN, 1 mcg	Yes	Yes
J9275	Injection, cosibelimab-ipdl, 2 mg	Yes	Yes
J9276	Injection, zanidatamab-hrii, 2 mg	Yes	Yes
J9286	Injection, glofitamab-gxbm, 2.5 mg	Yes	Yes
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	Yes	Yes
J9292	Injection, pemetrexed dipotassium, 10 mg	Yes	Yes
J9294	Injection, pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg	Yes	Yes
J9296	Injection, pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg	Yes	Yes
J9297	Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg	Yes	Yes
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Yes	Yes
J9299	INJECTION, NIVOLUMAB, 1 MG	Yes	Yes
J9301	INJECTION, OBINUTUZUMAB, 10 MG	Yes	Yes
J9303	INJECTION, PANITUMUMAB, 10 MG	Yes	Yes
J9306	INJECTION, PERTUZUMAB, 1 MG	Yes	Yes
J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	Yes	Yes
J9311	INJECTION, RITUXIMAB 10 MG AND HYALURONIDASE	Yes	Yes
J9312	INJECTION, RITUXIMAB, 10 MG	Yes	Yes
J9314	Injection, pemetrexed (Teva), not therapeutically equivalent to J9305, 10 mg	Yes	Yes
J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG	Yes	Yes
J9321	Injection, epcoritamab-bysp, 0.16 mg	Yes	Yes
J9322	Injection, pemetrexed (BluePoint), not therapeutically equivalent to J9305, 10 mg	Yes	Yes
J9323	Injection, pemetrexed ditromethamine, 10 mg	Yes	Yes
J9324	Injection, pemetrexed (Pemrydi RTU), 10 mg	Yes	Yes
J9329	Injection, tislelizumab-jsgr, 1mg	Yes	Yes
J9331	INJECTION, SIROLIMUS PROTEIN BOUND PARTICLES, 1 MG	Yes	Yes
J9332	INJECTION, EFGARTIGIMOD ALFA-FCAB, 2 MG	Yes	Yes
J9333	Injection, rozanolixizumab-noli, 1 mg	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Yes	Yes
J9341	Injection, thiotepa (Tepylute), 1 mg	Yes	Yes
J9342	Injection, thiotepa, not otherwise specified, 1 mg	Yes	Yes
J9345	Injection, retifanlimab-dlwr, 1 mg	Yes	Yes
J9347	Injection, tremelimumab-actl, 1 mg	Yes	Yes
J9350	Injection, mosunetuzumab-axgb, 1 mg	Yes	Yes
J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	Yes	Yes
J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Yes	Yes
J9356	INJECTION, TRASTUZUMAB, 10 MG AND HYALURONIDASE-OYSK	Yes	Yes
J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG	Yes	Yes
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Yes	Yes
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Yes	Yes
J9376	Injection, pozelimab-bbfg, 1 mg	Yes	Yes
J9380	Injection, teclistamab-cqyv, 0.5 mg	Yes	Yes
J9381	Injection, teplizumab-mzwv, 5 mcg	Yes	Yes
J9382	Injection, zenocutuzumab-zbco, 1 mg	Yes	Yes
J9393	Injection, fulvestrant (Teva), not therapeutically equivalent to J9395, 25 mg	Yes	Yes
J9394	Injection, fulvestrant (Fresenius Kabi) not therapeutically equivalent to J9395, 25 mg	Yes	Yes
J9999	UNCLASSIFIED ANTINEOPLASTIC DRUGS	Yes	Yes
M0221	and pediatric individuals (12 years of age and older weighing at least 40kg) with no known	No	No
M0222	Intravenous injection, bebtelovimab, includes injection and post administration monitoring	No	No
M0223	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in	No	No
M0240	or injection and post administration monitoring, subsequent repeat doses	No	No
M0241	or injection, and post administration monitoring in the home or residence. This includes a	No	No
M0243	or injection, and post administration monitoring	No	No
M0244	or injection and post administration monitoring in the home or residence; this includes a	No	No
M0245	monitoring	No	No
M0246	monitoring in the home or residence; this includes a beneficiary's home that has been made	No	No
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	No	No
M0248	home or residence; this includes a beneficiary's home that has been made provider-based to	No	No
M0249	and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental	No	No
M0250	and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental	No	No
Q0220	and pediatric individuals (12 years of age and older weighing at least 40kg) with no known	Yes	Yes
Q0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults	Yes	Yes
Q0222	Injection, bebtelovimab, 175 mg	Yes	Yes
Q1527	Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg	Yes	Yes
Q2057	Afamitresgene autoleucl, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes	Yes
Q2040	preparation procedures, per infusion	Yes	Yes
Q2041	leukapheresis and dose preparation procedures, per therapeutic dose	Yes	Yes
Q2042	preparation procedures, per therapeutic dose	Yes	Yes
Q2043	including leukapheresis and all other preparatory procedures, per infusion	Yes	Yes
Q2044	INJECTION BELIMUMAB 10 MG – MAB	Yes	Yes
Q2045	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	Yes	Yes
Q2055	Idcabtagene vicleucl, up to 510 million autologous B-cell maturation antigen (BCMA)	Yes	Yes
Q2056	Ciltacabtagene autoleucl, up to 100 million autologous B-cell maturation antigen (BCMA)	Yes	Yes
Q2057	therapeutic dose	Yes	Yes
Q5098	Injection, ustekinumab-srlf (Imuldosa), biosimilar, 1 mg	Yes	Yes
Q5099	Injection, ustekinumab-stba (Steqeyma), biosimilar, 1 mg	Yes	Yes
Q5100	Injection, ustekinumab-kfce (Yesintek), biosimilar, 1 mg	Yes	Yes
Q4112	CYMETRA INJECTABLE 1 CC	Yes	Yes
Q4113	GRAFT JACKET XPRESS INJECTABLE	Yes	Yes
Q5103	INJECTION, INFlixIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	Yes	Yes
Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, 10 MG	Yes	Yes
Q5108	INJECTION, PEGFILGRASTIM-JMDB (FULPHILA), BIOSIMILAR, 0.5 MG	Yes	Yes
Q5111	INJECTION, PEGFILGRASTIM-CBQV (UDENYCA), BIOSIMILAR, 0.5 MG	Yes	Yes
Q5112	INJECTION, TRASTUZUMAB-DTTB, BIOSIMILAR 10 MG	Yes	Yes
Q5113	INJECTION, TRASTUZUMAB-PKRB, BIOSIMILAR 10 MG	Yes	Yes
Q5114	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR 10 MG	Yes	Yes
Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, 10 MG	Yes	Yes
Q5116	INJECTION, TRASTUZUMAB-QYYP, BIOSIMILAR 10 MG	Yes	Yes
Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR 10 MG	Yes	Yes
Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, 10 MG	Yes	Yes
Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, 10 MG	Yes	Yes
Q5120	INJECTION, PEGFILGRASTIM-BMEZ (ZIEXTENZO), BIOSIMILAR, 0.5 MG	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
Q5122	INJECTION, PEGFILGRASTIM-APGF (NYVEPRIA), BIOSIMILAR, 0.5 MG	Yes	Yes
Q5123	INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, 10 MG	Yes	Yes
Q5124	INJECTION, RANIBIZUMAB-NUNA, BIOSIMILAR, (BYOOVIZ), 0.1mg	Yes	Yes
Q5125	INJECTION, FILGRASTIM-AYOW, BIOSIMILAR, (RELEUKO), 1 mcg	Yes	Yes
Q5126	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg	Yes	Yes
Q5127	Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg	Yes	Yes
Q5128	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg	Yes	Yes
Q5129	Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg	Yes	Yes
Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	Yes	Yes
Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg	Yes	Yes
Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg	Yes	Yes
Q5136	Injection, denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg	Yes	Yes
Q5137	Injection, ustekinumab-auub (Wezlana), biosimilar, SC, 1 mg	Yes	Yes
Q5138	Injection, ustekinumab-auub (Wezlana), biosimilar, IV, 1 mg	Yes	Yes
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	Yes	Yes
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	Yes	Yes
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	Yes	Yes
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	Yes	Yes
Q5144	Injection, adalimumab-aacz (Idacio), biosimilar, 1 mg	Yes	Yes
Q5145	Injection, adalimumab-afzb (Abrilada), biosimilar, 1 mg	Yes	Yes
Q5146	Injection, trastuzumab-strf (Hercessi), biosimilar, 10 mg	Yes	Yes
Q5147	Injection, aflibercept-ayyh (Pavblu), biosimilar, 1 mg	Yes	Yes
Q5148	Injection, filgrastim-txid (Nypozi), biosimilar, 1 mcg	Yes	Yes
Q5149	injection, aflibercept-abzv (Enzeevu), biosimilar, 1 mg	Yes	Yes
Q5150	Injection, aflibercept-mrbp (Ahzantive), biosimilar, 1 mg	Yes	Yes
Q5151	Injection, eculizumab-aagh (Epysqli), biosimilar, 2 mg	Yes	Yes
Q5152	Injection, eculizumab-aeeb (Bkemv), biosimilar, 2 mg	Yes	Yes
Q5153	Injection, aflibercept-yszy (Opviz), biosimilar, 1 mg	Yes	Yes
Q9991	Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg	No	No
Q9992	Injection, buprenorphine extended-release (Sublocade), greater than 100 mg	No	No
Q9996	Injection, ustekinumab-ttwe (Pyzchiva), subcutaneous, 1 mg	Yes	Yes
Q9997	Injection, ustekinumab-ttwe (Pyzchiva), intravenous, 1 mg	Yes	Yes
Q9998	Injection, ustekinumab-aekn (Selarsdi), biosimilar, 1 mg	Yes	Yes
<b>LOW PROTEIN MED FOODS</b>	<b>BENEFITS TO BE VERIFIED</b>		
E70.0	CLASSICA PHENYLKETONURIA	Yes	Yes
E70.1	OTHER PHENYLKETONURIA	Yes	Yes
E70.20	DISORDER OF TYROSINE METABOLISM, UNSPEC	Yes	Yes
E70.21	TYROSINEMIA	Yes	Yes
E70.29	OTHER DISORDERS F TYROSINE METABOLISM	Yes	Yes
E70.30	ALBINISM, UNSPEC	Yes	Yes
E70.310	X-LINKED OCULAR ALBINISM	Yes	Yes
E70.311	AUTOSOMAL RECESSIVE OCULAR ALBINISM	Yes	Yes
E70.318	OTHER OCULAR ALBINISM	Yes	Yes
E70.319	OCULAR ALBINISM, UNSPEC	Yes	Yes
E70.320	TYROSINASE NEGATIVE OCULOCUTANEOUS ALBINISM	Yes	Yes
E70.321	TYROSINASE POSITIVE OCULOCUTANEOUS ALBINISM	Yes	Yes
E70.328	OTHER OCULOCUTANEOUS ALBINISM	Yes	Yes
E70.329	OCULOCUTANEOUS ALBINISM, UNSPEC	Yes	Yes
E70.330	CHEDIAK-HIGASHI SYNDROME	Yes	Yes
E70.331	HERMANSKY-PUDIAK SYNDROME	Yes	Yes
E70.338	OTHER ALBINISM W/HEMATOLOGIC ABNORMALITY	Yes	Yes
E70.339	ALBINISM W/ HEMATOLOGIC ABNORMALITY, UNSPEC	Yes	Yes
E70.39	OTHER SPEC ALBINISM	Yes	Yes
E70.40	DISORDERS OF HISTIDINE METABOLISM, UNSPEC	Yes	Yes
E70.41	HISTIDINEMIA	Yes	Yes
E70.49	OTHER DISORDERS OF HISTIDINE METABOLISM	Yes	Yes
E70.5	DISORDERS OF TRYPTOPHAN METABOLISM	Yes	Yes
E70.8	OTHER DISORDERS OF AROMATIC AMINO-BASED METABOLISM	Yes	Yes
E70.9	DISORDERS OF AROMATIC AMINO-ACID METABOLISM, UNSPEC	Yes	Yes
E71.0	MAPLE-SYRUP URINE DISEASE	Yes	Yes
E71.110	ISOVALERIC ACIDEMIA	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
E71.111	3-METHYLGUTACONIC ACIDEMIA	Yes	Yes
E71.118	OTHER BRANCHED-CHAIN ORGANIC ACIDURIAS	Yes	Yes
E71.120	METHYLMALONIC ACIDEMIA	Yes	Yes
E71.121	PROPIONIC ACIDEMIA	Yes	Yes
E71.128	OTHER DISORDERS OF PROPIONATE METABOLISM	Yes	Yes
E71.19	OTHER DISORDERS OF BRANCHED-CHAIN AMINO-ACID METABOLISM	Yes	Yes
E71.2	DISORDER BRANCHED -CHAIN AMIN-ACID METABOLISM, UNSPEC	Yes	Yes
E71.310	LONG CHAIN/VERY LONG CHAIN ACYLC0a DEHYDROGENASE DEFICIECY	Yes	Yes
E71.311	MEDIUM CHAIN CHAIN ACYLC0a DEHYDROGENASE DEFICIECY	Yes	Yes
E71.312	SHORT CHAIN ACYLC0a DEHYDROGENASE DEFICIECY	Yes	Yes
E71.313	GUTARIC ACIDURIA TYPE II	Yes	Yes
E71.314	MUSCLE CARNITINE PALMITOYLTRANSFERASE DEFICIENCY	Yes	Yes
E71.318	OTHER DISORDERS OF FATTY-ACID OXIDATION	Yes	Yes
E71.32	DISORDERS OF KETONE METABOLISM	Yes	Yes
E71.41	PRIMARY CARNITINE DEFICIENCY	Yes	Yes
E71.42	CARNITINE DEFICIENCY DUE TO INBORN ERRORS OF METABOLISM	Yes	Yes
E72.03	LOWES SYNDROME	Yes	Yes
E72.10	DISORDERS OF SULFUR-BEARING AMINO-ACID METABOLISM, UNSPEC	Yes	Yes
E72.11	HOMOCYSTINURIA	Yes	Yes
E72.12	METHYLENETETRAHYDROFOLATE REDUCTASE DEFICIENCY	Yes	Yes
E72.19	OTHER DISORDERS OF SULFUR-BEARING AMINO-ACID METABOLISM	Yes	Yes
E72.20	DISORDER OF UREA CYCLE METABOLISM, UNSPEC	Yes	Yes
E72.21	ARGININEMIA	Yes	Yes
E72.22	ARGINOSUCCINIC ACIDURIA	Yes	Yes
E72.23	CITRULLINEMIA	Yes	Yes
E72.29	OTHER DISORDERS OF UREA CYCLE METABOLISM	Yes	Yes
E72.3	DISORDERS OF LYSINE AND HYDROXYLYSINE METABOLISM	Yes	Yes
E72.4	DISORDERS OF ORNITHINE METABOLISM	Yes	Yes
E72.50	DISORDER OF GLYCINE METABOLISM, UNSPEC	Yes	Yes
E72.51	NON-KETOTIC HYPERGLYCINEMIA	Yes	Yes
E72.52	OTHER DISORDERS OF GLYCINE METABOLISM	Yes	Yes
E72.8	OTHER SPEC DISORDERS OF AMINO-ACID METABOLISM	Yes	Yes
E72.8	OTHER SPEC DISORDERS OF AMINO-BASED METABOLISM	Yes	Yes
F72.00	DISORDER AMINO-ACID TRANSPORT, UNSPEC	Yes	Yes
F72.01	CYSTINURIA	Yes	Yes
F72.02	HARTNUPS DISEASE	Yes	Yes
F72.04	CYSTINOSIS	Yes	Yes
F72.09	OTHER DISORDERS OF AMINO-ACID TRANSPORT	Yes	Yes
B4157	metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber,	Yes	Yes
B4154	ENTERAL FORMULA, SPECIAL METABOLIC NEEDS, ADMIN THRU FEEDING TUBE	Yes	Yes
B4155	ENTERAL FORMULA, INCOMPLETE/MODULAR NUTRIENTS	Yes	Yes
B4162	ENTERAL FORMULA, PEDS, SPECIAL METABOLIC NEEDS , ADMIN THRU FEEDING TUBE	Yes	Yes
S9433	NUTRITIONAL INTAKE	Yes	Yes
S9434	MODIFIED SOLID FOOD SUPPLEMENTS FOR INBORN ERRORS OF METABOLISM	Yes	Yes
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	Yes	Yes
<b>OUTPATIENT PX</b>			
G0532	spraYess (provision of the services bYes a Medicare-enrolled opioid treatment program); ( list	Yes	Yes
21082	PALATAL AUGMENTATION PROSTHESIS	Yes	Yes
21089	UNLISTED MAXIOFACIAL PROSTHETIC PROCEDURE	Yes	Yes
22505	MANIPULATION SPINE REQUIRING ANES-ANY REGION	Yes	Yes
28890	PLANTAR FASCITIS	Yes	Yes
28899	UNLISTED PX, FOOT OR TOES	Yes	Yes
33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR	Yes	Yes
33286	REMOVAL, SUBQ CARDIAC RHYTHM MONITOR	Yes	Yes
36514	THER APHERESIS; FOR PLASMA PHERESIS	Yes	Yes
36516	REINFUSION	Yes	Yes
36522	PHOTOPHERESIS EXTRACORPOREAL	Yes	Yes
37799	UNLISTED PROCEDURE VASCULAR SURGERY	Yes	Yes
C9301	preparation procedures, per therapeutic dose	Yes	Yes
38225	for development of genetically modified autologous CAR-T cells, per day	Yes	Yes
38226	for transportation (eg, cryopreservation, storage)	Yes	Yes
38227	administration	Yes	Yes
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Yes	Yes



CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
41599	UNLISTED PROCEDURES TONGUE, FLOOR OF MOUTH	Yes	Yes
42280	PALATAL IMPRESSION PROSTHESIS	Yes	Yes
42281	PALATAL INSERTION PROSTHESIS	Yes	Yes
42299	UNLISTED PROCEDURE, PALATE, UVULA	Yes	Yes
43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ECRP)	Yes	Yes
43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ECRP), W/ BX	Yes	Yes
43262	SPHINCTEROTOMY/PAPOLLOTOMY	Yes	Yes
43263	SPHINCTER OF ODDI	Yes	Yes
43264	CALCULI/DEBRIS FROM BILIARY/PANC DUCT	Yes	Yes
43265	METHOD	Yes	Yes
43274	BILIARY OR PANC DUCT	Yes	Yes
43275	BODY OR STENT	Yes	Yes
43276	STENTS, BILIARY OR PANC DUCT	Yes	Yes
43277	DILATATION OF BILIARY OR PANC DUCTS	Yes	Yes
43278	POLYPS, OTHER LESIONS	Yes	Yes
59899	UNLISTED PROCEDURE MATERNITY CARE & DELIVERY	Yes	Yes
61543	HEMISPHERECTOMY	Yes	Yes
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	Yes	Yes
91110	GI TRACT IMAGING, INTALUMINAL (CAPSULE ENDOSCOPY) ESOPH THRU ILEUM	Yes	Yes
91111	GI TRACT IMAGING, INTALUMINAL (CAPSULE ENDOSCOPY)	Yes	Yes
91112	REPORT	Yes	Yes
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Yes	Yes
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	Yes	Yes
92972	procedure)	Yes	Yes
93584	supervision and interpretation; anomalous or persistent superior vena cava when it exists as a	Yes	Yes
93585	supervision and interpretation; azygos/hemiazygos venous system (List separately in addition	Yes	Yes
93586	supervision and interpretation; coronary sinus (List separately in addition to code for primary	Yes	Yes
93587	supervision and interpretation; venovenous collaterals originating at or above the heart (eg,	Yes	Yes
93588	supervision and interpretation; venovenous collaterals originating below the heart (eg, from	Yes	Yes
93922	ARTERIES, LVLS 1-2	Yes	Yes
93923	EXTREMITY ARTERIES, LVLS 3 OR MORE	Yes	Yes
95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE	Yes	Yes
97550	performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs	Yes	Yes
97551	performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs	Yes	Yes
97552	performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs	Yes	Yes
99183	PHYSICIAN ATTEND&SUPERVIS HYPRBR 02 TX-SESSION	Yes	Yes
0101T	SPECIFIED	Yes	Yes
0102T	THAN LOCAL, AND INVOLVING THE LATERAL HUMERAL EPICONDYLE	Yes	Yes
0738T	data from previously performed magnetic resonance imaging (MRI) examination	Yes	Yes
0739T	transperineal needle/catheter placement for nanoparticle installation and intraprocedural	Yes	Yes
0742T	tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List	Yes	Yes
0745T	localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg,	Yes	Yes
0746T	localization and mapping of arrhythmia site (nidus) into a multidimensional radiation	Yes	Yes
0747T	arrhythmia	Yes	Yes
0748T	(eg, removal of setons, fistula curettage, closure of internal openings)	Yes	Yes
0766T	peripheral nerve, with identification and marking of the treatment location, including	Yes	Yes
0767T	peripheral nerve, with identification and marking of the treatment location, including	Yes	Yes
0780T	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract	Yes	Yes
0783T	of equipment	Yes	Yes
0811T	patient education on use of equipment	Yes	Yes
0812T	with automated report generation, up to 10 days	Yes	Yes
0813T	bariatric balloon	Yes	Yes
0814T	femur, including imaging guidance, unilateral	Yes	Yes
0815T	and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine	Yes	Yes
0820T	needed, during psychedelic medication therapy; first physician or other qualified health care	Yes	Yes
0821T	needed, during psychedelic medication therapy; second physician or other qualified health	Yes	Yes
0822T	needed, during psychedelic medication therapy; clinical staff under the direction of a physician	Yes	Yes
0858T	cortical potentials with automated report	Yes	Yes
0859T	oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral	Yes	Yes
0860T	oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease,	Yes	Yes
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	Yes	Yes
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance;	Yes	Yes
0868T	High-resolution gastric electrophysiology mapping with simultaneous patient-symptom	Yes	Yes
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
0875T	Programming of subcutaneously implanted peritoneal ascites pump system by physician or	Yes	Yes
0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve	Yes	Yes
0883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve	Yes	Yes
0884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg,	Yes	Yes
0885T	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated	Yes	Yes
0886T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated	Yes	Yes
0887T	End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery	Yes	Yes
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue,	Yes	Yes
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion	Yes	Yes
0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control;	Yes	Yes
0896T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control;	Yes	Yes
0898T	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-	Yes	Yes
0899T	Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF),	Yes	Yes
0900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived	Yes	Yes
0901T	Placement of bone marrow sampling port, including imaging guidance when performed	Yes	Yes
0902T	patient-activated mobile ECG device	Yes	Yes
0903T	interpretation and report	Yes	Yes
0904T	onlyYes	Yes	Yes
0905T	interpretation and report onlyYes	Yes	Yes
0906T	dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm	Yes	Yes
0907T	dressing care; each additional application, total wound(s) surface area less than or equal to 50	Yes	Yes
0908T	and programming, when performed	Yes	Yes
0909T	programming, when performed	Yes	Yes
0910T	Removal of integrated neurostimulation sYesstem, vagus nerve	Yes	Yes
0911T	programming bYes phYessician or other qualified health care professional	Yes	Yes
0912T	simple programming bYes phYessician or other qualified health care professional	Yes	Yes
0913T	balloon (eg, drug-coated, drug-eluting), including mechanical dilation bYes nondrug-deliverYes	Yes	Yes
0914T	balloon (eg, drug-coated, drug-eluting) performed on a separate target lesion from the target	Yes	Yes
0915T	component(s), including fluoroscopic guidance, and evaluation and programming of sensing	Yes	Yes
0916T	component(s), including fluoroscopic guidance, and evaluation and programming of sensing	Yes	Yes
0917T	component(s), including fluoroscopic guidance, and evaluation and programming of sensing	Yes	Yes
0918T	component(s), including fluoroscopic guidance, and evaluation and programming of sensing	Yes	Yes
0919T	component(s); pulse generator onlyYes	Yes	Yes
0920T	component(s); single transvenous pacing lead onlyYes	Yes	Yes
0921T	component(s); single transvenous defibrillation lead onlyYes	Yes	Yes
0922T	component(s); dual (pacing and defibrillation) transvenous leads onlyYes	Yes	Yes
0923T	generator onlyYes	Yes	Yes
0924T	transvenous electrode(s)/lead(s), including fluoroscopic guidance and programming of sensing	Yes	Yes
0925T	generator	Yes	Yes
0926T	to test the function of the device and select optimal permanent programmed values with	Yes	Yes
0927T	connection, recording, and disconnection, per patient encounter, implantable cardiac	Yes	Yes
0928T	defibrillation sYesstem with interim analYessis and report(s) bYes a phYessician or other	Yes	Yes
0929T	defibrillation sYesstem, remote data acquisition(s), receipt of transmissions, technician review,	Yes	Yes
0930T	including defibrillation-threshold evaluation (induction of arrhYesthmia, evaluation of sensing	Yes	Yes
0931T	including defibrillation-threshold evaluation (induction of arrhYesthmia, evaluation of sensing	Yes	Yes
0932T	echocardiogram that demonstrated preserved ejection fraction, with interpretation and report	Yes	Yes
0933T	pressure monitoring, including sensor calibration and deploYesment, right heart	Yes	Yes
0933T	pressure monitoring, including sensor calibration and deployment, right heart catheterization,	Yes	Yes
0934T	from daiYes uploads of left atrial pressure recordings, interpretation(s) and trend analYessis,	Yes	Yes
0934T	from daily uploads of left atrial pressure recordings, interpretation(s) and trend analysis, with	Yes	Yes
0935T	ablation, retrograde ureteral approach, including insertion of guide wire, selective placement	Yes	Yes
0936T	Photobiomodulation therapYes of retina, single session	Yes	Yes
0937T	continuous rhYesthm recording and storage; including recording, scanning analYessis with	Yes	Yes
0938T	continuous rhYesthm recording and storage; recording (including connection and initial	Yes	Yes
0939T	continuous rhYesthm recording and storage; scanning analYessis with report	Yes	Yes
0940T	continuous rhYesthm recording and storage; review and interpretation bYes a phYessician or	Yes	Yes
0941T	using integrated cYesstoscopic visualization	Yes	Yes
0942T	CYesstourethroscopYes, flexible; with removal and replacement of prostatic urethral scaffold	Yes	Yes
0943T	CYesstourethroscopYes, flexible; with removal of prostatic urethral scaffold	Yes	Yes
0944T	microwave ablation	Yes	Yes
0945T	mastectomYes (eg, lumpectomYes) using computer-aided fluorescence imaging (List	Yes	Yes
0948T	system with interim analysis, review and report(s) by a physician or other qualified health care	Yes	Yes
0949T	system, remote data acquisition(s), receipt of transmissions, technician review, technical	Yes	Yes
0950T	including ultrasound guidance	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
0951T	mastoidectomy, placement of and attachment to sound processor	Yes	Yes
0952T	mastoidectomy and replacement of sound processor	Yes	Yes
0953T	mastoidectomy and replacement of sound processor	Yes	Yes
0954T	with attachment to existing transducers	Yes	Yes
0955T	processor and all implant components	Yes	Yes
0956T	an electrode array, receiver, and telemetry unit for continuous bilateral	Yes	Yes
0957T	when required, including imaging guidance	Yes	Yes
0958T	bilateral electroencephalography monitoring system, including imaging guidance	Yes	Yes
0959T	bilateral electroencephalography monitoring system, including imaging guidance	Yes	Yes
0960T	tunneling of electrode for continuous bilateral electroencephalography monitoring system,	Yes	Yes
0961T	for lymph node localization in fibroadipose tissue, per specimen (List separately in addition to	Yes	Yes
0962T	cardiac dysfunction (eg, reduced ejection fraction, cardiac murmurs, atrial fibrillation), with	Yes	Yes
0963T	Anoscopy with directed submucosal injection of bulking agent into anal canal	Yes	Yes
0964T	apnea, including initial adjustment; single arch, without mandibular advancement mechanism	Yes	Yes
0965T	apnea, including initial adjustment; dual arch, with additional mandibular advancement, non-	Yes	Yes
0966T	apnea, including initial adjustment; dual arch, with additional mandibular advancement, fixed	Yes	Yes
0967T	including vacuum anchoring component and flexible sheath connected to external vacuum	Yes	Yes
0968T	pulse generator, with connection to electrode array	Yes	Yes
0969T	Removal of epicranial neurostimulator system	Yes	Yes
0970T	guidance when performed, each tumor	Yes	Yes
0971T	performed, unilateral	Yes	Yes
0972T	multispectral imaging, including system set-up and acquisition, selection, and transmission of	Yes	Yes
0973T	anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, trunk,	Yes	Yes
0974T	anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, trunk,	Yes	Yes
0975T	anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, scalp,	Yes	Yes
0976T	anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, scalp,	Yes	Yes
0977T	Upper gastrointestinal blood detection, sensor capsule, with interpretation and report	Yes	Yes
0978T	Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil	Yes	Yes
0979T	Submucosal cryolysis therapy; soft palate only	Yes	Yes
0980T	Submucosal cryolysis therapy; base of tongue and lingual tonsil only	Yes	Yes
0981T	monitoring, including deployment of the sensor, radiological supervision and interpretation,	Yes	Yes
0982T	parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up	Yes	Yes
0983T	least weekly downloads of inferior vena cava area recordings, interpretation(s), trend analysis,	Yes	Yes
0984T	(OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated	Yes	Yes
0985T	(OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated	Yes	Yes
0986T	(OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated	Yes	Yes
0987T	(OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated	Yes	Yes
A9268	Programmer for transient, orally ingested capsule	Yes	Yes
A9269	month	Yes	Yes
A9292	Prescription digital visual therapy, software-only, FDA cleared, per course of treatment	Yes	Yes
C1603	Retrieval device, insertable, laser (used to retrieve intravascular inferior vena cava filter)	Yes	Yes
C1735	sYesstem components	Yes	Yes
C1736	components	Yes	Yes
C1737	(implantable)	Yes	Yes
C1738	Powered, single-use (i.e., disposable) endoscopic ultrasound-guided biopsy device	Yes	Yes
C7557	injection(s) for coronary angiography, imaging supervision and interpretation with left heart	Yes	Yes
C7560	stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct	Yes	Yes
C7562	intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Yes	Yes
C7563	disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous,	Yes	Yes
C7564	pharmacological thrombolytic injections and fluoroscopic guidance with intravascular	Yes	Yes
C7565	any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or	Yes	Yes
C8001	transmission, obtained from previous diagnostic computed tomographic or magnetic	Yes	Yes
C8002	and device components (do not report with manual suspension preparation)	Yes	Yes
C9610	(insertable)	Yes	Yes
C9792	III, IVA heart failure; transcatheter implantation of left atrial to coronary sinus shunt using	Yes	Yes
C9804	sYesstem components, nonopioid medical device (must be a qualifying Medicare nonopioid	Yes	Yes
C9806	sYesstem components, nonopioid medical device (must be a qualifying Medicare nonopioid	Yes	Yes
C9807	sYesstem), including electrode and all disposable sYesstem components, nonopioid medical	Yes	Yes
C9808	including probe and all disposable sYesstem components, nonopioid medical device (must be a	Yes	Yes
C9809	components, nonopioid medical device (must be a qualifying Medicare nonopioid medical	Yes	Yes
E1905	software	Yes	Yes
G0166	EXTERNAL COUNTERPULSATION, PER TX SESSION	Yes	Yes
G0330	monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use	Yes	Yes
G0460	centrifugation, and all other preparatory procedures, administration and dressings, per	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
G0533	weekly bundle including dispensing and/or administration, substance use counseling,	Yes	Yes
G0534	resources to address unmet health-related social needs, including harm reduction	Yes	Yes
G0535	to navigate health systems and identify care providers and supportive services, to build	Yes	Yes
G0536	knowledge of the condition or lived experience to provide support, mentorship, or inspiration	Yes	Yes
H2040	Coordinated specialty care, team-based, for first episode psychosis, per month	Yes	Yes
H2041	Coordinated specialty care, team-based, for first episode psychosis, per encounter	Yes	Yes
J3401	vector genomes, per 0.1 ml	Yes	Yes
M1395	clinician or group	No	No
M1402	clinician or group	No	No
P9020	PLATELET RICH PLASMA	Yes	Yes
P9027	Red blood cells, leukocytes reduced, oxygen/ carbon dioxide reduced, each unit	Yes	Yes
S2202	ECHOSCLEROTHERAPY	Yes	Yes
S2340	CHEMODENERVATION OF ABDUCTOR MUSCLES OF VOCAL CORD	Yes	Yes
S2341	CHEMODENERVATION OF ADDUCTOR MUSCLES OF VOCAL CORD	Yes	Yes
S2342	NASAL ENDOSCOPY FOLLOWING NASAL SURGERY, USING INFLATABLE DEV	Yes	Yes
S8030	SCLERAL APPLICATION TANTALUM RINGS FOR PROTON BEAM THERAPY	Yes	Yes
S9055	PROCUREN OR OTHER GROWTH FACTOR TO PROMOTE WOUND HEALING	Yes	Yes
<b>OUTPATIENT SX</b>			
19085	performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion,	Yes	Yes
19086	performed, and imaging of the biopsy specimen, when performed, percutaneous; each	Yes	Yes
19298	PLACEMENT RADIOTHERAPY AFTERLOADING BRACHYHERAPY CATH INTO BREAST FOLLOWING	Yes	Yes
19300	MASTECTOMY FOR GYNECOMASTIA	Yes	Yes
19303	MASTECTOMY SIMPLE COMPLETE	Yes	Yes
19318	BREAST REDUCTION	Yes	Yes
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	Yes	Yes
29848	ENDOSCOPY, WRIST SURGICAL RELEASE OF TRANSVERSE CARPAL LIGAMENT	Yes	Yes
25448	transplant of tendon, with interposition, when performed	Yes	Yes
30117	EXCISION OR DESTRUCTION, INTRANASAL LESION; INTERNAL APPROACH	Yes	Yes
30118	EXCISION OR DESTRUCTION, INTRANASAL LESION; EXTERNAL APPROACH	Yes	Yes
30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBQ	Yes	Yes
30125	EXCISION DERMOID CYST, NOSE; SIMPLE, COMPLEX, UNDER BONE OR CARTILAGE	Yes	Yes
30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANU METHOD	Yes	Yes
30140	SUBMUCOUS RESECTION INFERIOR TRUBINATE, PARTIAL OR COMPLETE, ANY METHOD	Yes	Yes
30150	RHINECTOMY; PARTIAL	Yes	Yes
30801	(EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION);	Yes	Yes
30802	(EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION);	Yes	Yes
30999	UNLISTED PX, NOSE	Yes	Yes
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	Yes	Yes
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL, RADIACAL W/O REMOVAL POLYPS	Yes	Yes
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL, RADIACAL W/ REMOVAL POLYPS	Yes	Yes
31040	PTERYGOMAXILLARY FOSSA SURGERY	Yes	Yes
31050	SINUSOTOMY, SPHENOID; W/ OR W/O BIOPSY	Yes	Yes
31051	SINUSOTOMY, SPHENOID; W/ MUCOSAL STRIPPING OR REMOVAL POLYPS	Yes	Yes
31070	SINUSOTOMY, FRONTAL; EXTERNAL, SIMPLE	Yes	Yes
31075	SINUSOTOMY, TRANSORBITAL, UNILATERAL	Yes	Yes
31080	SINUSOTOMY, OBLITERATIVE W/O OSTEOPLASTIC FLAP, BROW INCISION	Yes	Yes
31081	SINUSOTOMY, OBLITERATIVE W/O OSTEOPLASTIC FLAP, CORONAL INCISION	Yes	Yes
31084	SINUSOTOMY, OBLITERATIVE W/ OSTEOPLASTIC FLAP, BROW INCISION	Yes	Yes
31085	SINUSOTOMY, OBLITERATIVE W/OSTEOPLASTIC FLAP, CORONAL INCISION	Yes	Yes
31086	SINUSOTOMY, NONOBLITERATIVE, W/ OSTEOPLASTIC FLAP, BROW INCISION	Yes	Yes
31087	SINUSOTOMY, NONOBLITERATIVE, W/ OSTEOPLASTIC FLAP, CORONAL INCISION	Yes	Yes
31090	SINUSOTOMY, UNILATERAL, 3 OR MORE PARANASAL SINUSES	Yes	Yes
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	Yes	Yes
31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	Yes	Yes
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	Yes	Yes
31225	MAXILLECTOMY; W/O ORBITAL EXENTERATION	Yes	Yes
31230	MAXILLECTOMY; W/ ORBITAL EXENTERATION	Yes	Yes
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY	Yes	Yes
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	Yes	Yes
31256	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MAXILLARY ANTROTOMY	Yes	Yes
33276	including vessel catheterization, all imaging guidance, and pulse generator initial analysis with	Yes	Yes
33277	code for primary procedure)	Yes	Yes
33278	and interrogation and programming, when performed; system, including pulse generator and	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
33279	and interrogation and programming, when performed; transvenous stimulation or sensing	Yes	Yes
33280	and interrogation and programming, when performed; pulse generator only	Yes	Yes
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	Yes	Yes
33285	INSERTION, SUBQ CARDIAC RHYTHM MONITOR, INCL PROGRAMMING	Yes	Yes
33286	REMOVAL, SUBQ CARDIAC RHYTHM MONITOR	Yes	Yes
33287	imaging guidance, and interrogation and programming, when performed; pulse generator	Yes	Yes
33288	imaging guidance, and interrogation and programming, when performed; transvenous	Yes	Yes
33289	HEMODYNAMIC MONITORING	Yes	Yes
37799	UNLISTED PROCEDURE VASCULAR SURGERY	Yes	Yes
42140	UVULECTOMY	Yes	Yes
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	Yes	Yes
47380	ABLATION, OPEN, 1 OR MORE TUMORS LIVER, RADIOFREQUENCY	Yes	Yes
47381	ABLATION, OPEN, 1 OR MORE TUMORS LIVER, CRYOSURGICAL	Yes	Yes
47382	ABLATION, PERC, 1 OR MORE TUMORS LIVER, RADIOFREQUENCY	Yes	Yes
47383	ABLATION, PERC, 1 OR MORE TUMORS LIVER, CRYOABLATION	Yes	Yes
47399	UNLISTED, PX LIVER	Yes	Yes
47999	UNLISTED PX, BILIARY TRACT	Yes	Yes
49329	UNLISTED PX, ABDOMEN, PERITONEUM, AND OMENTUM	Yes	Yes
49591	any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other	Yes	Yes
49592	any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other	Yes	Yes
49593	any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other	Yes	Yes
49594	any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other	Yes	Yes
49595	any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other	Yes	Yes
49596	any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other	Yes	Yes
49613	any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or	Yes	Yes
49614	any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or	Yes	Yes
49615	any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or	Yes	Yes
49616	any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or	Yes	Yes
49617	any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or	Yes	Yes
49618	any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or	Yes	Yes
49621	including implantation of mesh or other prosthesis, when performed; reducible	Yes	Yes
49622	including implantation of mesh or other prosthesis, when performed; incarcerated or	Yes	Yes
49623	recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie,	Yes	Yes
49659	UNLISTED LAP PX, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY	Yes	Yes
52284	drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy,	Yes	Yes
53899	UNLISTED PROCEDURE URINARY SYSTEM (URETHRAL LENGTHENING)	Yes	Yes
54125	AMPUTATION PENIS COMPLETE (PENECTOMY)	Yes	Yes
54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	Yes	Yes
54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	Yes	Yes
55881	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic	Yes	Yes
55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic	Yes	Yes
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM (GLASOPLASTY)	Yes	Yes
55970	INTERSEX SURG MALE FEMALE	Yes	Yes
55980	INTERSEX SURG FEMALE MALE	Yes	Yes
56620	VULVECTOMY SIMPLE PARTIAL (VAGINOPLASTY)	Yes	Yes
56625	VULVECTOMY SIMPLE COMPLETE (VAGINOPLASTY)	Yes	Yes
57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	Yes	Yes
57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT (VAGINOPLASTY)	Yes	Yes
57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT (VAGINOPLASTY)	Yes	Yes
58150	TOTAL ABDOMINAL HYSTERECTOMY W/OR W/O TENOVAL TUBES, W/OR W/O REMOVAL	Yes	Yes
58152	TOTAL ABDOMINAL HYSTERECTOMY W/OR W/O TENOVAL TUBES, W/OR W/O REMOVAL	Yes	Yes
58180	SUPERCERVICAL ABD HYSTERECTOMY W/ OR W/O REMOVAL TUBES AND/OR OVARIES	Yes	Yes
58200	SUPRAERVICAL ABD HYSTERETOMY W/OR W/O REMOVAL TUBES, W/LYMPH NODE	Yes	Yes
58210	RADICAL ABD HYSTERECTOMY, INCL PARTIAL VAGINECTOMY, W/ LYMPH NODE SAMPLING,	Yes	Yes
58240	PELVIC EXENTERATION W/ TOTAL ABD HYSTERECTOMY OR CERVICETOMY, W/OR W/O	Yes	Yes
58260	VAGINAL HYSTERECTMY, FOR UTERUS 200GM OR LESS	Yes	Yes
58262	VAGINAL HYSTERECTMY, FOR UTERUS 200GM OR LESS W/ REMOVAL TUBES AND/OR OVARIES	Yes	Yes
58263	VAGINAL HYSTERECTMY, FOR UTERUS 200GM OR LESS W/ REMOVAL TUBES AND/OR	Yes	Yes
58267	VAGINAL HYSTERECTMY, FOR UTERUS 200GM OR LESS W/ COLPO-URETHROCYSTOPEXY	Yes	Yes
58270	VAGINAL HYSTERECTMY, FOR UTERUS 200GM OR LESS W/ REPAIR ENTROCELE	Yes	Yes
58275	VAGINAL HYSTERECTOMY W/ TOTAL OR PARTIAL VAGINECTOMY	Yes	Yes
58280	VAGINAL HYSTERECTOMY W/ TOTAL OR PARTIAL VAGINECTOMY W/ REPAIR ENTROCELE	Yes	Yes
58285	VAGINAL HYSTERECTOMY, RADICAL	Yes	Yes
58290	VAGINAL HYSTERECTOMY FOR UTERUS > 250GM	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
58291	VAGINAL HYSTERECTOMY FOR UTERUS > 250GM W/ REMOVAL TUBES AND/OR OVARIES	Yes	Yes
58292	VAGINAL HYSTERECTOMY FOR UTERUS > 250GM W/ REMOVAL TUBES AND/OR OVARIES, W/	Yes	Yes
58294	VAGINAL HYSTERECTOMY FOR UTERUS > 250GM W/ REPAIR ENTEROCLE	Yes	Yes
58541	LAP, SUPRACERVICAL HYSTERECTOMY, UTERUS 250GM OR LESS	Yes	Yes
58542	LAP, SUPRACERVICAL HYSTERECTOMY, UTERUS 250GM OR LESS W/ REMOVAL TUBES AND/OR	Yes	Yes
58543	LAP, SUPRACERVICAL HYSTERECTOMY, UTERUS > 250GM	Yes	Yes
58544	LAP, SUPRACERVICAL HYSTERECTOMY, UTERUS > 250GM OR LESS W/ REMOVAL TUBES	Yes	Yes
58548	LAP RADICAL HYSTERECTOMY, BIL TOTAL PELVIC LYMHADENECTOMY AND LYMPH NODE	Yes	Yes
58550	LAP, VAG HYSTERCTOMY, UTERUS 250GM OF LESS	Yes	Yes
58552	LAP, VAG HYSTERCTOMY, UTERUS 250GM OF LESS W/ REMOVAL TUBES AND/OR OVARIES	Yes	Yes
58553	LAP, VAG HYSTERCTOMY, UTERUS > 250GM	Yes	Yes
58554	LAP, VAG HYSTERCTOMY, UTERUS > 250GM W/ REMOVAL TUBES AND/OR OVARIES	Yes	Yes
58580	monitoring, radiofrequency	Yes	Yes
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES (SALPINGO-OOPHERECTOMY)	Yes	Yes
58720	SALPINGO-OOPHORECTOMY CMPL/PART UNI/BIL-SEP PROC	Yes	Yes
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBTETRICAL (METOIDIOPLASTY)	Yes	Yes
60660	imaging guidance, radiofrequency	Yes	Yes
60661	guidance, radiofrequency (List separately in addition to code for primary procedure)	Yes	Yes
61531	SUBDURAL IMPLANT THRU BURR HOLES. LONG TERM SIEZURE MONITORING	Yes	Yes
61533	CRANIOTOMY IMPLANT ELECTRODE, LONG TERM SEIZURE MONITORING	Yes	Yes
61534	CRANIOTOMY, FOR EXCISION EPILEPTIC FOCUS	Yes	Yes
61535	CRANIOTOMY, REMOVAL EPIDURAL OR SUBDURAL ELECTRODE	Yes	Yes
61536	CRANIOTOMY, EXCISION CERBRAL EPIEPTIC FOCUS W/ ECTROCORTOGRAPHY	Yes	Yes
61537	CRANIOTOMY, LOBECTOMY, TEMPEROL LOBE, W/O ECTROCORTOGRAPHY	Yes	Yes
61538	CRANIOTOMY, LOBECTOMY, TEMPEROL LOBE, W/ ECTROCORTOGRAPHY	Yes	Yes
61541	CRANIOTOMY TRANSECTION COPUS CALLOSUM	Yes	Yes
61543	CRANIOTOMY, PTL OR SUBTOTAL HEMISPHERECTOMY	Yes	Yes
61566	CRANIOTOMY W/BONE FLAP, SELECTIVE AMYGALOHIPPOCAMPECTOMY	Yes	Yes
61567	CRANIOTOMY, MULT SUBPIAL TRANSECTIONS, W/ELECTOCORTICOGRAPHY	Yes	Yes
61624	TRANSCATHETER PERMANENT OCCLUSION/EMBOLIZATION, OCCLUDE AVM, PERCUTANEOUS,	Yes	Yes
61626	TRANSCATHETER PERMANENT OCCLUSION/EMBOLIZATION, OCCLUDE AVM, PERCUTANEOUS,	Yes	Yes
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with	Yes	Yes
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with	Yes	Yes
61796	STEREOTACTIC RADIOSSURGERY, 1 SIMPLE CRANIAL LESION	Yes	Yes
61797	STEREOTACTIC RADIOSSURGERY, EACH ADDITIONAL CRANIAL LESION	Yes	Yes
61798	STEREOTACTIC RADIOSSURGERY, 1 COMPLEX CRANIAL LESSION	Yes	Yes
61799	STEREOTACTIC RADIOSSURGERY, EAC ADDITIONAL CRANIAL LESION	Yes	Yes
61800	APPLICATIO STEREOTACTIC HEADFRME FOR STEREOTACTIC RADIOSSURGERY	Yes	Yes
61850	TWIST DRILL BURR HOLE CRANIOT/ELECT, CORTICAL	Yes	Yes
61860	CRANIECTOMY FOR IMPLANT NEUROSTIM ELECTORDE, CEREBRAL, CORTICAL	Yes	Yes
61863	TWIST DRILL BURR HOLE CRANIOT/ELECT NO REC;1 ARRAY	Yes	Yes
61864	TWIST DRILL BURR HOLE CRANIOT/ELECT NO REC; EA ADD	Yes	Yes
61867	TWIST DRILL BURR HOLE CRANIOT/ELECT W/REC; 1 ARRAY	Yes	Yes
61868	TWIST DRILL BURR HOLE CRANIOT/ELECT W/REC; EA ADD	Yes	Yes
61889	craniectomy or craniotomy, when performed, with direct or inductive coupling, with	Yes	Yes
61891	with connection to depth and/or cortical strip electrode array(s)	Yes	Yes
61892	cranioplasty, when performed	Yes	Yes
63052	spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]], during	Yes	Yes
63053	spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]], during	Yes	Yes
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal	Yes	Yes
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory	Yes	Yes
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory	Yes	Yes
64596	neurostimulator, including imaging guidance, when performed; initial electrode array	Yes	Yes
64597	neurostimulator, including imaging guidance, when performed; each additional electrode array	Yes	Yes
64598	neurostimulator	Yes	Yes
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2	Yes	Yes
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each	Yes	Yes
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage	Yes	Yes
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage	Yes	Yes
67961	EXCISION EYELID, INVOLVING MARGIN, TARSUS, CONJUCTIVA, CANTHUS OR FULL THICKNESS	Yes	Yes
67966	EXCISION EYELID, INVOLVING MARGIN, TARSUS, CONJUCTIVA, CANTHUS OR FULL THICKNESS	Yes	Yes
67999	UNLISTED PROCEDURE, EYELIDS	Yes	Yes
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal	Yes	Yes
69716	external speech processor, within the mastoid and/or resulting in removal of less than 100 sq	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
69717	percutaneous attachment to external speech processor	Yes	Yes
69719	magnetic transcutaneous attachment to external speech processor, within the mastoid and/or	Yes	Yes
69726	speech processor	Yes	Yes
69727	external speech processor, within the mastoid and/or involving a bony defect less than 100 sq	Yes	Yes
69728	external speech processor, outside the mastoid and involving a bony defect greater than or	Yes	Yes
69729	external speech processor, outside of the mastoid and resulting in removal of greater than or	Yes	Yes
69730	magnetic transcutaneous attachment to external speech processor, outside the mastoid and	Yes	Yes
90865	NARCOSYNTHESIS FOR PSYCH DX AND TX, AMYTAL	Yes	Yes
90867	TMS TREATMENT, INITIAL INCL CORTAL MAPPING, MOTOR THRESH, DELIVERY	Yes	Yes
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation	Yes	Yes
93580	PERC TRANSCATH CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATION, W/ IMPLANT	Yes	Yes
93581	PERC TRANSCATH CLOSURE OF CONGENITAL VENTRICULAR SEPTAL DEFECT, W/ IMPLANT	Yes	Yes
93582	PERC TRANSCATH CLOSURE OF PDA	Yes	Yes
93583	PERC TRANCATH SEPTAL REDUCTION THERAPY, INC TEMP PACER	Yes	Yes
93922	ARTERIES, LVLS 1-2	Yes	Yes
93923	EXTREMITY ARTERIES, LVLS 3 OR MORE	Yes	Yes
98978	intervention); device(s) supply for data access or data transmissions to support monitoring of	No	No
0054T	COMPUTER ASSISTED MUSCULOSKELETAL SURGICAL NAVIG SURGERY	Yes	Yes
0055T	IMAGES	Yes	Yes
0071T	FOCUSED US ABLATION UTERINE LEIOMYOMATA, INCL MRI GUID, VOL < 200CC	Yes	Yes
0100T	RETINAL ELECTRODE, W/VITRECTOMY	Yes	Yes
0235T	INSERT ANT SEGMENT AQUEOUS DRAINAGE DEVICE, INT APPROACH, SUBARACHNOID SPACE	Yes	Yes
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without	Yes	Yes
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding	Yes	Yes
0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	Yes	Yes
0674T	Laparoscopic insertion of new or replacement of permanent implantable synchronized	Yes	Yes
0675T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent	Yes	Yes
0676T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent	Yes	Yes
0677T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized	Yes	Yes
0678T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized	Yes	Yes
0679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized	Yes	Yes
0680T	Insertion or replacement of pulse generator only, permanent implantable synchronized	Yes	Yes
0681T	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic	Yes	Yes
0682T	Removal of pulse generator only, permanent implantable synchronized diaphragmatic	Yes	Yes
0683T	Programming device evaluation (in-person) with iterative adjustment of the implantable device	Yes	Yes
0684T	Peri-procedural device evaluation (in-person) and programming of device system parameters	Yes	Yes
0685T	Interrogation device evaluation (in-person) with analysis, review and report by a physician or	Yes	Yes
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular	Yes	Yes
0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up,	Yes	Yes
0688T	Treatment of amblyopia using an online digital program; assessment of patient performance	Yes	Yes
0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation	Yes	Yes
0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation	Yes	Yes
0691T	Automated analysis of an existing computed tomography study for vertebral fracture(s),	Yes	Yes
0692T	Therapeutic ultrafiltration	Yes	Yes
0693T	Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis	Yes	Yes
0694T	3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue,	Yes	Yes
0695T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to	Yes	Yes
0696T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to	Yes	Yes
0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water	Yes	Yes
0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water	Yes	Yes
0699T	Injection, posterior chamber of eye, medication	Yes	Yes
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	Yes	Yes
0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in	Yes	Yes
0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up	Yes	Yes
0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical	Yes	Yes
0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by	Yes	Yes
0707T	Injection(s), bone substitute material (eg, calcium phosphate) into subchondral bone defect	Yes	Yes
0708T	Intradermal cancer immunotherapy; preparation and initial injection	Yes	Yes
0709T	Intradermal cancer immunotherapy; each additional injection (List separately in addition to	Yes	Yes
0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary	Yes	Yes
0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary	Yes	Yes
0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary	Yes	Yes
0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary	Yes	Yes
0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance,	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
0716T	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score	Yes	Yes
0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff	Yes	Yes
0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff	Yes	Yes
0719T	Posterior vertebral joint replacement, including unilateral facetectomy, laminectomy, and medial discectomy, including imaging guidance, lumbar spine, single segment	Yes	Yes
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	Yes	Yes
0725T	Vestibular device implantation, unilateral	Yes	Yes
0726T	Removal of implanted vestibular device, unilateral	Yes	Yes
0727T	Removal and replacement of implanted vestibular device, unilateral	Yes	Yes
0728T	Diagnostic analysis of vestibular implant, unilateral; with initial programming	Yes	Yes
0729T	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming	Yes	Yes
0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance	Yes	Yes
0731T	Augmentative AI-based facial phenotype analysis with report	Yes	Yes
0732T	Immunotherapy administration with electroporation, intramuscular	Yes	Yes
0733T	other qualified health care professional; supply and technical support, per 30 days	Yes	Yes
0734T	other qualified health care professional; treatment management services by a physician or	Yes	Yes
0735T	Preparation of tumor cavity, with placement of a radiation therapy applicator for	Yes	Yes
0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including	Yes	Yes
0737T	Xenograft implantation into the articular surface	Yes	Yes
0784T	neurostimulator, including imaging guidance, when performed	Yes	Yes
0785T	neurostimulator	Yes	Yes
0786T	neurostimulator, including imaging guidance, when performed	Yes	Yes
0787T	neurostimulator	Yes	Yes
0816T	including electrode(s) (eg, array or leadless), and pulse generator or receiver, including	Yes	Yes
0817T	including electrode(s) (eg, array or leadless), and pulse generator or receiver, including	Yes	Yes
0818T	analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	Yes	Yes
0819T	analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	Yes	Yes
0823T	including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography	Yes	Yes
0824T	imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right	Yes	Yes
0825T	right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial	Yes	Yes
0870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-	Yes	Yes
0871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between	Yes	Yes
0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s)	Yes	Yes
0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component	Yes	Yes
0874T	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and	Yes	Yes
0881T	Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including	Yes	Yes
1901T	INSERT ANT SEGMENT AQUEOUS DRAINAGE DEVICE, INT APPROACH, INITIAL INSERT	Yes	Yes
C1604	components	Yes	Yes
C1747	Endoscope, single-use (i.e., disposable), urinary tract, imaging/illumination device (insertable)	Yes	Yes
C1832	Autograft suspension, including cell processing and application, and all system components	Yes	Yes
C7504	and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral	Yes	Yes
C7505	and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral	Yes	Yes
C7507	vertebral bodies, including cavity creations (fracture reductions and bone biopsies included	Yes	Yes
C7508	vertebral bodies, including cavity creations (fracture reductions and bone biopsies included	Yes	Yes
C7541	specimen(s) by brushing or washing, when performed, with endoscopic cannulation of papilla	Yes	Yes
C7542	endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	Yes	Yes
C7543	with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile	Yes	Yes
C7544	biliary/pancreatic duct(s), with endoscopic cannulation of papilla with direct visualization of	Yes	Yes
C7551	bone or muscle	Yes	Yes
C7555	Thyroidectomy, total or complete with parathyroid autotransplantation	Yes	Yes
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon),	Yes	Yes
G0166	EXTERNAL COUNTERPULSATION, PER TX SESSION	Yes	Yes
G0330	monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use	Yes	Yes
G0460	centrifugation, and all other preparatory procedures, administration and dressings, per	Yes	Yes
S2900	SURGICAL TECHNIQUES REQUIRING USE OF ROBOTIC SURGICAL SYSTEM	Yes	Yes
<b>PROSTHETICS/ ORTHOTICS</b>	<b>BENEFITS TO BE VERIFIED</b>		
L0112	CRANIAL CERVICAL ORTHOSIS CUSTOM	Yes	Yes
L0113	CRANIAL CERVICAL ORTHOSIS PREFAB	Yes	Yes
L0150	CERVICAL, SEMI RIGID, ADJUSTABLE MOLDED CHIN CUP, WITH MANDIBULAR/OCCIPITAL PIECE	Yes	Yes
L0170	CERVICAL COLLAR, MOLDED TO PATIENT MODEL	Yes	Yes
L0180	CERVICAL , MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS	Yes	Yes
L0190	CERVICAL , MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJ CERVICAL BARS	Yes	Yes
L0200	AND THORACIC EXT	Yes	Yes



CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
L0450	TLSO, PREFABRICATED; UPPER THORACIC	Yes	Yes
L0452	TLSO FLEX CUSTOM FAB THORACI	Yes	Yes
L0454	TLSO, PREFABRICATED; SACROCOCCYGEAL JUNCTION TO ABOVE T9	Yes	Yes
L0455	TLSO, PREFABRICATED; SACROCOCCYGEAL JUNCTION TO ABOVE T9, PREFAB	Yes	Yes
L0456	TLSO, PREFACRICATED; SACROCOCCYGEAL JUNCTION TO INFUEIOR SCAPULAR SPINE	Yes	Yes
L0457	PREFAB	Yes	Yes
L0458	TLSO, PREFABRICATED; SACROCOCCYGEAL JUNCTION TO XIPHOID	Yes	Yes
L0460	TLSO, PREFABRICATED; SACROCOCCYGEAL JUNCTION TO STERNAL NOTCH	Yes	Yes
L0462	TLSO, PREFABRICATED; SACROCOCCYGEAL JUNCTION TO STERNAL NOTCH	Yes	Yes
L0464	TLSO, PREFABRICATED; SACROCOCCYGEAL JUNCTION TO SCAPULAR SPINE	Yes	Yes
L0466	TLSO, PREFABRICATED; SAGITTAL CONTROL	Yes	Yes
L0467	TLSO, PREFABRICATED; SAGITTAL CONTROL, PREFAB	Yes	Yes
L0468	TLSO, PREFABRICATED, SAGITTAL-CORONAL CONTROL	Yes	Yes
L0469	TLSO, PREFABRICATED, SAGITTAL-CORONAL CONTROL, PREFAB	Yes	Yes
L0470	TLSO, PREFABRICATED; SACROCOCCYGEAL JUNCTION TO THORACIC	Yes	Yes
L0472	TLSO, PREFABRICATED; TRIPLANAR CONTROL	Yes	Yes
L0480	TLSO RIGID PLASTIC CUSTOM FA	Yes	Yes
L0482	TLSO RIGID LINED CUSTOM FAB	Yes	Yes
L0484	TLSO RIGID PLASTIC CUST FAB	Yes	Yes
L0486	TLSO RIGIDLINED CUST FAB TWO	Yes	Yes
L0488	TLSO, PREFABRICATED; SACROCOCCYGEAL JUNCTION TO STERNAL NOTCH	Yes	Yes
L0490	TLSO, PREFABRICATED; SAGITTAL-CORONAL CONTROL	Yes	Yes
L0491	TLSO, PREFABRICATED; SACROCOCCYGEAL JUNCTION TO XYPHOID	Yes	Yes
L0492	TLSO, PREFABRICATED; SAGITTAL-CORONAL CONTROL	Yes	Yes
L0621	TLSO, PREFABRICATED; SAGITTAL-CORONAL CONTROL, PREFAB	Yes	Yes
L0622	SACROILIAC, ORTHOTIC, FLEXIBLE; CUSTOM FABRICATED	Yes	Yes
L0623	SACROILIAC, ORTHOTIC, FLEXIBLE; PREFAB	Yes	Yes
L0624	SACROILIAC, ORTHOTIC, RIGID; CUSTOM FABRICATED	Yes	Yes
L0625	LUMBAR ORTHOSIS, LUMBAR SUPPORT, L1 TO L5, PREFAB	Yes	Yes
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, L1 TO L5, CUSTOM FABRICATED	Yes	Yes
L0627	CUSTOM FABRICATED	Yes	Yes
L0628	LUMBAR-SACRAL ORTHOSIS, LUMBAR-SACRAL SUPPORT, FROM SIJ TO T9, PREFAB	Yes	Yes
L0629	FABRICATED	Yes	Yes
L0630	FABRICATED	Yes	Yes
L0631	LSO, RIGID, PREFABRICATED; SAGITTAL-CORONAL CONTROL	Yes	Yes
L0632	LSO, RIGID, CUSTOM FABRICATED; SAGITTAL-CORONAL CONTROL	Yes	Yes
L0633	LSO, RIGID, PREFABRICATED; SAGITTAL-CORONAL CONTROL	Yes	Yes
L0634	LSO, RIGID, CUSTOM FABRICATED; SAGITTAL-CORONAL CONTROL	Yes	Yes
L0635	LSO, RIGID, PREFABRICATED; SAGITTAL-CORONAL CONTROL	Yes	Yes
L0636	LSO, RIGID, CUSTOM FABRICATED; SAGITTAL CONTROL	Yes	Yes
L0637	LSO, RIGID, PREFABRICATED; SAGITTAL-CORONAL CONTROL	Yes	Yes
L0638	LSO, RIGID, CUSTOM FABRICATED; SAGITTAL-CORONAL CONTROL	Yes	Yes
L0639	LSO, RIGID, PREFABRICATED; SAGITTAL-CORONAL CONTROL	Yes	Yes
L0640	LSO, RIGID, SAGITTAL-CORONAL CONTROL, CUSTOM FABRICATED	Yes	Yes
L0641	LSO, RIGID, SAGITTAL-CORONAL CONTROL, PREFAB	Yes	Yes
L0642	LSO, RIGID, SAGITTAL-CORONAL CONTROL, PREFAB	Yes	Yes
L0643	LSO, RIGID, SAGITTAL-CORONAL CONTROL, SIJ TO T9, PREFAB	Yes	Yes
L0648	LSO, RIGID, SAGITTAL-CORONAL CONTROL, SIJ TO T9, PENDOLOUS ABDOMEN, PREFAB	Yes	Yes
L0649	LSO, RIGID, SAGITTAL-CORONAL CONTROL, SIJ TO T9, PENDOLOUS ABDOMEN, PREFAB	Yes	Yes
L0650	LSO, RIGID, SAGITTAL-CORONAL CONTROL, SIJ TO T9, PENDOLOUS ABDOMEN, PREFAB	Yes	Yes
L0651	LSO, RIGID, SAGITTAL-CORONAL CONTROL, SIJ TO T9, PENDOLOUS ABDOMEN, PREFAB	Yes	Yes
L0700	CTLSO, MOLDED TO PATIENT; ANTERIOR-POSTERIOR-LATERAL CONTROL	Yes	Yes
L0710	CTLSO, MOLDED TO PATIENT; ANTERIOR-POSTERIOR-LATERAL CONTROL	Yes	Yes
L0984	PROTECTIVE BODY SOCK	Yes	Yes
L0999	ADDITION TO SPINAL ORTHOTIC, UNSPECIFIED	Yes	Yes
L1000	CTLSO, MILWAUKEE	Yes	Yes
L1001	CTLSO, IMMOBILIZER, INFANT, PREFABRICATED	Yes	Yes
L1006	axilla to trochanter, includes all accessory pads, straps and interface, prefabricated item that	Yes	Yes
L1200	TLSO, LOW PROFILE	Yes	Yes
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED	Yes	Yes
L1310	OTHER SCOLIOSIS PROCEDURE, POST OP BODY JACKET	Yes	Yes
L1499	SPINAL ORTHOSIS NOS	Yes	Yes
L1630	HO, ABDUCTION CONTROL HIP JOINTS, SEMI FLEXIBLE; CUSTOM FABRICATED	Yes	Yes
L1640	HO, ABDUCTION CONTROL HIP JOINTS, STATIC CUSTOM FABRICATED	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
L1652	prefabricated, includes fitting and adjustment, prefabricated item that has been trimmed,	Yes	Yes
L1653	prefabricated, off the shelf	Yes	Yes
L1680	HO, ABDUCTION CONTROL HIP JOINTS, RANCHO TYPE; CUSTOM FABRICATED	Yes	Yes
L1681	control of hip joint, postoperative hip abduction type, prefabricated item that has been	Yes	Yes
L1685	HO, ABDUCTION CONTROL HIP JOINTS, POST OPERATIVE; CUSTOM FABRICATED	Yes	Yes
L1700	LEG PERTHES ORTHOTIC, TORONTO TYPE; CUSTOM FABRICATED	Yes	Yes
L1710	LEG PERTHES ORTHOTIC, NEWINGTON TYPE; CUSTOM FABRICATED	Yes	Yes
L1720	LEG PERTHES ORTHOTIC, TACHDIJANTYPE; CUSTOM FABRICATED	Yes	Yes
L1730	LEG PERTHES ORTHOTIC, SCOTTISH RITE TYPE; CUSTOM FABRICATED	Yes	Yes
L1755	LEG PERTHES ORTHOTIC, PATTEN BOTTOM TYPE; CUSTOM FABRICATED	Yes	Yes
L1810	KNEE ORTHOTIC,ELASTIC WITH JOINTS, PREFAB	Yes	Yes
L1820	prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized	Yes	Yes
L1821	prefabricated, off the shelf	Yes	Yes
L1830	KNEE ORTHOTIC, IMMOBILIZER, PREFABRICATED	Yes	Yes
L1831	KNEE ORTHOTIC, LOCKING KNEE JOINTS, PREFABRICATED	Yes	Yes
L1832	KNEE ORTHOTIC, ADJUSTABLE KNEE JOINTS, PREFABRICATED	Yes	Yes
L1834	KO W/O JOINT RIGID MOLDED TO	Yes	Yes
L1836	KNEE ORTHOTIC, RIGID, W/O JOINTS, PREFABRICATED	Yes	Yes
L1840	KO DEROT ANT CRUCIATE CUSTOM	Yes	Yes
L1843	KNEE ORTHOTIC, SINGLE UPRIGHT, WITH ADJUSTIBLE FLEXION/EXTENSION, PREFABRICATED	Yes	Yes
L1844	KO 1 UPRT THI&CALF ADJ UNICNT/POLYCNT CSTM FAB	Yes	Yes
L1845	KNEE ORTHOTIC, SINGLE UPRIGHT, MEDIAL-LATERAL ROTATION FABRICATED	Yes	Yes
L1846	KO THIGH & CALF CSTM FAB	Yes	Yes
L1847	KNEE ORTHOTIC, DOUBLE UPRIGHT, WITH ADJUSTABLE JOINT, FABRICATED	Yes	Yes
L1850	KNEE ORTHOTIC, SWEDISH TYPE, PREFABRICATED	Yes	Yes
L1851	(unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus	Yes	Yes
L1852	knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint	Yes	Yes
L1860	KO SUPRACONDYLAR SOCKET MOLD	Yes	Yes
L1900	AFO SPRNG WIR DRSFLX CALF BD	Yes	Yes
L1902	AFO, ANKLE GAUNTLET, PREFABRICATED	Yes	Yes
L1904	AFO MOLDED ANKLE GAUNTLET	Yes	Yes
L1906	AFO, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED	Yes	Yes
L1907	AFO SUPRAMALLEOLAR W/STRAPS CUSTOM FABRICATED	Yes	Yes
L1910	AFO, POSTERIOR, SINGLE BAR, PREFABRICATED	Yes	Yes
L1920	AFO SING UPRIGHT W/ ADJUST S	Yes	Yes
L1930	AFO, PLASTIC, PREFABRICATED	Yes	Yes
L1932	Ankle foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefa	Yes	Yes
L1940	AFO MOLDED TO PATIENT PLASTI	Yes	Yes
L1945	AFO MOLDED PLAS RIG ANT TIB	Yes	Yes
L1950	AFO SPIRAL MOLDED TO PT PLAS	Yes	Yes
L1951	Ankle foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine-tYespe), plastic or other m	Yes	Yes
L1960	AFO POS SOLID ANK PLASTIC MO	Yes	Yes
L1970	AFO PLASTIC MOLDED W/ANKLE J	Yes	Yes
L1971	Ankle foot orthosis (AFO), plastic or other material with ankle joint, with or without dorsiflexion	Yes	Yes
L1980	AFO 1 UPRT FREE PLANTR DORSIFLX SOLID STIRUP FAB	Yes	Yes
L1990	AFO DBL UPRT PLANTR DORSIFLX SOLID STIRUP CSTM	Yes	Yes
L2000	KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM	Yes	Yes
L2005	KAFO ANY MATL AUTO LOCK&SWNG RLSE W/ANK JNT CSTM	Yes	Yes
L2010	KAFO 1 UPRT SOLID STIRUP W/O KNEE JNT CSTM FAB	Yes	Yes
L2020	KAFO DBL UPRT SOLID STIRUP THI&CALF CSTM FAB	Yes	Yes
L2030	KAFO DBL UPRT SOLID STIRUP W/O KNEE JNT CSTM	Yes	Yes
L2034	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	Yes	Yes
L2035	KAFO FULL PLSTC STAT PED W/O FREE MOT ANK PRFAB	Yes	Yes
L2036	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	Yes	Yes
L2037	KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	Yes	Yes
L2038	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	Yes	Yes
L2040	HKAFO TORSION BIL ROT STRAPS	Yes	Yes
L2050	HKAFO TORSION CABLE HIP PELV	Yes	Yes
L2060	HKAFO TORSION BALL BEARING J	Yes	Yes
L2070	HKAFO TORSION UNILAT ROT STR	Yes	Yes
L2080	HKAFO UNILAT TORSION CABLE	Yes	Yes
L2090	HKAFO UNILAT TORSION BALL BR	Yes	Yes
L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE , OR ANKLE, FOR CUSTOM ORTHOTIC	Yes	Yes
L2999	LOWER EXTREMITY ORTHOSIS NOS	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
L3000	FT INSRT MOLD PT MDL UCB TYPE BERKLY SHELL EA	Yes	Yes
L3001	FOOT INSERT REMOV MOLDED SPE	Yes	Yes
L3002	FOOT INSERT PLASTAZOTE OR EQ	Yes	Yes
L3003	FOOT INSERT SILICONE GEL EAC	Yes	Yes
L3010	FOOT LONGITUDINAL ARCH SUPPO	Yes	Yes
L3020	FOOT LONGITUD/METATARSAL SUP	Yes	Yes
L3030	FOOT ARCH SUPPORT REMOV PREM	Yes	Yes
L3031	FOOT, INSERT PLACE, REMOV, ADD TO LE ORTHOTIC	Yes	Yes
L3040	FT ARCH SUPRT PREMOLD LONGIT	Yes	Yes
L3050	FOOT ARCH SUPP PREMOLD METAT	Yes	Yes
L3060	FOOT ARCH SUPP LONGITUD/META	Yes	Yes
L3070	FOOT, ARCH SUPPORT, NONREMOVABLE, ATTACHED TO SHOE, LONGITUDINAL, EACH	Yes	Yes
L3080	FOOT, ARCH SUPPORT, NONREMOVABLE, ATTACHED TO SHOE, METATARSAL, EACH	Yes	Yes
L3090	EACH	Yes	Yes
L3140	FOOT, ABDUCTION ROTATION BAR, INCL SHOES	Yes	Yes
L3150	FOOT, ABDUCTION ROTATION BAR, W/O SHOES	Yes	Yes
L3160	FOOT, ADJUSTABLE SHOE STYLED POSITIONING DEVICE	Yes	Yes
L3230	ORTHOPEDIC FOOTWEAR CUSTOM SHOE DEPTH INLAY EACH	Yes	Yes
L3250	CUSTOM MOLD SHOE REMOV PROST	Yes	Yes
L3251	SHOE MOLDED TO PT SILICONE S	Yes	Yes
L3252	FOOT SHOE MOLDED PT MDL PLASTAZOTE CSTM FABR EA	Yes	Yes
L3253	SHOE MOLDED PLASTAZOTE CUSTOM FITTED	Yes	Yes
L3254	ORTH FOOT NON-STANDARD SIZE/W	Yes	Yes
L3255	ORTH FOOT NON-STANDARD SIZE/	Yes	Yes
L3257	ORTH FOOT ADD CHARGE SPLIT S	Yes	Yes
L3300	SHO LIFT TAPER TO METATARSAL	Yes	Yes
L3310	SHOE LIFT ELEV HEEL/SOLE NEO	Yes	Yes
L3320	SHOE LIFT ELEV HEEL/SOLE COR	Yes	Yes
L3330	LIFTS ELEVATION METAL EXTENS	Yes	Yes
L3332	LIFT ELEVATION, INSIDE SHOE	Yes	Yes
L3334	SHOE LIFTS ELEVATION HEEL PER	Yes	Yes
L3650	SO, FIGURE 8; PRE-FABRICATED	Yes	Yes
L3660	SO, FIGURE 8, CANVAS & WEBBING; PRE-FABRICATED	Yes	Yes
L3670	SO, ACROMIO/CLAVICULAR,; PREFABRICATED	Yes	Yes
L3671	SO, SHOULDER JOINT DESIGN, W/O JOINTS; CUSTOM FABRICATED	Yes	Yes
L3674	SO, ABDUCTION JOINT DESIGN, W/ W/O JOINTS; CUSTOM FABRICATED	Yes	Yes
L3675	SO, VEST TYPE, ABDUCTION RESTRAINER; PREFABRICATED	Yes	Yes
L3677	SOM SHOULDER JOINT DESIGN, W/O JOINTS; PREFABRICATED	Yes	Yes
L3702	ELBOW ORTHOSIS W/O JOINTS CUSTOM FABRICATED	Yes	Yes
L3710	ELBOW ORTHOTIC, ELASTIC W/METAL JOINTS, PREFABRICATED	Yes	Yes
L3720	FOREARM/ARM CUFFS FREE MOTIO	Yes	Yes
L3730	FOREARM/ARM CUFFS EXT/FLEX A	Yes	Yes
L3740	CUFFS ADJ LOCK W/ ACTIVE CON	Yes	Yes
L3760	ELBOW ORTHOTIC, W/ ADJUSTABLE LOCKING JOINTS, PREFABRICATED	Yes	Yes
L3762	ELBOW ORTHOTIC, RIGID W/O JOINTS, PREFABRICATED	Yes	Yes
L3763	EWHO RIGID W/O JOINTS CUSTOM FABRICATED	Yes	Yes
L3764	EWHO INCL 1/MORE NONTORSION JOINTS CSTM FAB	Yes	Yes
L3765	EWHFO RIGID W/O JOINTS CUSTOM FABRICATED	Yes	Yes
L3766	EWHFO INCL 1/MORE NONTORSION JOINTS CSTM FAB	Yes	Yes
L3806	WRIST HAND FINGER ORTHOSIS NONTORSION JNT CUSTOM	Yes	Yes
L3807	WRIST HAND FINGER ORTHOTIC, W/O JOINTS, PREFABRICATED	Yes	Yes
L3808	WRIST HAND FINGER ORTHOSIS RIGID W/O JNT; CUSTOM	Yes	Yes
L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST, OR ELBOW, CUSTOM FABRICATED ORTHOTIC	Yes	Yes
L3900	HINGE EXTENSION/FLEX WRIST/F	Yes	Yes
L3901	HINGE EXT/FLEX WRIST FINGER	Yes	Yes
L3904	WHFO ELECTRIC CUSTOM FITTED	Yes	Yes
L3905	WHO INCL 1/MORE NONTORSION JOINTS CSTM FAB	Yes	Yes
L3906	WHO W/O JNT MAY INCL SFT INTRFCE STRAPS CSTM FAB	Yes	Yes
L3908	WHO, WRIST EXTENSION CONTROL COCK-UP PREFABRICATED	Yes	Yes
L3913	HFO W/O JOINTS CUSTOM FABRICATED	Yes	Yes
L3919	HAND ORTHOSIS W/O JOINTS CUSTOM FABRICATED	Yes	Yes
L3921	HFO INCL 1/MORE NONTORSION JOINTS CUSTOM FAB	Yes	Yes
L3933	FINGER ORTHOSIS W/O JOINTS CUSTOM FABRICATED	Yes	Yes
L3935	FINGER ORTHOSIS NONTORSION JOINT CUSTOM FAB	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
L3960	SEWHO ABDUCTION POSITIONING, PREFABRICATED	Yes	Yes
L3961	SEWHO SHOULDER CAP DESIGN W/O JOINTS CSTM FAB	Yes	Yes
L3962	SEWHO. ABDUCTION POSITON, PREFABRICATED	Yes	Yes
L3967	SEWHO, ABDUCTION, THORACIC COMPONENT, CUSTOM FABRICATED	Yes	Yes
L3971	SEWHO SHOULDER CAP DESIGN CSTM FAB	Yes	Yes
L3973	SEWHO airplane w/jnt(s) CF	Yes	Yes
L3975	SEWHFO SHOULDER CAP DESIGN W/O JOINTS CSTM FAB	Yes	Yes
L3976	SEWHFO ABDUCT PSTN THOR CMPNT W/O JOINTS CUS FAB	Yes	Yes
L3977	SEWHFO SHOULD CAP DESIGN CUSTOM FAB	Yes	Yes
L3978	SEWHFO ABDUCT PSTN THOR CMPNT&SUPP BAR CSTM FAB	Yes	Yes
L3999	UPPER LIMB ORTHOSIS NOS	Yes	Yes
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, 15 MIN	Yes	Yes
L4631	AFO, VARUS/VALGUS CORRECTION, CUSTOM FABRICATED	Yes	Yes
L5000	SHO INSERT W ARCH TOE FILLER	Yes	Yes
L5010	MOLD SOCKET ANK HGT W/ TOE F	Yes	Yes
L5020	TIBIAL TUBERCLE HGT W/ TOE F	Yes	Yes
L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	Yes	Yes
L5060	ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK	Yes	Yes
L5100	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	Yes	Yes
L5105	BELOW KNEE PLSTC SOCKT JNT&THIGH LACER SACH FOOT	Yes	Yes
L5150	KNEE DISRTC MOLD SOCKT EXT KNEE JNT SHIN SACH FT	Yes	Yes
L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE EXT KNEE JNT	Yes	Yes
L5200	ABVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION	Yes	Yes
L5210	ABVE KNEE SHRT PROSTH NO KNEE JNT NO ANK JNT EA	Yes	Yes
L5220	ABVE KNEE SHRT PROSTH W/ARTIC ANK/FOOT DYN	Yes	Yes
L5230	ABVE KNEE PROX FEM FOCAL DEFIC SACH FOOT	Yes	Yes
L5250	HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT	Yes	Yes
L5270	HIP DISRTC TILT TABLE; MOLD SCKT LOCK HIP JNT	Yes	Yes
L5280	HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT	Yes	Yes
L5301	BELW KNEE MOLD SOCKT SHIN SACH FT ENDOSKEL SYS	Yes	Yes
L5312	KNEE DIARTICULATION, MOLDED SOCKET, SACH FOOT, ENDOSKELETON	Yes	Yes
L5321	ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE	Yes	Yes
L5331	JOINT SINGLE AXIS KNEE SACH FOOT	Yes	Yes
L5341	SINGLE AXIS KNEE SACH FOOT	Yes	Yes
L5460	MOLDED TO MODEL	Yes	Yes
L5500	INITIAL, BELOW KNEE PTB SOCKET TYPE, SACH FOOT, PLASTER SOCKET; DIRECT FORMED	Yes	Yes
L5505	FORMED	Yes	Yes
L5510	PREPARATORY, BELOW KNEE PTB SOCKET, SACH FOOT, PLASTER SOCKET; MOLDED TO MODEL	Yes	Yes
L5520	PREPARATORY, BELOW KNEE PTB SOCKET, SACH FOOT, THERMOPLASTOC; DIRECT FORMED	Yes	Yes
L5530	MODEL	Yes	Yes
L5535	END SOCKET	Yes	Yes
L5540	MODEL	Yes	Yes
L5570	FORMED	Yes	Yes
L5580	MOLDED TO MODEL	Yes	Yes
L5585	ADJUSTABLE OPEN END SOCKET	Yes	Yes
L5590	MOLDED TO MODEL	Yes	Yes
L5595	MOLDED TO MODEL	Yes	Yes
L5600	MOLDED TO MODEL	Yes	Yes
L5610	ABOVE KNEE HYDRACADENCE	Yes	Yes
L5611	AK 4 BAR LINK W/FRICTION SWING	Yes	Yes
L5613	AK 4 BAR LINKAGE W/HYDRAULIC S	Yes	Yes
L5614	AK 4-BAR LINKAGE W/PNEUM SWING	Yes	Yes
L5616	AK UNIV MULTIPLEX SYSTEM FRICT	Yes	Yes
L5617	AK/BK SELF-ALIGNING UNIT EA	Yes	Yes
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	Yes	Yes
L5630	ADDITION TO LOWER EXTREMITY, BELOW KNEE, SYMES TYPE, EXPANDABLE WALL SOCKET	Yes	Yes
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	Yes	Yes
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, PTB BRIM DESIGN SOCKET	Yes	Yes
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING SOCKET	Yes	Yes
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	Yes	Yes
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	Yes	Yes
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	Yes	Yes
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	Yes	Yes
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	Yes	Yes
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE, EXTERNAL FRAME	Yes	Yes
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	Yes	Yes
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE, EXTERNAL FRAME	Yes	Yes
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL, CUSHION SOCKET	Yes	Yes
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE, SUCTION SOCKET	Yes	Yes
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL, CUSHION SOCKET	Yes	Yes
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Yes	Yes
L5650	SOCKET	Yes	Yes
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE, EXTERNAL FRAME	Yes	Yes
L5652	DISARTICULATION SOCKET	Yes	Yes
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	Yes	Yes
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES	Yes	Yes
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE	Yes	Yes
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION	Yes	Yes
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE	Yes	Yes
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTIDUROMETER SYMES	Yes	Yes
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTIDUROMETER BELOW KNEE	Yes	Yes
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	Yes	Yes
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	Yes	Yes
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION	Yes	Yes
L5671	MECHANISM	Yes	Yes
L5672	ADDITON TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE BRIM SUSPENSION	Yes	Yes
L5673	SILICONE, GEL, USE W/ LOCKING MECH	Yes	Yes
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	Yes	Yes
L5679	SILICONE, GEL, NO USE W/ LOCKING MECH	Yes	Yes
L5681	SILICONE, GEL, W/ OR W/O LOCKING MECH; INITIAL	Yes	Yes
L5683	SILICONE, GEL, W/ OR W/O LOCKING MECH; INITIAL	Yes	Yes
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	Yes	Yes
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, MOLDED TO PATIENT MODEL	Yes	Yes
L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION, MOLDED TO PATIENT MODEL	Yes	Yes
L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SACH FOOT, REPLACEMENT ONLY	Yes	Yes
L5710	KNEE-SHIN EXO SNG AXI MANUAL L	Yes	Yes
L5711	KNEE-SHIN EXO MNL LOCK ULTRA	Yes	Yes
L5712	KNEE-SHIN EXO FRICT SWING/STAN	Yes	Yes
L5714	KNEE-SHIN EXO VARIABLE FRICT S	Yes	Yes
L5716	KNEE-SHIN EXO MECH STANCE PHAS	Yes	Yes
L5718	KNEE-SHIN EXO FRICTION SWING/S	Yes	Yes
L5722	KNEE-SHIN PNEUM SWING FRICTION	Yes	Yes
L5724	KNEE-SHIN EXO FLUID SWING PHAS	Yes	Yes
L5726	KNEE-SHIN EXT JNTS FLUID SWING	Yes	Yes
L5728	KNEE-SHIN FLUID SWING/STANCE	Yes	Yes
L5780	KNEE-SHIN PNEUM/HYDRA PNEUM SW	Yes	Yes
L5782	HD low limb pros vacuum pum	Yes	Yes
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management	Yes	Yes
L5785	EXOSKELETAL BK ULTRALT MATER	Yes	Yes
L5790	EXOSKELETAL AK ULTRA-LIGHT M	Yes	Yes
L5795	EXOSKEL HIP ULTRA-LIGHT MATE	Yes	Yes
L5810	ENDOSKEL KNEE-SHIN MANUAL LOCK	Yes	Yes
L5811	ENDO KNEE-SHIN MNL LCK ULTRA	Yes	Yes
L5812	ENDO KNEE-SHIN FRICT SWING/STA	Yes	Yes
L5814	ENDO KNEE-SHIN HYDRAUL SWNG PH	Yes	Yes
L5816	ENDO KNEE-SHIN POLYCENT MECH S	Yes	Yes
L5818	ENDO KNEE-SHIN FRICT SWING/STA	Yes	Yes
L5822	ENDO KNEE-SHIN PNEUM SWG FRCT	Yes	Yes
L5824	ENDO KNEE-SHIN FLUID SWING PHA	Yes	Yes
L5826	MINIATURE KNEE JOINT	Yes	Yes
L5828	ENDO KNEE-SHIN FLUID SWING/STA	Yes	Yes
L5830	ENDO KNEE-SHIN PNEUM/SWING PHA	Yes	Yes
L5840	MULTI-AXIAL KNEE/SHIN SYSTEM	Yes	Yes
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase	Yes	Yes
L5845	KNEE-SHIN SYS STANCE FLEXION A	Yes	Yes
L5848	ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENS	Yes	Yes
L5850	ENDO AK/HIP KNEE EXTENS ASSIST	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
L5855	MECH HIP EXTENSION ASSIST	Yes	Yes
L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING&STANCE PHSE	Yes	Yes
L5857	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	Yes	Yes
L5858	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	Yes	Yes
L5859	PROGRAMMABLE	Yes	Yes
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	Yes	Yes
L5920	SYSTEM	Yes	Yes
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DIARTICULATION, MANUAL LOCK	Yes	Yes
L5930	HIGH ACTIVITY KNEE FRAME	Yes	Yes
L5940	ENDO BK ULTRA-LIGHT MATERIAL	Yes	Yes
L5950	ENDO AK ULTRA-LIGHT MATERIAL	Yes	Yes
L5960	ENDO HIP ULTRA-LIGHT MATERIA	Yes	Yes
L5961	CONTROL	Yes	Yes
L5962	BELOW KNEE FLEX COVER SYSTEM	Yes	Yes
L5964	ABOVE KNEE FLEX COVER SYSTEM	Yes	Yes
L5966	HIP FLEXIBLE COVER SYSTEM	Yes	Yes
L5968	MULTIAXIAL ANKLE W DORSIFLEX	Yes	Yes
L5969	ADDITION, ENDO SKELETAL ANKLE FOOT POWER ASSIST, INCLUDING MOTORS	Yes	Yes
L5970	ALL LOW EXTREM PROSTH FT EXTERNAL KEEL SACH FOOT	Yes	Yes
L5971	ALL LOWER EXTREM PROS SACH FOOT REPLACEMENT ONLY	Yes	Yes
L5972	ALL LOWER EXTREM PROSTHESES FLEXIBLE KEEL FOOT	Yes	Yes
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED	Yes	Yes
L5974	FOOT SINGLE AXIS ANKLE/FOOT	Yes	Yes
L5975	COMBO ANKLE/FOOT PROSTHESIS	Yes	Yes
L5976	ALL LOWER EXTREM PROSTHESES ENERGY STORING FOOT	Yes	Yes
L5978	FT PROSTH MULTIAXIAL ANKL/FT	Yes	Yes
L5979	MULTI-AXIAL ANKLE/FT PROSTH	Yes	Yes
L5980	FLEX FOOT SYSTEM	Yes	Yes
L5981	FLEX-WALK SYS LOW EXT PROSTH	Yes	Yes
L5982	EXOSKELETAL AXIAL ROTATION U	Yes	Yes
L5984	ENDOSKELETAL AXIAL ROTATION	Yes	Yes
L5985	LWR EXT DYNAMIC PROSTH PYLON	Yes	Yes
L5986	ALL LOW EXTREM PROSTH MULTI-AXIAL ROTATION UNIT	Yes	Yes
L5987	SHANK FT W VERT LOAD PYLON	Yes	Yes
L5988	VERTICAL SHOCK REDUCING PYLO	Yes	Yes
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	Yes	Yes
L5999	LOWR EXTREMITY PROSTHES NOS	Yes	Yes
L6000	PARTIAL HAND ROBIN-AIDS THUMB REMAINING	Yes	Yes
L6010	PART HAND ROBIN-AIDS LITTLE &OR RING FNGR REMAIN	Yes	Yes
L6020	PARTIAL HAND ROBIN-AIDS NO FINGER REMAINING	Yes	Yes
L6026	TRANSCARPAL/METACARPAL OR PARTIAL HAND PTOTHESIS, EXTERNAL POWER	Yes	Yes
L6050	WRST MLD SCK FLX HNG TRI PAD	Yes	Yes
L6055	WRST MOLD SOCK W/EXP INTERFA	Yes	Yes
L6100	ELB MOLD SOCK FLEX HINGE PAD	Yes	Yes
L6110	ELBOW MOLD SOCK SUSPENSION T	Yes	Yes
L6120	ELBOW MOLD DOUB SPLT SOC STE	Yes	Yes
L6130	ELBOW STUMP ACTIVATED LOCK H	Yes	Yes
L6200	ELBOW MOLD OUTSID LOCK HINGE	Yes	Yes
L6205	ELBOW MOLDED W/ EXPAND INTER	Yes	Yes
L6250	ELBOW INTER LOC ELBOW FORARM	Yes	Yes
L6300	SHLDER DISART INT LOCK ELBOW	Yes	Yes
L6310	SHOULDER PASSIVE RESTOR COMP	Yes	Yes
L6320	SHOULDER PASSIVE RESTOR CAP	Yes	Yes
L6350	THORACIC INTERN LOCK ELBOW	Yes	Yes
L6360	THORACIC PASSIVE RESTOR COMP	Yes	Yes
L6370	THORACIC PASSIVE RESTOR CAP	Yes	Yes
L6400	BELOW ELBOW PROSTH TISS SHAP	Yes	Yes
L6450	ELB DISART PROSTH TISS SHAP	Yes	Yes
L6500	ABOVE ELBOW PROSTH TISS SHAP	Yes	Yes
L6550	SHLDR DISAR PROSTH TISS SHAP	Yes	Yes
L6570	SCAP THORAC PROSTH TISS SHAP	Yes	Yes
L6580	WRIST/ELBOW BOWDEN CABLE MOLDE	Yes	Yes
L6582	WRIST/ELBOW BOWDEN CABLE DIREC	Yes	Yes
L6584	ELBOW FAIR LEAD CABLE MOLDED	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
L6586	ELBOW FAIR LEAD CABLE DIRECT F	Yes	Yes
L6588	SHOULDER FAIR LEAD CABLE MOLDE	Yes	Yes
L6590	SHOULDER FAIR LEAD CABLE DIREC	Yes	Yes
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	Yes	Yes
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	Yes	Yes
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	Yes	Yes
L6611	ADD UPPER EXT PROS EXTERNAL PWR ADDITIONAL SWITCH	Yes	Yes
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST SYSTEM	Yes	Yes
L6616	UPPER EXTREMITY ADDITION, ADDTL DISCONNECT LOCKING WRIST SYSTEM	Yes	Yes
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT	Yes	Yes
L6621	UP EXTREM PROS ADD FLEXION/EXTENSION WRIST	Yes	Yes
L6623	UPPER EXTREMITY ADDITION, SRPING ASSISTED ROTATIONAL WRIST UNIT	Yes	Yes
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	Yes	Yes
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	Yes	Yes
L6628	QUICK DISCONN HOOK ADAPTER O	Yes	Yes
L6629	LAMINATION COLLAR W/ COUPLIN	Yes	Yes
L6630	STAINLESS STEEL ANY WRIST	Yes	Yes
L6632	LATEX SUSPENSION SLEEVE EACH	Yes	Yes
L6635	LIFT ASSIST FOR ELBOW	Yes	Yes
L6637	NUDGE CONTROL ELBOW LOCK	Yes	Yes
L6638	ELEC LOCK ON MANUAL PW ELBOW	Yes	Yes
L6640	SHOULDER ABDUCTION JOINT PAI	Yes	Yes
L6641	EXCURSION AMPLIFIER PULLEY T	Yes	Yes
L6642	EXCURSION AMPLIFIER LEVER TY	Yes	Yes
L6645	SHOULDER FLEXION-ABDUCTION J	Yes	Yes
L6646	MULTIPO LOCKING SHOULDER JNT	Yes	Yes
L6647	SHOULDER LOCK ACTUATOR	Yes	Yes
L6648	EXT PWRD SHLDER LOCK/UNLOCK	Yes	Yes
L6650	SHOULDER UNIVERSAL JOINT	Yes	Yes
L6655	STANDARD CONTROL CABLE EXTRA	Yes	Yes
L6660	HEAVY DUTY CONTROL CABLE	Yes	Yes
L6665	TEFLON OR EQUAL CABLE LINING	Yes	Yes
L6670	HOOK TO HAND CABLE ADAPTER	Yes	Yes
L6672	HARNESS CHEST/SHLDER SADDLE	Yes	Yes
L6675	HARNESS FIGURE OF 8 SING CON	Yes	Yes
L6676	HARNESS FIGURE OF 8 DUAL CON	Yes	Yes
L6677	UP EXT ADD HARNESS 3 CNTRL SIMULTAN OP DEVC&ELB	Yes	Yes
L6680	TEST SOCK WRIST DISART/BEL E	Yes	Yes
L6682	TEST SOCK ELBW DISART/ABOVE	Yes	Yes
L6684	TEST SOCKET SHLDR DISART/THO	Yes	Yes
L6686	SUCTION SOCKET	Yes	Yes
L6687	FRAME TYP SOCKET BEL ELBOW/W	Yes	Yes
L6688	FRAME TYP SOCK ABOVE ELB/DIS	Yes	Yes
L6689	FRAME TYP SOCKET SHOULDER DI	Yes	Yes
L6690	FRAME TYP SOCK INTERSCAP-THO	Yes	Yes
L6691	REMOVABLE INSERT EACH	Yes	Yes
L6692	Upper extremity addition, silicone gel insert or equal, with or without locking mechanism, each	Yes	Yes
L6693	LOCKING ELBOW FOREARM CNTRBAL	Yes	Yes
L6694	LOCKING MECH	Yes	Yes
L6695	USE LOCKING MECH	Yes	Yes
L6696	OR W/O LOCKING MECH	Yes	Yes
L6697	USE LOCKING MECH	Yes	Yes
L6698	Addition to upper extremity prosthesis, lock mechanism, excludes socket insert	Yes	Yes
L6703	TERMINAL DEVICE PASSIVE HND/MITT ANY MATERIAL SZ	Yes	Yes
L6704	TERMINAL DEVICE SPORT/RECREATIONAL/WORK ATTACH	Yes	Yes
L6706	TERMINAL DEVICE HOOK MECH VOLUNTARY OPENING	Yes	Yes
L6707	TERMINAL DEVICE HOOK MECH VOLUNTARY CLOSING	Yes	Yes
L6708	TERMINAL DEVICE HAND MECH VOLUNTARY OPENING	Yes	Yes
L6709	TERMINAL DEVICE HAND MECH VOLUNTARY CLOSING	Yes	Yes
L6711	TERMINAL DEVICE, HOOK, MECHANICAL	Yes	Yes
L6712	TERMINAL DEVICE, HOOK, MECHANICAL	Yes	Yes
L6713	TERMINAL DEVICE, HAND, MECHANICAL	Yes	Yes
L6714	TERMINAL DEVICE, HAND, MECHANICAL	Yes	Yes
L6721	TERMINAL DEVICE, HOOK OR HAND	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
L6722	TERMINAL DEVICE, HOOK OR HAND	Yes	Yes
L6805	ADDITION TERMINAL DEVICE MODIFIER WRIST UNIT	Yes	Yes
L6810	ADDITION TERMINAL DEVICE PRECISION PINCH DEVICE	Yes	Yes
L6880	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, INCLUDES MOTOR	Yes	Yes
L6881	AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEVC	Yes	Yes
L6882	MICROPROCESSOR CONTROL UPLMB	Yes	Yes
L6883	REPL SOCKET BE/WD MOLDED TO PATIENT MODEL	Yes	Yes
L6884	REPL SOCKET ABOVE ELBOW/ELBOW DISART MOLD TO PT	Yes	Yes
L6885	REPL SOCKET SD/INTERSCAPULAR THOR MOLD PT MODEL	Yes	Yes
L6890	ADD UP EXT PROSTH GLOV TERM DEVC PRFAB W/FIT&ADJ	Yes	Yes
L6895	ADD UP EXT PROSTH GLOV TERM DEVC MATL CSTM FAB	Yes	Yes
L6900	HAND RESTORAT THUMB/1 FINGER	Yes	Yes
L6905	HAND RESTORATION MULTIPLE FI	Yes	Yes
L6910	HAND RESTORATION NO FINGERS	Yes	Yes
L6915	HAND RESTORATION REPLACMNT G	Yes	Yes
L6920	WRIST DISARTICUL SWITCH CTRL	Yes	Yes
L6925	WRST DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM DEVC	Yes	Yes
L6930	BELW ELB OTTO BOCK/=SWITCH CNTRL TERM DEVC	Yes	Yes
L6935	BELW ELB OTTO BOCK/=MYOELEC CNTRL TERM DEVC	Yes	Yes
L6940	ELB DISARTIC OTTO BOCK/=SWITCH CNTRL TERM DEVC	Yes	Yes
L6945	ELB DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM DEVC	Yes	Yes
L6950	ABVE ELB OTTO BOCK/=SWITCH CNTRL TERM DEVC	Yes	Yes
L6955	ABVE ELB OTTO BOCK/=MYOELEC CNTRL TERM DEVC	Yes	Yes
L6960	SHLDR DISARTIC OTTO BOCK/=SWTCH CNTRL TERM DEVC	Yes	Yes
L6965	SHLDR DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM	Yes	Yes
L6970	INTERSCAP-THOR OTTO BOCK/=SWTCH CNTRL TERM DEVC	Yes	Yes
L6975	INTERSCAP-THOR OTTO BOCK/=MYOELEC CNTRL TERM DVC	Yes	Yes
L7007	ELECTRIC HAND SWITCH/MYOELECTRIC CONTROL ADULT	Yes	Yes
L7008	ELECTRIC HAND SWITCH/MYOELECTRIC CNTRL PEDIATRIC	Yes	Yes
L7009	ELECTRIC HOOK SWITCH/MYOELECTRIC CONTROL ADULT	Yes	Yes
L7040	PREHENSILE ACTUATOR SWITCH CONTROLLED	Yes	Yes
L7045	ELEC HOOK SWITCH/MYOELECTRIC CONTOL PEDIATRIC	Yes	Yes
L7170	ELECTRONIC ELBOW HOSMER/EQUAL SWITCH CONTROLLED	Yes	Yes
L7180	ELEC ELB MICROPRC SEQUENTIAL CNTRL ELB&TERM DEVC	Yes	Yes
L7181	ELEC ELB MICROPRC SIMULTAN CNTRL ELB&TERM DEVC	Yes	Yes
L7185	ELEC ELB ADOLES VRITY VILLAGE/EQUAL SWITCH CNTRL	Yes	Yes
L7186	ELEC ELB CHILD VRITY VILLAGE/EQUAL SWITCH CNTRL	Yes	Yes
L7190	ELEC ELB ADOLES VRITY VILLAGE/= MYOELEC CNTRL	Yes	Yes
L7191	ELEC ELB CHLD VRITY VILL/= MYOELECTRNICALY CNTRL	Yes	Yes
L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE	Yes	Yes
L7360	SIX VOLT BATTERY, EACH	Yes	Yes
L7362	BATTERY CHARGER, 6 VOLT EACH	Yes	Yes
L7364	TWELVE VOLT BATTERY, EACH	Yes	Yes
L7366	BATTERY CHARGER, TWELVE VOLT EACH	Yes	Yes
L7367	LITHIUM ION BATTERY, REPLACEMENT	Yes	Yes
L7368	LITHIUM ION BATTERY CHARGER, REPLACEMENT	Yes	Yes
L7400	ADD UP EXTREM PROS BELOW ELB/WD ULTRALIGHT MATL	Yes	Yes
L7401	ADD UP EXTREM PROS AE DISART ULTRALIGHT MATL	Yes	Yes
L7402	ADD UP EXT PROS SD/INTRSCAPULR THOR ULTRALT MATL	Yes	Yes
L7403	ADDITION UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC	Yes	Yes
L7404	ADDITION UPPER EXTREMITY PROSTHERSIS, ABOVE ELBOW DISARTICULATION, ACRYLIC	Yes	Yes
L7405	ADDITION UPPER EXTREMITY PROSTHERSIS, SHOULEDER DISARTICULATION, ACRYLIC	Yes	Yes
L7499	UPPER EXTREMITY PROSTHES NOS	Yes	Yes
L7510	REPAIR PROSTHETIC DEVICE, REPAIR OR REPLACE	Yes	Yes
L7520	REPAIR POSTHETIC DEVICE, LABOR COMPOENENT, PER 15 MINUTES	Yes	Yes
L7900	MALE VACUUM ERECTION SYSTEM	Yes	Yes
L7902	TNESION RING FOR VACUUM ERECTION DEVICE	Yes	Yes
L8000	MASTECTOMY BRA	Yes	Yes
L8001	BREAST PROSTHESIS BRA & FORM	Yes	Yes
L8002	BRST PRSTH BRA & BILAT FORM	Yes	Yes
L8015	EXT BREASTPROSTHESIS GARMENT	Yes	Yes
L8020	MASTECTOMY FORM	Yes	Yes
L8030	BREAST PROSTHESIS SILICONE/E	Yes	Yes
L8031	BREAST PROSTHESIS SILICONE, WITH INTERGRAL ADHESIVE	Yes	Yes



CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
L8032	NIPPLE PROSTHESIS, REUSABLE, EACH	Yes	Yes
L8035	CUSTOM BREAST PROSTHESIS	Yes	Yes
L8039	BREAST PROSTHESIS NOS	Yes	Yes
L8040	NASAL PROSTHESIS, BY NON-PHYSICIAN	Yes	Yes
L8041	MIDFACIAL PROSTHESIS	Yes	Yes
L8042	ORBITAL PROSTHESIS, BY NON-PHYSICIAN	Yes	Yes
L8043	UPPER FACIAL PROSTHESIS	Yes	Yes
L8044	HEMI-FACIAL PROSTHESIS	Yes	Yes
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	Yes
L8046	PARTIAL FACIAL PROSTHESIS	Yes	Yes
L8047	NASAL SEPTAL PROSTHESIS, BY NON-PHYSICIAN	Yes	Yes
L8048	UNSPEC MAXILLOFACIAL PROSTH	Yes	Yes
L8049	REPAIR MAXILLOFACIAL PROSTH	Yes	Yes
L8499	UNLISTED MISC PROSTHETIC SER	Yes	Yes
L8500	ARTIFICIAL LARYNX	Yes	Yes
L8505	ARTIFICIAL LARYNX REPLACEMENT BATTERY/ACCESSORY	Yes	Yes
L8507	TRACH-ESOPH VOICE PROS PT IN	Yes	Yes
L8509	TRACH-ESOPH VOICE PROS MD IN	Yes	Yes
L8510	VOICE AMPLIFIER	Yes	Yes
L8600	IMPLANT BREAST SILICONE/EQ	Yes	Yes
L8609	ARTIFICIAL CORNEA	Yes	Yes
L8610	OCULAR IMPLANT	Yes	Yes
L8612	AQUESOUS SHUNT	Yes	Yes
L8613	OSSICULAR IMPLANT	Yes	Yes
L8614	COCHLEAR DEVICE INCLUDES ALL INT&EXT COMPONENTS	Yes	Yes
L8615	HEADSET/HEADPIECE COCHLEAR IMPLANT DEVICE REPL	Yes	Yes
L8616	MICROPHONE COCHLEAR IMPLANT DEVICE REPLACEMENT	Yes	Yes
L8617	TRANSMITTING COIL COCHLEAR IMPLANT DEVICE REPL	Yes	Yes
L8618	TRANSMITTER CABLE COCHLEAR IMPLANT DEVICE REPL	Yes	Yes
L8619	REPLACE COCHLEAR PROCESSOR	Yes	Yes
L8621	ZINC AIR BATTERY FOR COCHLEAR IMPLANT	Yes	Yes
L8622	ALKALINE BATTERY FOR COCHLEAR IMPLANT	Yes	Yes
L8623	PROCESSOR	Yes	Yes
L8624	LITHIUM ION BATTERY WITH COCHLEAR IMPLANT , EAR LEVEL, DEVICE SPEECH PROCESSOR	Yes	Yes
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, REPLACEMENT,	Yes	Yes
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT REPLACEMENT,	Yes	Yes
L8629	TRANSMITTING COIL COCHLEAR IMPLANT DEVICE REPLACEMENT	Yes	Yes
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	Yes	Yes
L8679	IMPLANTABLE NEUROSTIM, PULSE GENERATOR, ANY TYPE	Yes	Yes
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EA	Yes	Yes
L8681	PULSE GENERATOR	Yes	Yes
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	Yes	Yes
L8683	RECEIVER	Yes	Yes
L8684	NEUROSTIMULATOR RF RECEIVER	Yes	Yes
L8685	IMPLANT NEUROSTIM 1 ARRAY RECHARGEABLE	Yes	Yes
L8686	IMPLANT NEUROSTIM 1 ARRAY NON-RECHARGEABLE	Yes	Yes
L8687	IMPLANT NEUROSTIM 2 ARRAY RECHARGEABLE	Yes	Yes
L8688	IMPLANT NEUROSTIM 2 ARRAY NON-RECHARGEABLE	Yes	Yes
L8689	REPLACEMENT	Yes	Yes
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INC INT & EXT COMPONENTS	Yes	Yes
L8691	AUDITORY OSSEOINTEGRATED EXT S	Yes	Yes
L8692	AUDITORY OSSEOINTEGRATED EXT SOUND PROCESSOR, W/O OSSEOINTEGRATION	Yes	Yes
L8693	AUDITORY OSSEONINTEGRATED DEVICE ABUDMENT, ANY LENGTH	Yes	Yes
L8695	REPLACEMENT	Yes	Yes
L8696	DEVICIE, REPLACEMENT ONLY	Yes	Yes
L8699	PROSTHETIC IMPLANT NOS	Yes	Yes
L8720	proximal to the ankle, per leg	Yes	Yes
L8721	Receptor sole for use with L8720, replacement, each	Yes	Yes
L9900	CODE	Yes	Yes
S1040	CRANIAL REMOLDING ORTHOSIS PED RIGID CUSTOM FAB	Yes	Yes
S2230	MIDDLE EAR	Yes	Yes
S2235	IMPLANTATION OF AUDITORY BRAIN STEM IMPLANT	Yes	Yes
V2623	PROSTHETIC EYE, PLASTIC; CUSTOM	Yes	Yes
V2627	SCLERAL COVER SHELL	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
V2629	PROSTHETIC EYE; OTHER TYPE	Yes	Yes
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	Yes	Yes
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	Yes	Yes
<b>RADIATION THERAPY</b>			
32701	THORACIC TAGRET DELIN SRS/SBRT, PHOTON OR PARTICLE BEAM, ENTIRE COURSE TX	Yes	Yes
55920	APPLIC	Yes	Yes
57155	INSERTION UTERINE TANDEM/VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY	Yes	Yes
57156	INSERTION VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERAPY	Yes	Yes
77261	THERAPEUTIC RADIOLOGY TX, SIMPLE	Yes	Yes
77262	THERAPEUTIC RADIOLOGY TX, INTERMEDIATE	Yes	Yes
77263	THERAPEUTIC RADIOLOGY TX PLANNING, COMPLEX	Yes	Yes
77285	THERAPEUTIC RADIOLOGY/SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	Yes	Yes
77290	THERAPEUTIC RADIOLOGY/SIMULATION-AIDED FIELD SETTING; COMPLEX	Yes	Yes
77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCL DOSE-VOLUME HISTOGRAMS	Yes	Yes
77299	UNLISTED PX, THERAPEUTIC RADIOLOGY, CLINICAL TX PLANNING	Yes	Yes
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DOSE CALCULATION, ETC	Yes	Yes
77301	IMRT COMPLEX PLAN	Yes	Yes
77306	TELETHERAPY, ISODOSE PLAN, SIMPLE, INCL BASIC DOSIMETRY	Yes	Yes
77307	DOSIMETRY	Yes	Yes
77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE	Yes	Yes
77317	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE	Yes	Yes
77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX	Yes	Yes
77321	SPECIAL TELETHERAPY PORT PLAN, PARITCLES, HEMIBODY, TOTAL BODY	Yes	Yes
77331	SPECIAL DOSIMETRY, TLD, MICRODOSIMETRY, WHEN PX BY MD	Yes	Yes
77332	IMRT TX DEVICES, DESIGN AND CONSTUCTION, SIMPLE	Yes	Yes
77333	IMRT TX DEVICES, DESIGN AND CONSTUCTION, INTERMEDIATE	Yes	Yes
77334	IMRT TREATMENT DEVICES, DESIGN & CONSTRUCTION; COMPLEX	Yes	Yes
77336	CONTINUING MEDICAL PHYSICS CONSULTATION	Yes	Yes
77338	MULTI-LEAF COLLIMATOR, FOR IMRT , DESIGN & CONSTRUCTION IMRT PLAN	Yes	Yes
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Yes	Yes
77371		Yes	Yes
77372	STEREOTACTIC RADIATION - LINEAR ACCELERATOR BASED	Yes	Yes
77373	STEREOTACTIC BODY RADIATION THERAPY TREATMENT DELIVERY(MAX 5 FRACTIONS)	Yes	Yes
77385		Yes	Yes
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT)-COMPLEX	Yes	Yes
77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TX	Yes	Yes
77399	UNLISTED PX, MEDICAL RADIATION PHYSICS, DOSIMETRY, TX DEVICES AND SPECIAL SVCS	Yes	Yes
77423		Yes	Yes
77427	RADIATION TREATMENT MANAGEMENT, 5 TREATMENTS	Yes	Yes
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE (1-2 FRACTIONS)	Yes	Yes
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT/CRANIAL LESION(1 SESSION)	Yes	Yes
77435		Yes	Yes
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TX MANAGEMENT	Yes	Yes
77520		Yes	Yes
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	Yes	Yes
77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	Yes	Yes
77525	PROTON TREATMENT DELIVERY; COMPLEX	Yes	Yes
77750		Yes	Yes
77761	INTRACAVITY RADIATION SOURCE APPLICATION, SIMPLE	Yes	Yes
77762	INTRACAVITY RADIATION SOURCE APPLICATION, INTERMEDIATE	Yes	Yes
77763	INTRACAVITY RADIATION SOURCE APPLICATION, COMPLEX	Yes	Yes
77778	INTERSTITIAL RADIATION SOURCE APPLIACTION; COMPLEX	Yes	Yes
77789	SURFACE APPLICATION OF RADIATION SOURCE	Yes	Yes
77790	SUPERVION,HANDELING,L OADING OF RADIATION SOURCE	Yes	Yes
77799	UNLISTED PROCEURE, CLINICAL BRADYTHERAPY	Yes	Yes
92974	BRACHYTHERAPY	Yes	Yes
G0339	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR BASED STEREOTACTIC SURGERY, ONE OR	Yes	Yes
G0340	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR BASED STEREOTACTIC SURGERY,	Yes	Yes
G0458	LOW DOSE RATE (ILDR) PROSTATE BRACHYTHERAPY SERVICES	Yes	Yes
G0562	CT imaging data required for radiopharmaceutical-directed radiation therapy treatment	Yes	Yes
G0563	including image guidance and real-time positron emissions-based delivery adjustments to 1 or	Yes	Yes
G0566	same anatomYes	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
G0183	derived from CT scan(s) data of the chest/heart (with or without contrast)	Yes	Yes
S8030	SCLERAL APPLICATION TANTULUM RINGS FOR PROTON BEAM THERAPY	Yes	Yes
<b>RECONSTRUCT ION</b>			
11762	RECONSTRUCTION OF NAIL BED W	Yes	Yes
11960	INSERTION OF TISSUE EXPANDER OTHER THAN BREAST INCL SUBSQT EXPANSION	Yes	Yes
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	Yes	Yes
11971	REMOVAL OF TISSUE EXPANDER WITHOUT INSERTION OF IMPLANT	Yes	Yes
13100	REPAIR COMPLEX TRUNK; 1.1 TO	Yes	Yes
13101	REPAIR COMPLEX TRUNK; 2.6 TO	Yes	Yes
13102	REPR COMPLEX TRNK; EA ADD 5	Yes	Yes
13120	REPR CMLPX SCLP ARM/&LEG;1.1	Yes	Yes
13121	REPR CMLPX SCLP ARM/&LEG;2.6	Yes	Yes
13122	REPR CMLPX SCLP ARM&/LEG;EA	Yes	Yes
13131	REPR CMLPX FORHEAD&/FT; 1.1-	Yes	Yes
13132	REPR CMLPX FORHEAD&/FT; 2.6-	Yes	Yes
13133	REPR CMLPX FORHEAD&/FT; EA A	Yes	Yes
13151	REPR CMLPX EYELD/&LIPS; 1.1-	Yes	Yes
13152	REPR CMLPX EYELD/&LIPS; 2.6-	Yes	Yes
13153	REPR CMLPX EYELD/&LIPS; EA A	Yes	Yes
13160	SEC CLOS SURG WOUND/DEHIS EX	Yes	Yes
15200	CM OR LESS	Yes	Yes
15570	FORMATION DIRECT/TUBED PEDICALE, W/ OR W/O TRANSFER; TRUNK	Yes	Yes
15572	FORMATION DIRECT/TUBED PEDICALE, W/ OR W/O TRANSFER; SCALP, ARMS, LEGS	Yes	Yes
15574	FORMATION DIRECT/TUBED PEDICALE, W/ OR W/O TRANSFER; FOREHEAD, CHEEKS, CHIN,	Yes	Yes
15576	INTRAORAL	Yes	Yes
15600	DELAY OF FLAP OR SECTIONING OF FLAP; AT TRUNK	Yes	Yes
15610	DELAY OF FLAP OR SECTIONING OF FLAP; AT SCALP, ARMS, LEGS	Yes	Yes
15620	AXILLAE, HANDS, FEET	Yes	Yes
15630	DELAY OF FLAP OR SECTIONING OF FLAP; AT EYELIDS, NOSE, EARS, LIPS	Yes	Yes
15650	TRANSFER, INTERMED, OF ANY PEDICLE FLAP TO; ANY LOCATION	Yes	Yes
15731	FOREHEAD FLAP W/PRESERVATION OF VASCULAR PEDICLE	Yes	Yes
15733	VASCULAR PEDICLE (IR, BUCCINATORS, GENIOGLOSSUS, TEMPORALIS, MASSETER,	Yes	Yes
15734	MUSCLE, MYOCUTANEOUS OR FASCIOTANEOUS FLAP; TRUNK	Yes	Yes
15736	MUSCLE, MYOCUTANEOUS OR FASCIOTANEOUS FLAP; UPPER EXTREMITY	Yes	Yes
15738	MUSCLE, MYOCUTANEOUS OR FASCIOTANEOUS FLAP; LOWER EXTREMITY	Yes	Yes
15740	FLAP; ISLAND PEDICLE	Yes	Yes
15750	FLAP; NEUROVASCULAR PEDICLE	Yes	Yes
15756	FREE MUSCLE OR MYOCUTANEOUS FLAP W/ MICROVASCULAR ANASTOMOSIS	Yes	Yes
15757	FREE SKIN FLAP W/ MICROVASCULAR ANASTOMOSIS	Yes	Yes
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Yes	Yes
15771	BREASTS, SCALP, ARMS AND/OR LEGS; 50 CC OR LESS INJECTATE	Yes	Yes
15772	BREASTS, SCALP, ARMS AND/OR LEGS; EACH ADDTL 50 CC INJECTATE, OR PART THEREOF (LIST	Yes	Yes
15773	ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Yes	Yes
15774	ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List	Yes	Yes
15758	FREE FACIAL FLAP W/ MICROVASCULAR ANASTOMOSIS	Yes	Yes
15777	IMPLANTATION OF BIOLOGIC IMPLANT FOR SOFT TISSUE RECONSTRUCTION	Yes	Yes
15820	BLEPHAROPLASTY LOWER EYELID;	Yes	Yes
15821	BLPHPLSTY LOW EYELD; HERN FA	Yes	Yes
15822	BLEPHAROPLASTY UPPER EYELID;	Yes	Yes
15823	BLPHPLSTY UP EYELD; W/EXCESS	Yes	Yes
15830	INFRAUMBILICAL PANNICULECTOMY	Yes	Yes
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT	Yes	Yes
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT	Yes	Yes
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT BY MICROSURGICAL TECHNIQUE	Yes	Yes
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	Yes	Yes
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN	Yes	Yes
19296	PLACEMENT RADIOTHERAPY AFTERLOADING EXPANDABLE CATH INTO BREAST FOLLOWING	Yes	Yes
19297	PLACEMENT RADIOTHERAPY AFTERLOADING EXPANDABLE CATH INTO BREAST CONCURRENT	Yes	Yes
19298	PLACEMENT RADIOTHERAPY AFTERLOADING BRACHYHERAPY CATH INTO BREAST FOLLOWING	Yes	Yes
19318	BREAST REDUCTION	Yes	Yes
19325	BREAST AUGMENTATION WITH IMPLANT	Yes	Yes
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DATE FROM MASTECTOMY	Yes	Yes
19350	NIPPLE/AREOLA RECONSTRUCTION	Yes	Yes
19355	CORRECTION OF INVERTED NIPPL	Yes	Yes
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	Yes	Yes
19361	BREAST RECONSTRUCTION; WITH LATISSIMUS DORSI FLAP	Yes	Yes
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	Yes	Yes
19367	(TRAM) flap	Yes	Yes
19368	(TRAM) flap, requiring separate microvascular anastomosis (supercharging)	Yes	Yes
19369	Breast reconstruction; with bipediced transverse rectus abdominis myocutaneous (TRAM) flap	Yes	Yes
19380	REVISION OF RECONSTRUCTED BREAST (EG, SIGNIFICANT REMOVAL OF TISSUE, RE-	Yes	Yes
20150	EPIPHYSEAL BAR RESECTION	Yes	Yes
20802	REPLANTATION, ARM, COMP AMPUTATION	Yes	Yes
20805	REPLANTATION, FOREARM, COMP AMPUTATION	Yes	Yes
20808	REPLANTATION, HAND, COMP AMPUTATION	Yes	Yes
20816	REPLANTATION, DIGIT, EXCL THUMB, COMP AMPUTATION	Yes	Yes
20822	REPLANTATION, DIGIT, INCL THUMB, COMP AMPUTATION	Yes	Yes
20824	REPLANTATION THUMB, COMP AMPUTATION	Yes	Yes
20827	REPLANTATION THUMB, INCL Cmj TO MP JOINT, COMP AMPUTATION	Yes	Yes
20838	REPLANTATION FOOT, COMP AMPUTATION	Yes	Yes
20910	CARTILAGE GRAFT, COSTOCHONDRAL	Yes	Yes
20912	CARTILAGE GRAFT, NASAL SEPTUM	Yes	Yes
21050	CHONDLECTOMY (TMJ)	Yes	Yes
21060	MENISECTOMY (TMJ)	Yes	Yes
21073	MANIPULATION TMJ UNDER ANESTH	Yes	Yes
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	Yes	Yes
21120	GENIOPLASTY; AUGMENTATION CHIN (AUTOGRAFT, ALLOGRAFT, PROSTHETIC)	Yes	Yes
21121	GENIOPLASTY; AUGMENTATION CHIN; SLIDING OSTEOTOMY, SINGLE PIECE	Yes	Yes
21122	GENIOPLASTY; SLIDING OSTEOTOMIES, 2 OR MORE OSTEOTOMIES (WEDGE EXC OR BONE	Yes	Yes
21123	GENIOPLASTY; SLIDING, AUGMENTATION W/ INTERPOSITIONAL BONE GRAFTS	Yes	Yes
21141	RECON MIDFACE LEFORT I; 1 W/	Yes	Yes
21142	RECON MIDFACE LEFORT I; 2 W/	Yes	Yes
21143	RECON MIDFACE LEFORT I; 3/>	Yes	Yes
21145	RECON MIDFACE LEFORT I; 1 RQ	Yes	Yes
21146	RECON MIDFACE LEFORT I; 2 RQ	Yes	Yes
21147	RECON MIDFACE LEFORT I; 3/>	Yes	Yes
21150	RECON MIDFACE LEFORT II; ANT	Yes	Yes
21151	RECON MIDFACE LEFORT II; RQR	Yes	Yes
21154	RECON MIDFACE RQR GFT; W/O L	Yes	Yes
21155	RECON MIDFACE RQR GFT; W/LEF	Yes	Yes
21159	RECON MIDFCE FOREHD ADV;NO L	Yes	Yes
21160	RECON MIDFCE FOREHD ADV; W/L	Yes	Yes
21172	RECON ORB RIM&LO FOREHEAD W/	Yes	Yes
21175	RECON BIFRONTAL ORB RIMS W/W	Yes	Yes
21179	RECON FOREHEAD&/SUPRAORB RIM	Yes	Yes
21180	RECON FOREHEAD&/ORB RIM; W/A	Yes	Yes
21181	RECON CONTOUR BEN TUMOR CRAN	Yes	Yes
21182	RECNSTR ORB; AREA BN GFT < 4	Yes	Yes
21183	RECNSTR ORB;BN GFT >40 BUT<8	Yes	Yes
21184	RECNSTR ORB; AREA BN GFT > 8	Yes	Yes
21188	RECON MIDFACE OSTEOT&BONE GR	Yes	Yes
21193	RECON MAND RAMI OSTEOT; W/O	Yes	Yes
21194	RECON MAND RAMI OSTEOT; W/GR	Yes	Yes
21195	RECON MAND RAMI&/BODY; W/O I	Yes	Yes
21196	RECON MAND RAMI&/BODY; W/INT	Yes	Yes
21208	OSTEOPLASTY; FACIAL BONES, AUGMENTATION	Yes	Yes
21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	Yes	Yes
21210	GRAFT BONE; NASAL MAX/MALAR	Yes	Yes
21215	GRAFT BONE; MANDIBLE	Yes	Yes
21230	GRAFT; RIB CARTLAGE, AUTOGENOUS, TO FACE, CHIN OR NOSE	Yes	Yes
21235	GRAFT; EAR CARTLAGE, AUTOGENOUS, TO NOSE OR EAR	Yes	Yes
21240	ARTHROPLASTY TMJ W/WO AUTOGR	Yes	Yes
21242	ARTHROPLASTY TMJ WITH ALLOGR	Yes	Yes
21243	ARTHROPLASTY TMJ WITH PROSTHETIC JOINT REPLACEMENT	Yes	Yes
21244	RECON MAND EXTRAORAL W/BONE	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
21245	RECON MAND SUBPERIOSTAL IMPL	Yes	Yes
21246	RECON MAND SUBPERIOSTAL IMPL	Yes	Yes
21247	RECON MAND CONDYLE W/BONE AU	Yes	Yes
21248	RECON MAND/MAX ENDOSTEAL IMP	Yes	Yes
21249	RECON MAND/MAX ENDOSTEAL IMP	Yes	Yes
21255	RECON ZYGOMATIC ARCH W/BONE&	Yes	Yes
21256	RECONSTRUCT ORBIT W/OSTEOT&W	Yes	Yes
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, W/ BONE GRAFTS;	Yes	Yes
21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, W/ BONE GRAFTS; COMB INTRA	Yes	Yes
21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, W/ BONE GRAFTS; W/ FOREHEAD	Yes	Yes
21267	ORBIT REPOSIT UNI; EXTRACRAN	Yes	Yes
21268	ORBIT REPOSIT UNI; INTRA-XTR	Yes	Yes
21270	MALAR AUG PROSTHETIC MATERIA	Yes	Yes
21275	SEC REV ORBITOCRANIOFCE RECO	Yes	Yes
21740	RECON REP PECTUS EXCAV/CARNA	Yes	Yes
21742	RECON REP PECTUS; W/O THORAC	Yes	Yes
21743	RECON REP PECTUS; W/THORACSC	Yes	Yes
21899	UNLISTED PROCEDURE, NECK AND THORAX	Yes	Yes
23120	CLAVICLECTOMYM PARTIAL	Yes	Yes
23125	CLAVICLECTOMYM TOTAL	Yes	Yes
23130	ACROMINOPLASTY, PARTIAL, W/OR W/O LIGAMENT RELEASE	Yes	Yes
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	Yes	Yes
23397	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE	Yes	Yes
23400	SCAPULOPEXY	Yes	Yes
23410	RESECTION REPAIR OF RUPTURED ROTATOR CUFF, ACUTE	Yes	Yes
23412	RESECTION REPAIR OF RUPTURED ROTATOR CUFF, CHRONIC	Yes	Yes
23415	CORACOACROMIAL LIGMENT RELEASE, W/ OR W/O ACROMINOPLASTY	Yes	Yes
23420	RECONSTRUCTION COMPLETE SHOULDER AVULSION, CHRONIC; W/ ACROMINOPLASTY	Yes	Yes
23430	TENODESIS LONG TENDON BICEPS	Yes	Yes
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	Yes	Yes
23450	CAPSULORRHAPHY, ANTERIOR	Yes	Yes
23455	CAPSULORRHAPHY, ANTERIOR, W/LABRAL REPAIR	Yes	Yes
23460	CAPSULORRHAPHY, ANTERIOR, W/BONE BLOCK	Yes	Yes
23462	CAPSULORRHAPHY, ANTERIOR, W/CORACOID PROCESS TRANSFER	Yes	Yes
23465	CAPSULORRHAPHY, POSTERIOR, W/ OR W/O BONE BLOCK	Yes	Yes
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE	Yes	Yes
23470	ARTHOPLASTY, GLENOHUMERAL JOINT, HEMIARTHOPLASTY	Yes	Yes
23472	ARTHPLSTY GLENOHUM JNT; TOTAL	Yes	Yes
23473	REV TOTAL SHOULDER ARTHROPLSTY, INCL ALLOGRAFT, HUMERAL OR GLENOID	Yes	Yes
23474	REV TOTAL SHOULDER ARTHROPLSTY, INCL ALLOGRAFT, HUMERAL AND GLENOID	Yes	Yes
23480	OSTEOTOMY, CLAVICLE, W/ OR W/O INTERNAL FIXATION	Yes	Yes
23485	OSTEOTOMY, CLAVICLE, W/ OR W/O INTERNAL FIXATION, W/ BONE GRAFT	Yes	Yes
23900	INTERTHORASCAPULAR OF SHOULDER	Yes	Yes
23920	DISARTICULATION OF SHOULDER	Yes	Yes
23921	DISARTICULATION OF SHOULDER, SECONDARY CLOSURE/SCAR REVISION	Yes	Yes
23929	UNLISTED PROCEDURE, SHOULDER	Yes	Yes
24155	RESECTION OF ELBOW JOINT	Yes	Yes
24301	MUSCLE OR TENDON TRANSFER, UPPER ARM OR ELBOW	Yes	Yes
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EA TENDON	Yes	Yes
24310	TENOTOMY, OPEN ELBOW TO SHOULDER, EA TENDON	Yes	Yes
24320	TENOPLASTY, W/MUSCLE TRANSFER, W/ OR W/O GRAFT, ELBOW TO SHOULDER; SINGLE	Yes	Yes
24330	FLEXOR-PLASTY, ELBOW	Yes	Yes
24331	FLEXOR-PLASTY, ELBOW W/ EXTENSOR ADVANCEMENT	Yes	Yes
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, W/ OR W/O GRAFT	Yes	Yes
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, W/ LOCAL TISSUE	Yes	Yes
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, W. TENDON GRAFT	Yes	Yes
24360	ARTHOPLASTY ELBOW; WITH MEM	Yes	Yes
24361	ARTHROPLSTY ELB; W/DIST HUM	Yes	Yes
24362	ARTHROPLSTY ELB; W/IMPL & LI	Yes	Yes
24363	ARTHOPLASTY ELBOW; TOTAL EL	Yes	Yes
24365	ARTHOPLASTY RADIAL HEAD;	Yes	Yes
24366	ARTHOPLASTY RADIAL HEAD; W/	Yes	Yes
24370	REVISION TOTAL ARTHROPLASTY, INCL ALLOGRAFT , HUMERAL OR ULNAR	Yes	Yes
24410	MULT OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
24420	OSTEOPLASTY, HUMERUS	Yes	Yes
24470	HEMIEPIPHYSEAL ARREST	Yes	Yes
24900	AMPUTATION, ARM THROUGH HUMERUS, WITH PRIMARY CLOSURE	Yes	Yes
24920	AMPUTATION, ARM THROUGH HUMERUS, WITH PRIMARY CLOSURE, OPEN CIRCULAR	Yes	Yes
24925	AMPUTATION, ARM THROUGH HUMERUS, WITH SECONDARY CLOSURE OR SCAR REVISION	Yes	Yes
24930	RE-AMPUTATION ARM	Yes	Yes
24931	RE-AMPUTATION ARM, W/ IMPLANT	Yes	Yes
24940	CINEPLASTY, UPPER EXTREMITY, COMPLETE PX	Yes	Yes
24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW	Yes	Yes
25115	RADICAL EXCISION BURSA, SYNOVIA OF WRIST/FOREARM TENDON SHEATHS, FLEXORS	Yes	Yes
25116	RADICAL EXCISION BURSA, SYNOVIA OF WRIST/FOREARM TENDON SHEATHS, EXTENSORS, W/	Yes	Yes
25280	LENGTHENING/SHORTENING FLEXOR/EXTENSOR TENDON FOREARM OR WRIST	Yes	Yes
25310	TENDON TRANSPLANT OR TRANSFER, FLEXOR/EXTENSOR, FOREARM OR WRIST, EA TENDON	Yes	Yes
25312	TENDON TRANSPLANT OR TRANSFER, FLEXOR/EXTENSOR, FOREARM OR WRIST, EA TENDON,	Yes	Yes
25315	FLEXOR ORIGIN SLIDE, FOREARM OR WRIST	Yes	Yes
25316	FLEXOR ORIGIN SLIDE, FOREARM OR WRIST, W/ TENDON TRANSFER	Yes	Yes
25320	CPSLORR/RECNSTR WRST OPN CAR	Yes	Yes
25332	ARTHROPLASTY WRIST W/WO INTE	Yes	Yes
25335	CENTRALIZATION OF WRIST ON U	Yes	Yes
25337	RECON DIST ULNA/RADIOULNAR 2	Yes	Yes
25370	MULT OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD,RADIUS OR ULNA	Yes	Yes
25375	MULT OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD,RADIUS AND ULNA	Yes	Yes
25390	OSTEOPLASTY RADIUS/ULNA; SHO	Yes	Yes
25391	OSTEPLSTY RADUS/ULNA; LEN W/	Yes	Yes
25392	OSTEOPLASTY RADIUS&ULNA; SHO	Yes	Yes
25393	OSTEPLSTY RADUS&ULNA; LEN W/	Yes	Yes
25394	OSTEOPLASTY CARPAL BONE SHOR	Yes	Yes
25430	INSRTION VASC PEDICLE IN CAR	Yes	Yes
25441	ARTHPLSTY W/PROSTH REPL; DIS	Yes	Yes
25442	ARTHROPLSTY W/PROSTH REPL;DI	Yes	Yes
25443	ARTHPLSTY W/REPL; SCAPHOID C	Yes	Yes
25444	ARTHROPLASTY W/PROSTH REPL;	Yes	Yes
25445	ARTHPLSTY W/PROSTH REPL;TRAP	Yes	Yes
25446	ARTHROPLASTY, DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS	Yes	Yes
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL, OR CARPOMETACARPAL JT	Yes	Yes
25449	REVISION ARTHROPLASTY, INCL REMOVAL OF IMPLANT, WRIST JOINT	Yes	Yes
25450	EPIPHYSEAL ARREST, DISTAL RADIUS OR ULNA	Yes	Yes
25455	EPIPHYSEAL ARREST, DISTAL RADIUS AND ULNA	Yes	Yes
25830	ARTHRODESIS, DISTAL RADIOULNAR JT WITH SEGMENTAL RES ULNA W/ OR W/O BONE GRAFT	Yes	Yes
25900	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA	Yes	Yes
25905	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA, OPEN CIRCULAR	Yes	Yes
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA, SECONDARY CLOSURE OR SCAR REV	Yes	Yes
25909	RE-AMPUATION FOREARM	Yes	Yes
25915	KRUKENBERG PROCEDURE	Yes	Yes
25920	DISARTICULATION THROUGH WRIST	Yes	Yes
25922	DISARTICULATION THROUGH WRIST, SECONDARY CLOSURE OR SCAR REV	Yes	Yes
25924	RE-AMPUATION WRIST	Yes	Yes
25927	TRANSMETACARPAL AMPUTATION	Yes	Yes
25929	TRANSMETACARPAL AMPUTATION, SECONDARY CLOSURE OR SCAR REV	Yes	Yes
25931	RE-AMPUTATION TRANSMETACARPAL	Yes	Yes
25999	UNLISTED PROCEDURE, FOREARM OR WRIST	Yes	Yes
26121	FASCIECTOMY, PALM ONLY, W/ OR W/O Z-PLASTY	Yes	Yes
26123	FASCIECTOMY, PALM ONLY, PARTIAL PALMER RELEASE SINGLE DIGIT W/ OR W/O Z-PLASTY	Yes	Yes
26125	FASCIECTOMY, PALM ONLY, PARTIAL PALMER RELEASE SINGLE DIGIT W/ OR W/O Z-PLASTY, EA	Yes	Yes
26476	LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER	Yes	Yes
26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER	Yes	Yes
26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER	Yes	Yes
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER	Yes	Yes
26480	TRANSFER OR TRANSPLANT TENDON, CARPOMETACARPAL AREA OF HAND, W/O FREE	Yes	Yes
26483	TRANSFER OR TRANSPLANT TENDON, CARPOMETACARPAL AREA OF HAND, W/ FREE TENDON	Yes	Yes
26485	TRANSFER OR TRANSPLANT TENDON, PALMAR AREA OF HAND, W/O FREE TENDON GRAFT	Yes	Yes
26489	TRANSFER OR TRANSPLANT TENDON, PALMAR AREA OF HAND, W/ FREE TENDON GRAFT	Yes	Yes
26490	OPPONENSPLASTY; SUPERFICIALI	Yes	Yes
26492	OPPONENSPLASTY; TEND TRNSF G	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
26494	OPPONENSPLSTY;HYPOTHENAR MUS	Yes	Yes
26496	OPPONENSPLASTY; OTHER METHOD	Yes	Yes
26500	RECON TEND PULLEY EA; LOC-SE	Yes	Yes
26502	RECON TEND PULLEY EA; GFT-SE	Yes	Yes
26530	ARTHPLSTY MCP JOINT; EA JOIN	Yes	Yes
26531	ARTHROPLASTY MCP JNT; PROSTH	Yes	Yes
26535	ARTHPLSTY IP JOINT; EA JOINT	Yes	Yes
26536	ARTHROPLASTY IP JNT; PROSTH	Yes	Yes
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JT, EACH JT	Yes	Yes
26542	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JT, EACH JT, W/ LOCAL	Yes	Yes
26545	RECON LIG IP JNT 1 INCL GFT	Yes	Yes
26548	REPAIR/RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT	Yes	Yes
26550	POLLICIZATION OF A DIGIT	Yes	Yes
26551	TRNSF TOE TO HAND ANASTOM; G	Yes	Yes
26553	TRNSF TOE-HAND ANASTOM;NOT G	Yes	Yes
26554	TRNSF TOE-HAND ANAS; NOT GT	Yes	Yes
26555	TRNSF FINGER OTH PSTN W/O AN	Yes	Yes
26556	TRNSF FREE TOE JNT W/MICROVA	Yes	Yes
26560	REPAIR SYNDACTLY EACH WEB SPACE, W/ SKIN FLAPS	Yes	Yes
26561	REPAIR SYNDACTLY EACH WEB SPACE, W/ SKIN FLAPS AND GRAFTS	Yes	Yes
26562	REPAIR SYNDACTLY EACH WEB SPACE, W/ SKIN FLAPS AND GRAFTS, COMPLEX	Yes	Yes
26565	REPAIR SYNDACTLY EACH WEB SPACE, W/ SKIN FLAPS AND GRAFTS, METACARPAL EA	Yes	Yes
26567	REPAIR SYNDACTLY EACH WEB SPACE, W/ SKIN FLAPS, PHALANX OF FINGER	Yes	Yes
26568	OSTEOPLASTY, LENGTHENING METACARPAL IR PHALANX	Yes	Yes
26587	RECON POLYDACTYLUS DIGT SFT	Yes	Yes
26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB, W/ OR W/O INTEROSSEOUS	Yes	Yes
26951	AMPUTATION, FINGER OR THUMB, INCL NEURECTOMIES	Yes	Yes
26952	AMPUTATION, FINGER OR THUMB, W/ LOCAL ADVANCEMENT FLAPS	Yes	Yes
26989	UNLISTED PROCEDURE, HANDS OR FINGERS	Yes	Yes
27098	TRANSFER, ADDUCTOR TO ISCHIUM	Yes	Yes
27100	TRANSFER EXTERNAL OBLIQUE MUCLE TO GREATER TROCHANTER, INCL GRAFT	Yes	Yes
27105	TRANSFER PARASPINAL MUSCLE TO HIP, INCL GRAFT	Yes	Yes
27110	TRANSFER ILIOPSOAS TO GREATER TROCHANTER OF FEMUR	Yes	Yes
27111	TRANSFER ILIOPSOAS TO GREATER TROCHANTER TO FEMORAL NECK	Yes	Yes
27120	ACETABULOPLASTY;	Yes	Yes
27122	ACETABULOPLASTY; RESECTION F	Yes	Yes
27125	HEMIARTHROPLASTY HIP PARTIAL	Yes	Yes
27130	ARTHPLSTY ACETABULAR&PROX FE	Yes	Yes
27132	CONVERSN PREV HIP TOT HIP AR	Yes	Yes
27134	REV TOT HIP; BOTH COMPON W/W	Yes	Yes
27137	REV TOT HIP ARTHROPLASTY; AC	Yes	Yes
27138	REV TOT HIP ARTHROPLASTY; FE	Yes	Yes
27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR	Yes	Yes
27278	articular implant(s) (eg, bone allograft[s]), synthetic device[s]), without placement of	Yes	Yes
27179	OPEN TX OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK	Yes	Yes
27185	EPIPHYSEAL ARREST GREATER TROCHANTER OF FEMUR	Yes	Yes
27290	INTERPELVIA ABDOMINAL AMPUTATION	Yes	Yes
27295	DISARTICULATION HIP	Yes	Yes
27299	UNLISTED PROCEDURE, PELVIS OR HIP	Yes	Yes
27350	PATELLECTOMY OR HEMI PATELLECTOMY	Yes	Yes
27381	SUTURE INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCL FASCIAL OR TENDON	Yes	Yes
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECINDARY RECONSTRUCTION;	Yes	Yes
27393	LENGTHENING HAMSTRING TENDON, SINGLE TENDON	Yes	Yes
27394	LENGTHENING HAMSTRING TENDON, MULTIPLE TENDONS, 1 LEG	Yes	Yes
27395	LENGTHENING HAMSTRING TENDON, MULTIPLE TENDONS, BILAT	Yes	Yes
27396	TRANSPLANT/TRANSFER, THIGH, SINGLE TENDON	Yes	Yes
27397	TRANSPLANT/TRANSFER, THIGH, MULTIPLE TENDON	Yes	Yes
27400	TRANSFER, TENDON OR MUSCLE, HAMSTRING TO FEMUR	Yes	Yes
27405	REPAIR/RECONSTRUCTION, TORN LIGAMENT, KNEE, COLLATERAL	Yes	Yes
27407	REPAIR/RECONSTRUCTION, TORN LIGAMENT, KNEE, CRUCIATE	Yes	Yes
27409	REPAIR/RECONSTRUCTION, TORN LIGAMENT, KNEE, COLLATERAL AND CRUCIATE	Yes	Yes
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	Yes	Yes
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	Yes	Yes
27416	OSTEOCHONDRAL AUTOGRAFT, KNEE, OPEN	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
27418	ANTERIOR TIBIAL TUBERCLEPLAS	Yes	Yes
27420	RECONSTRUCTION DISLOCATING P	Yes	Yes
27422	RECON DISLOC PATELLA; EXT RE	Yes	Yes
27424	RECNSTR DISLOC PAT; W/PATELL	Yes	Yes
27427	LIG RECONSTRUCT KNEE; EXTRA-	Yes	Yes
27428	LIG RECONSTRUCT KNEE; INTRA-	Yes	Yes
27429	LIG RECON KNEE; INTRA/EXTRA-	Yes	Yes
27430	QUADRICEPTOPLASTY	Yes	Yes
27437	ARTHPLSTY PAT; WITHOUT PROST	Yes	Yes
27438	ARTHROPLASTY PATELLA; W/PROS	Yes	Yes
27440	ARTHROPLASTY KNEE TIBIAL PLA	Yes	Yes
27441	ARTHROPLASTY TIB; W/DEBRID&S	Yes	Yes
27442	ARTHROPLASTY FEM CONDYLE/TIB	Yes	Yes
27443	ARTHPLSTY FEM CONDYLE KNEE;	Yes	Yes
27445	ARTHROPLASTY KNEE HINGE PROS	Yes	Yes
27446	ARTHROPLASTY KNEE CONDYLE; M	Yes	Yes
27447	ARTHPLSTY KNEE CONDYLE; MED&	Yes	Yes
27465	OSTEOPLASTY FEMUR; SHORTENIN	Yes	Yes
27466	OSTEOPLASTY FEMUR; LENGTHENI	Yes	Yes
27468	OSTEOPLASTY FEM; COMBO LENGT	Yes	Yes
27475	ARREST, EPIPHYSEAL, DISTAL FEMUR	Yes	Yes
27477	ARREST, EPIPHYSEAL, DISTAL TIBIA AND FIBULA, PROXIMAL	Yes	Yes
27479	ARREST, EPIPHYSEAL, COMBINED DISTAL FEMUR, PROXIMAL TIBIA AND FIBULA	Yes	Yes
27485	ARREST, HEMIEPHYSEAL, DISTAL FEMUR OR POXIMAL TIBULA OR FIBULA	Yes	Yes
27486	REV TOT KNEE ARTHPLSTY; 1 CM	Yes	Yes
27487	REV TOT KNEE ARTHPLSTY; FEM&	Yes	Yes
27488	REMOVAL OF PROSTHEIS INCL TOTAL KNEE W/ OR W/O SPACER	Yes	Yes
27590	AMPUTATION, THIGH, THRU FEMUR, ANY LEVEL	Yes	Yes
27591	AMPUTATION, THIGH, THRU FEMUR, ANY LEVEL, IMMED FITTING, FIRST CASTING	Yes	Yes
27592	AMPUTATION, THIGH, THRU FEMUR, ANY LEVEL, OPEN CIRCULAR	Yes	Yes
27594	AMPUTATION, THIGH, THRU FEMUR, ANY LEVELM SECONDARY CLOSURE OR SCAR REVISION	Yes	Yes
27596	RE-AMPUTATION THIGH	Yes	Yes
27598	DISARTICULATION KNEE	Yes	Yes
27599	UNLISTED PROCEDURE, FEMUR OR KNEE	Yes	Yes
27685	LENGTHENING/SHORTENING FOF TENDON, LEG OR ANKLE, SINGLE TENDON	Yes	Yes
27686	LENGTHENING/SHORTENING FOF TENDON, LEG OR ANKLE, MULT TENDONS	Yes	Yes
27690	TRANSFER/TRANSPLANT SINGLE TENDON, SUPERFICIAL	Yes	Yes
27691	TRANSFER/TRANSPLANT SINGLE TENDON, DEEP	Yes	Yes
27692	TRANSFER/TRANSPLANT SINGLE TENDON, EA ADDTL TENDON	Yes	Yes
27700	ARTHROPLASTY ANKLE;	Yes	Yes
27702	ARTHROPLASTY ANKLE; WITH IMP	Yes	Yes
27703	ARTHROPLASTY ANKLE; REV TOTA	Yes	Yes
27715	OSTEPLSTY TIBIA&FIB LEN/SHOR	Yes	Yes
27730	ARREST EPIPHYSEAL, OPEN, DISTAL TIBIA	Yes	Yes
27732	ARREST EPIPHYSEAL, OPEN, DISTAL FIBULA	Yes	Yes
27734	ARREST EPIPHYSEAL, OPEN, DISTAL TIBIA AND FIBULA	Yes	Yes
27740	ARREST EPIPHYSEAL, ANY MEHTOD, COMBINED, PROX AND DISTAL TABIA AND FIBULA	Yes	Yes
27742	ARREST EPIPHYSEAL, ANY MEHTOD, COMBINED, PROX AND DISTAL TABIA AND FIBULA AND	Yes	Yes
27880	AMPUTATION, LEG, THRU TIBIA ND FIBULA	Yes	Yes
27881	AMPUTATION, LEG, THRU TIBIA ND FIBULA, WITH IMMED FITTING, INCL FIRST CAST	Yes	Yes
27882	AMPUTATION, LEG, THRU TIBIA ND FIBULA, OPEN CIRCULAR	Yes	Yes
27884	AMPUTATION, LEG, THRU TIBIA ND FIBULA, SCONDARY CLOSURE OR SCARE REV	Yes	Yes
27886	RE-AMPUTATION, LEG	Yes	Yes
27888	AMPUTATION, ANKLE, THRU TIBIA AND FIBULA, W/ PLASTIC CLOSURE/RESECTION NERVES	Yes	Yes
27889	ANKLE DIARTICULATION	Yes	Yes
28238	RECONSTRUCTION, POST TIBIAL TENDON W/EXCISION TARSAL NAVICULAR BONE	Yes	Yes
28285	CORRECTION HAMMERTOES	Yes	Yes
28286	CORRECT COCK-UP 5TH TOE PLST	Yes	Yes
28289	HALLUX RIGIDUS CORECTIO, W/CHELLECTOMY	Yes	Yes
28291	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE	Yes	Yes
28292	CORRECTION HALLUX VALGUS, BUNION, W/ OR W/O SESAMOIDECTOMY, KELLER, MCBRIDE,	Yes	Yes
28296	distal metatarsal osteotomy, any method	Yes	Yes
28297	first metatarsal and medial cuneiform joint arthrodesis, any method	Yes	Yes
28298	proximal phalanx osteotomy, any method	Yes	Yes



CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
28299	double osteotomy, any method	Yes	Yes
28300	CORRECTION HALLUX VALGUS, BUNION, W/ OR W/O SESAMOIDECTOMY, CALCANEUS, W/ OR	Yes	Yes
28302	CORRECTION HALLUX VALGUS, BUNION, W/ OR W/O SESAMOIDECTOMY, TALUS	Yes	Yes
28313	RECON ANGULAR DEFORM TOE SOF	Yes	Yes
28340	RECON TOE MACRODACTYLY; TISS	Yes	Yes
28341	RECON TOE MACRODACTYLY; REQ	Yes	Yes
28344	RECONSTRUCTION TOE; POLYDACT	Yes	Yes
28345	RECON TOE; SYNDACTYLY W/WO G	Yes	Yes
28360	RECONSTRUCTION CLEFT FOOT	Yes	Yes
28737	ARTHRODESIS, TENDON LENGTHENING/ADVANCEMENT, MIDTARSAL, MILLER TYPE PX	Yes	Yes
28760	ARTHRODESIS, EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST MET NECK, GREAT TOE	Yes	Yes
28800	AMPUTATION, FOOT, MIDTARSAL	Yes	Yes
28805	AMPUTATION, FOOT, TRANS METATARSAL	Yes	Yes
28810	AMPUTATION, METATARSAL W/TOE, SINGLE	Yes	Yes
28820	AMPUTATION, TOE, METARSOPHALANGEAL JOINT	Yes	Yes
28825	AMPUTATION, TOE, INTERPHALANGEAL JOINT	Yes	Yes
29800	ARTHROSCOPY TMJ; DX W/ OR W/O BX	Yes	Yes
29804	ARTHROSCOPY TMJ; SURGICAL	Yes	Yes
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	Yes	Yes
29807	ARTHROSCOPY, SHOULDER, REPAIR OF SLAP LESION	Yes	Yes
29824	ARTHROSCOPY, SHOULDER, DISTAL CLAVICULECTOMY	Yes	Yes
29826	ARTHROSCOPY, SHOULDER, DECOMP SUBACROMIAL SPACE WITH PTL ACROMINOPLASTY	Yes	Yes
29827	ARTHROSCOPY, SHOULDER, W/ ROTATOR CUFF RECONSTRUCTION	Yes	Yes
29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	Yes	Yes
29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR	Yes	Yes
29848	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	Yes	Yes
29862	ARTHROSCOPY W/ DEBRIDEMENT W/ CHRONDOPLASTY, AND/OR RESECTION LABRUM	Yes	Yes
29863	ARTHROSCOPY W/ DEBRIDEMENT W/ CHRONDOPLASTY, W/SYNOVECTOMY	Yes	Yes
29866	ARTHROSCOPY, OSTEOCHONDRAL AUTOGRAFT, INCL HARVESTING	Yes	Yes
29867	ARTHROSCOPY KNEE SURG; OSTEOCHONDRAL ALLOGRAFT	Yes	Yes
29868	ARTHROSCOPY KNEE SURG; MENISCAL TRANSPLANT, MEDIAL OR LATERAL	Yes	Yes
29874	OSTEOCHONDRITIS DISSECANS FRAGMENTATION, CHONDRAL FRAGMENTATION)	Yes	Yes
29875	(SEPARATE PROCEDURE)	Yes	Yes
29877	ARTHROSCOPY, KNEE DEBRIDEMENT/SHAVING OR ARTICULAR CARTILAGE (CHRONDOPLASTY)	Yes	Yes
29879	ARTHROSCOPY, ABRASIAN ARTHROPLASTY OR MULTIPLE DRILLING OR MICROFRACTURE	Yes	Yes
29880	ARTHROSCOPY, KNEE W/ MENISECTOMY, MEDIAL AND LATERAL, INCL CHRONDOPLASTY	Yes	Yes
29881	ARTHROSCOPY, KNEE W/ MENISECTOMY, MEDIAL OR LATERAL, INCL CHRONDOPLASTY	Yes	Yes
29882		Yes	Yes
29883		Yes	Yes
29885	W/O IF	Yes	Yes
29886	ARTHROSCOPY, KNEE WITH DRILLING OSTEOCHONDRITIS DISSECANS	Yes	Yes
29887	FIXATION	Yes	Yes
29888	ARTHROSCOPICALLY AIDED ANT CRUC LIG REPAIR/AUGMENTATION/RECONSTRUCTION	Yes	Yes
29889	ARTHROSCOPICALLY AIDED POST CRUC LIG REPAIR/AUGMENTATION/RECONSTRUCTION	Yes	Yes
29891	ARTHROSCOPY, ANKLE, EXC OSTEOCHONDRAL DEFECT TALUS AND/OR TIBIA, INCL DRILLING	Yes	Yes
29892	FX	Yes	Yes
29899	ARTHRODESIS	Yes	Yes
29914	ARTHROSCOPY, HIP WITH FEMOROPLASTY	Yes	Yes
29915	ARTHROSCOPY, HIP WITH ACETABULOPLASTY	Yes	Yes
29916	ARTHROSCOPY, HIP WITH ACETABULOPLASTY, W/LABRAL REPAIR	Yes	Yes
29999	UNLISTED PROCEDURE, ARTHROSCOPY	Yes	Yes
30400	RHINO PRIM; LAT&ALAR CART&/E	Yes	Yes
30410	RHINO PRIM; CMPLT EXTERNAL P	Yes	Yes
30420	RHINO PRIM; INCL MAJ SEPTAL	Yes	Yes
30430	RHINOPLASTY SEC; MINOR REVIS	Yes	Yes
30435	RHINOPLASTY SEC; INTERMEDIAT	Yes	Yes
30450	RHINOPLASTY SEC; MAJOR REVIS	Yes	Yes
30460	RHINO DEFORM CLEFT LIP&/PALA	Yes	Yes
30462	RHINO DEFORM; TIP SEPTUM OST	Yes	Yes
30465	REPAIR VESTIBULAR STENOSIS; LATERAL NASAL WALL RECONST	Yes	Yes
30469	subcutaneous/submucosal remodeling	Yes	Yes
30520	SEPTOPLASTY/SUBMUCOS RES W/G	Yes	Yes
30620	SEPTAL/OTH INTRANASAL DERMAT	Yes	Yes
30630	REPAIR NASAL SEPTAL PERFORMATION	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
31360	LARYNGECTOMY, TOTAL, W/ RADICAL NECK DISECTION	Yes	Yes
31368	LARYNGECTOMY, W/ SUBTOTAL SUPRAGLOTTIC, W/ RADICAL NECK DISECTION	Yes	Yes
31390	PHARYNGOLARNGECTOMY, WITH RADICAL NECK DISSECTION	Yes	Yes
31395	PHARYNGOLARNGECTOMY, WITH RADICAL NECK DISSECTION; W/ RECONSTRUCTION	Yes	Yes
31545	LARYN OP MIC REMV LES;RECN T	Yes	Yes
31546	LARYN OP MIC REMV LES;RECNST	Yes	Yes
31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT	Yes	Yes
31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT	Yes	Yes
31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITH INDWELLING STENT	Yes	Yes
31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITH INDWELLING STENT	Yes	Yes
31580	LARYNGOPLASTY; W/KEEL INSRT&	Yes	Yes
31584	LARYNGOPLASTY; W/ OPEN REDUCTION FRACTURE	Yes	Yes
31587	LARYNGOPLASTY CRICOID SPLIT	Yes	Yes
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	Yes	Yes
31599	UNLISTED PROCEDURE, LARYNX	Yes	Yes
31660	BRONCHIAL THERMOPLASTY, 1 LOBE	Yes	Yes
31661	BRONCHIAL THERMOPLASTY, 2 OR MORE LOBES	Yes	Yes
31750	TRACHEOPLASTY; CERVICAL	Yes	Yes
31755	TRACHEOPLSTY; TRACHEOPHARYNG	Yes	Yes
31760	TRACHEOPLASTY; INTRATHORACIC	Yes	Yes
31766	CARINAL RECONSTRUCTION	Yes	Yes
31770	BRONCHOPLASTY; GRAFT REPAIR	Yes	Yes
31775	BRONCHOPLASTY; EXC STENOS&AN	Yes	Yes
32501	RES&REPR BRONCHUS AT TIME LO	Yes	Yes
32820	MAJOR RECONSTRUCTION CHEST W	Yes	Yes
32905	THORCOPLASTY	Yes	Yes
32906	THORCOPLASTY W/ CLOSURE BRONCHOPLEURAL FISTULA	Yes	Yes
33254	ABLATE ATRIA, LMTD, RECONST ATRIA	Yes	Yes
33255	ABLATE ATRIA W/O BYPASS, EXT, RECONST ATRIA	Yes	Yes
33256	ABLATE ATRIA W/BYPASS, EXT, RECONST ATRIA	Yes	Yes
33257	ABLATE ATRIA, LMTD, ADD-ON, RECONST ATRIA	Yes	Yes
33258	ABLATE ATRIA, X10SV, ADD-ON, RECONST ATRIA	Yes	Yes
33259	ABLATE ATRIA W/BYPASS ADD-ON, RECONST ATRIA	Yes	Yes
33265	ABLATE ATRIA W/BYPASS, ENDO, RECONST ATRIA	Yes	Yes
33266	ABLATE ATRIA W/O BYPASS ENDO, RECONST ATRIA	Yes	Yes
33361	TAVR/TAVI W/ PROSTHETIC VALVE, PERC FEMORAL ARTERY APPROACH	Yes	Yes
33362	TAVR/TAVI W/ PROSTHETIC VALVE, OPEN FEMORAL ARTERY APPROACH	Yes	Yes
33363	TAVR/TAVI W/ PROSTHETIC VALVE, OPEN AXILLARY ARTERY APPROACH	Yes	Yes
33364	TAVR/TAVI W/ PROSTHETIC VALVE, OPEN ILIAC ARTERY APPROACH	Yes	Yes
33365	TAVR/TAVI W/ PROSTHETIC VALVE, TRANSTHORACIC APPROACH	Yes	Yes
33366	TAVR/TAVI W/ PROSTHETIC VALVE, TRANSAPICAL ARTERY APPROACH	Yes	Yes
33390	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; SIMPLE (IE,	Yes	Yes
33391	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; COMPLEX (EG,	Yes	Yes
33404	CONSTRUCTION APICAL-AORTIC C	Yes	Yes
33417	AORTOPLASTY FOR SUPRAVALVULAR STENOSIS	Yes	Yes
33425	VALVULOPLASTY, MITRAL VALVE, W/CARDIOPULMANRY BYPASS	Yes	Yes
33426	VALVULOPLASTY, MITRAL VALVE, W/CARDIOPULMANRY BYPASS W/PROSTETIC RING	Yes	Yes
33427	VALVULOPLASTY, RADICAL RECONSTRUCTION; W/ OR W/O RING	Yes	Yes
33463	VALVULOPLASTY, TRICUSPID VALVE; W/O RING	Yes	Yes
33464	VALVULOPLASTY, TRICUSPID VALVE; W/RING	Yes	Yes
33542	MYOCARDIAL RESECTION	Yes	Yes
33545	REPAIR OF POSTINFARCTION SEPTAL DEFECT, W/ OR W/O MYOCARDIAL RESECTION	Yes	Yes
33548	VENTRICULAR RESTORATION PX, INCLUDES PATCH	Yes	Yes
33622	RECONSTRUCTION OF COMPLEX CARDIAC ANOMALY	Yes	Yes
33735	ATRIAL SEPTEC/SEPTOST; CLOS	Yes	Yes
33736	ATRIAL SEPTEC/SEPTOS; OPEN H	Yes	Yes
33737	ATRIAL SEPTEC/SEPTOS; OPEN H	Yes	Yes
33917	REPAIR PULM ARTERY STENOSIS BY RECONSTRUCTION W/ PATCH OR GRAFT	Yes	Yes
33920	REPAIR PULM ATRESIA W/ VSD, BY RECONSTRUCTION	Yes	Yes
33924	LIG & TAKEDOWN SYS-PULM ART	Yes	Yes
34501	VALVULOPLASTY, FEMORAL VEIN	Yes	Yes
34502	RECONSTRUCTION VENA CAVA ANY	Yes	Yes
40525	EXC LIP; FULL THICK RECON W/	Yes	Yes
40527	EXC LIP; FULL THICK RECON W/	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
40700	PLASTIC REPR CLEFT LIP/NASAL DEFORM; PRIM UNI	Yes	Yes
40701	PLASTIC REPR CLEFT LIP; PRIM BIL-1 STAGE PROC	Yes	Yes
40702	PLASTIC REPR CLEFT LIP; PRIM BIL-1 OF 2 STAGES	Yes	Yes
40720	PLASTIC REPR CLEFT LIP; SECNDRY-RECREAT & RECLOS	Yes	Yes
40761	PLASTIC REPR CLEFT LIP; W/CROSS LIP PEDICLE FLAP	Yes	Yes
40840	VESTIBULOPLASTY; ANTERIOR	Yes	Yes
40842	VESTIBULOPLASTY; POSTERIOR U	Yes	Yes
40843	VESTIBULOPLASTY; POSTERIOR B	Yes	Yes
40844	VESTIBULOPLASTY; ENTIRE ARCH	Yes	Yes
40845	VESTIBULOPLASTY; COMPLEX	Yes	Yes
40899	UNLISTED PX, VESTIBULE OF MOUTH	Yes	Yes
41520	FRENOPLASTY	Yes	Yes
41872	GINGIVOPLASTY EACH QUADRANT	Yes	Yes
41874	ALVEOLOPLASTY EACH QUADRANT	Yes	Yes
42145	PALATOPHARYNGOPLASTY	Yes	Yes
42200	PALATOPLASTY-CLEFT PALATE SO	Yes	Yes
42205	PALATOPLASTY-CLEFT PALATE; S	Yes	Yes
42210	PALATOPLASTY CLEFT PALATE; W	Yes	Yes
42215	PALATPLSTY CLEFT PALATE; MAJ	Yes	Yes
42220	PALATPLSTY CLT PALATE; SEC L	Yes	Yes
42225	PALATOPLASTY; ATTACH PHARYNG	Yes	Yes
42226	LENGTHENING PALATE&PHARYNGEA	Yes	Yes
42227	LENGTHENING OF PALATE W/ISLA	Yes	Yes
42280	MAXILLARY IMPRESSION PALATAL PROSTHESIS	Yes	Yes
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	Yes	Yes
42299	UNLISTED PX, PALATE, UVULA	Yes	Yes
42500	PLASTIC REPAIR SALIVARY DUCTL SIALODOCHOPLASTY; PRIM OR SIMPLE	Yes	Yes
42505	PLASTIC REPAIR SALIVARY DUCTL SIALODOCHOPLASTY; SEC OR COMP	Yes	Yes
42507	PAROTID DUCT DIVERSION BILAT	Yes	Yes
42509	PAROTID DIVERS BIL; W/EXC GL	Yes	Yes
42510	PAROTID DIVERS BIL; W/LIG DU	Yes	Yes
42950	PHARYNGOPLASTY	Yes	Yes
42999	UNLISTED PX, PHARYNX, ADENOIDS, TONSILS	Yes	Yes
43107	TOTAL/NEAR TOTAL ESOPHAGECTOMY, W/O THORACOTOMY, WITH	Yes	Yes
43108	TOTAL/NEAR TOTAL ESOPHAGECTOMY, W/O THORACOTOMY, WITH	Yes	Yes
43112	TOTAL/NEAR TOTAL ESOPHAGECTOMY, W/O THORACOTOMY, WITH	Yes	Yes
43113	TOTAL/NEAR TOTAL ESOPHAGECTOMY, W/O THORACOTOMY, WITH	Yes	Yes
43116	PTL ESOPHAGECTOMY, CERVICAL, INTESTINAL GRAFT, WITH INTESTINAL RECON	Yes	Yes
43117	PTL ESOPHAGECTOMY, W/THORACOTOMY, W/ OR W/O GASTRECTOMY, W/ OR W/O	Yes	Yes
43118	PTL ESOPHAGECTOMY, W/THORACOTOMY, W/ OR W/O GASTRECTOMY, W/ OR W/O	Yes	Yes
43121	PTL ESOPHAGECTOMY, W/THORACOTOMY, W/ OR W/O GASTRECTOMY, W/ OR W/O	Yes	Yes
43122	PTL ESOPHAGECTOMY, THORACOABDOMINAL APP, W/ OR W/O GASTRECTOMY, W/ OR W/O	Yes	Yes
43123	PTL ESOPHAGECTOMY, THORACOABDOMINAL APP, W/ OR W/O GASTRECTOMY, W/ OR W/O	Yes	Yes
43124	TOTAL OR PTL ESOPHAGECTOMY, W/ OR W/O RECONSTRUCTION, W/ CERVIAL	Yes	Yes
43279	LAP, SURGICAL, ESOPHAGOMYOTOMY, W/FUNOPLASTY	Yes	Yes
43280	LAP, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY	Yes	Yes
43281	LAP, SURGICAL, REPAIR PARAESOPHAGEAL HERNIA, W/ FUNDOPLASTY W/O IMPLANT MESH	Yes	Yes
43282	LAP, SURGICAL, REPAIR PARAESOPHAGEAL HERNIA, W/ FUNDOPLASTY W/ IMPLANT MESH	Yes	Yes
43283	LAP, SURGICAL, ESOPHAGEAL LENGTHENING (GASTROPLASTY)	Yes	Yes
43289	UNLISTED LAP PX, ESOPHAGUS	Yes	Yes
43300	ESOPHGPLSTY CERV APPRCH;NO R	Yes	Yes
43305	ESOPHGPLSTY CERV APPRCH; W/R	Yes	Yes
43310	ESOPHGPLSTY THOR APPRCH;NO R	Yes	Yes
43312	ESOPHGPLSTY THOR APPRCH; W/R	Yes	Yes
43313	ESOPHGPLSTY CONGN THOR; NO R	Yes	Yes
43314	ESOPHGPLSTY CONGN THOR; W/RE	Yes	Yes
43320	CARDIOPLASTY (ESOPHAGASTOSTOMY) W/ OR W/O VAGOTOMY/PYLEROPLASTY	Yes	Yes
43325	ESOPHAGOGASTRIC FUNDAPLASTY W/ FUNDAL PATCH	Yes	Yes
43327	ESOPHAGOGASTRIC FUNDAPLASTY PARTIAL OR COMPLETE, LAPORTOMY	Yes	Yes
43328	ESOPHAGOGASTRIC FUNDAPLASTY PARTIAL OR COMPLETE, LAPORTOMY, THOROCOTOMY	Yes	Yes
43338	ESOPHAGEAL LENGTHENIN PX, GASTROPLASTY PR WEDGE GASTROPLASTY	Yes	Yes
43351	ESOPHAGOSTOMY FISTULIZ-EXT;	Yes	Yes
43352	ESOPHAGOSTOMY FISTULIZ-EXT;	Yes	Yes
43360	GI RECONSTRUCTION, PREV ESPHAGECTOMY	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
43361	GI RECONSTRUCTION, W/COLON OR SML INTEST	Yes	Yes
43499	UNLISTED PX, ESOPHAGUS	Yes	Yes
43640	VAGOTOMY W/ PYLOROPLASTY;TRUNCAL OR SELECTIVE	Yes	Yes
43641	VAGOTOMY W/ PYLOROPLASTY;PARIETAL CELL; HIGHLY SELECTIVE	Yes	Yes
43647	LAP IMPL ELECTRODE, ANTRUM	Yes	Yes
43648	LAP REVISE/REMV ELTRD ANTRUM	Yes	Yes
43651	LAP SURG; TRANSEC VAGUS NRV-	Yes	Yes
43652	LAP SURG; TRANSECT VAGUS NER	Yes	Yes
43653	LAP SURG; GASTROS W/O TUBE-S	Yes	Yes
43659	UNLISTED LAPAROSCOPY PROC ST	Yes	Yes
43800	PYLOROPLASTY	Yes	Yes
43810	GASTRODUODENOSTOMY	Yes	Yes
43820	GASTROJEJUNOSTOMY; WITHOUT V	Yes	Yes
43825	GASTROJEJUNOST; W/VAGOTOMY A	Yes	Yes
43830	GASTROST OPN; NO GASTRIC TUB	Yes	Yes
43831	GASTROSTOMY OPEN; NEONATAL F	Yes	Yes
43832	GASTROST OPEN; W/CNSTR GASTR	Yes	Yes
43840	GASTRORRHAPHY SUTURE-ULCER/W	Yes	Yes
43860	REV GASTROJEJ ANASTOM; W/O V	Yes	Yes
43865	REV GASTROJEJ ANASTOM; W/VAG	Yes	Yes
44130	ENTEROENTEROSTOMY-SEP PROC	Yes	Yes
44238	UNLISTED LAP PX, INTESTINE	Yes	Yes
44615	INTESTINAL STRICTUROPLASTY W/ OR W/O DIL; INTEST OBST	Yes	Yes
44899	UNLISTED PX, MECHLS DIVERTICULUM AND MESENTERY	Yes	Yes
45500	PROCTOPLASTY; FOR STENOSIS	Yes	Yes
45505	PROCTOPLASTY; FOR PROLAPSE MUC MEMBRANE	Yes	Yes
45999	UNLISTED PX, RECTUM	Yes	Yes
46700	ANOPLASTY, PASTIC OPERATION STRICTURE; ADULT	Yes	Yes
46705	ANOPLASTY, PASTIC OPERATION STRICTURE; INFANT	Yes	Yes
46730	REPR HI IMPERFORAT ANUS; PER	Yes	Yes
46735	REPR HIGH IMPERFORATE ANUS;	Yes	Yes
46740	REPR HI IMPERFOR ANUS W/FIST	Yes	Yes
46742	REPR HI IMPERFOR ANUS; COMBO	Yes	Yes
46744	REPR BY ANORECTOVAGINOPLSTY/URETHROPLASTY; SACROPERINEAL APPR	Yes	Yes
46746	REPR BY ANORECTOVAGINOPLSTY/URETHROPLASTY; ABD/SACROPERINEAL APPR	Yes	Yes
46748	REPR BY ANORECTOVAGINOPLSTY/URETHROPLASTY; ABD/SACROPERINEAL APPR, VAGINAL	Yes	Yes
46750	SPHINCTEROPLASTY-ANAL-INCONT	Yes	Yes
46751	SPHINCTEROPLASTY-ANAL-INCONT	Yes	Yes
46753	GRAFT RECTAL INCONT &OR PROL	Yes	Yes
46760	SPHINCTEROPLSTY-ANAL; MUSCL	Yes	Yes
46761	SPHINCTEROPLSTY-ANAL; LEVATO	Yes	Yes
47379	UNLISTED LAP PX, LIVER	Yes	Yes
47800	RECON PLASTIC EXTRAHEPATIC B	Yes	Yes
49591	any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other	Yes	Yes
49592	any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other	Yes	Yes
49593	any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other	Yes	Yes
49594	any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other	Yes	Yes
49595	any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other	Yes	Yes
49596	any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other	Yes	Yes
49613	any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or	Yes	Yes
49614	any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or	Yes	Yes
49615	any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or	Yes	Yes
49616	any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or	Yes	Yes
49617	any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or	Yes	Yes
49618	any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or	Yes	Yes
49621	including implantation of mesh or other prosthesis, when performed; reducible	Yes	Yes
49622	including implantation of mesh or other prosthesis, when performed; incarcerated or	Yes	Yes
49623	recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie,	Yes	Yes
49904	OMENTAL FLAP INTRA-ABDOMINAL; RECONST CHEST WALL	Yes	Yes
49905	OMENTAL FLAP INTRA-ABDOMINAL; EAC ADTL PX	Yes	Yes
49906	FREE OMENTAL FLAP W/ MICROVASC ANASTAMOSIS	Yes	Yes
49999	UNLISTED PX, ABDOMEN, PERITONEUM, OMENTUM	Yes	Yes
50400	PYELOPLASTY PLASTIC OPERATION ON RENAL PELVIS, SIMPLE	Yes	Yes
50405	PYELOPLASTY PLASTIC OPERATION ON RENAL PELVIS, COMPLICATED	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
50540	SYMPHYSIOTOMY FOR HORSESHOE KIDNEY, W/OR W/O PYELOPLASTY, UNILATERAL OR	Yes	Yes
50544	LAP, SURICAL, PYELOPLASTY	Yes	Yes
50700	URETEROPLASTY PLSTC OP URETE	Yes	Yes
50810	URETERSIGMOIDOST CREAT BLADD	Yes	Yes
50820	URETROILEAL CONDUIT W/INTST	Yes	Yes
50840	REPL URETER INTST SEG W/ANAS	Yes	Yes
51800	CYSTOPLASTY/CYSTOURETHROPLAS	Yes	Yes
51820	CYSTOURETHROPLASTY W/URETERO	Yes	Yes
51840	ANT VESICourethRPXY/URETHRPX	Yes	Yes
51841	ANT VESICourethRPXY/URETHRPX	Yes	Yes
51960	ENTEROCYSTPLSTY INCL INTEST	Yes	Yes
53400	URETHROPLSTY 1-STAGE RECON FOR FISTULA	Yes	Yes
53405	URETHROPLSTY 2-STAGE RECON FOR INL URINARY DIV	Yes	Yes
53410	URETHROPLSTY 1-STAGE RECON M	Yes	Yes
53415	URETHROPLASTY 1 STAGE RECON	Yes	Yes
53420	URETHROPLSTY 2-STAGE RECON;	Yes	Yes
53425	URETHROPLSTY 2-STAGE RECON;	Yes	Yes
53430	URETHROPLASTY, RECONSTRUCTION FEMALE URETHRA)	Yes	Yes
53431	URETHRPLSTY W/TUBULARIZ PST	Yes	Yes
53440	SLING OP CORR MALE URIN INCO	Yes	Yes
53445	INSRT INFLATABLE SPHNCTR W/P	Yes	Yes
53450	URETHROMEATOPLASTY W/MUCOS A	Yes	Yes
53460	URETHROMEATOPLSTY W/EXC URET	Yes	Yes
54300	PLASTIC OP PENIS-STRAIGHT CH	Yes	Yes
54304	PLSTC OP PENIS CHRDEE/HYPOSP	Yes	Yes
54308	URETHROPLSTY 2ND STAGE REPR;	Yes	Yes
54312	URETHROPLSTY 2ND STAGE REPR;	Yes	Yes
54316	URETHROPLSTY 2ND STAGE REPR;	Yes	Yes
54318	URETHROPLSTY RLSE PENIS FRM	Yes	Yes
54322	1 STAGE DSTL REPR; W/SMPL ME	Yes	Yes
54324	1 STAGE DISTAL REPR; W/URETH	Yes	Yes
54326	1 STAGE DSTL REPR;URETHROPLS	Yes	Yes
54328	1 STAGE DISTAL REPR; W/EXT D	Yes	Yes
54332	1 STAGE PENILE REPR W/EXTEN	Yes	Yes
54336	1 STAGE PERINEAL HYPOSPADIAS	Yes	Yes
54340	excision, simple	Yes	Yes
54344	of skin flaps and urethroplasty with flap or patch graft	Yes	Yes
54348	dissection, and urethroplasty with flap, patch or tubed graft (including urinary diversion, when	Yes	Yes
54352	constructed structures including re-release of chordee and reconstruction of urethra and penis	Yes	Yes
54360	PLSTC OP PENIS CORR ANGULATI	Yes	Yes
54380	PLASTIC OP PENIS EPISPADIAS	Yes	Yes
54385	PLSTC OP PENIS EPISPAD; W/IN	Yes	Yes
54390	PLSTC OP PENIS; W/EXSTROPHY-	Yes	Yes
55175	SCROTOPLASTY; SIMPLE	Yes	Yes
55180	SCROTOPLASTY; COMPLICATED	Yes	Yes
55400	VASOVASOSTOMY VASOVASORRHAPH	Yes	Yes
56800	PLASTIC REPAIR OF INTROITUS	Yes	Yes
56805	CLITORPLASTY FOR INTERSEX STATE	Yes	Yes
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL	Yes	Yes
57106	VAGINECTOMY, PARTIAL REMOVAL VAGINAL WALL	Yes	Yes
57107	VAGINECTOMY, PARTIAL REMOVAL VAGINAL WALL, REMOVAL PARAVAGIAL TISSUE (RADICAL)	Yes	Yes
57111	(RADICAL)	Yes	Yes
57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT (VAGINOPLASTY)	Yes	Yes
57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT (VAGINOPLASTY)	Yes	Yes
58540	HYSTEROPLASTY REPR UTERINE A	Yes	Yes
58750	TUBOTUBAL ANASTOMOSIS	Yes	Yes
58752	TUBOUTERINE IMPLANTATION	Yes	Yes
58760	FIMBRIOPLASTY	Yes	Yes
58770	SALPINGOSTOMY	Yes	Yes
61316	CRANIOPLSTY, INC PLACEMENT CRANIAL BONE GRAFT	Yes	Yes
61322	CRANIECTOMY OR CRANIOTOMY, W/ OR W/O DURAPLASTY, W/O LOBECTOMY	Yes	Yes
61618	RECON/REPAIR DURA FOR CSF LEAK; BY FREE GRAFT	Yes	Yes
61619	RECON/REPAIR DURA FOR CSF LEAK; BY LOC C=VAS PEDICLE FLAP	Yes	Yes
62140	CRANIPLSTY SKUL DEFEC; UP 5	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
62141	CRANIOPLASTY SKULL DEFECT; >	Yes	Yes
62145	CRANIOPLSTY-DEFEC W/REPR BRA	Yes	Yes
62146	CRANIOPLSTY W/ AUTOGRAFT UP TO 5CM	Yes	Yes
62147	CRANIOPLSTY W/ AUTOGRAFT > 5CM	Yes	Yes
62148	INCISION RETRIEVAL SUBQ CRANIAL BONE GRAFT FOR CRANIOPLASTY	Yes	Yes
63050	LAMINOPLASTY, CERVICAL, W/DECOMPRESSION SPINAL CORD, 20 OR MORE VERTEBRAL SEG	Yes	Yes
63051	LAMINOPLASTY, CERVICAL, W/RECONSTRUCTION OF POSTERIOR BONY ELEMENTS	Yes	Yes
64702	NEUROPLASTY; DIGITAL, 1OR BOTH, SAME DIGIT	Yes	Yes
64704	NEUROPLASTY; DIGITAL, 1OR BOTH; NERVE OF HAND OR FOOT	Yes	Yes
64708	NEUROPLASTY, MAJ PERIPH NERVE; ARM,LEG	Yes	Yes
64712	NEUROPLASTY, MAJ PERIPH NERVE; SCIATIC NERVE	Yes	Yes
64713	NEUROPLASTY, MAJ PERIPH NERVE; BRACHIAL PLEXUS	Yes	Yes
64714	NEUROPLASTY, MAJ PERIPH NERVE; LUMBAR PLEXUS	Yes	Yes
64716	NEUROPLASTY/TRANSPOSITION; CRANIAL NERVE	Yes	Yes
64718	NEUROPLASTY/TRANSPOSITION; ULNAR NERVE AT ELBOW	Yes	Yes
64719	NEUROPLASTY/TRANSPOSITION; MEDIAN NERVE AT WRIST	Yes	Yes
64721	NEUROPLASTY/TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	Yes	Yes
65780	OCULR RECNRSTR; AMNIOTIC MEMB	Yes	Yes
65781	OCULR RECNRSTR;LMBL STEM CELL	Yes	Yes
65782	OCULR RECNRSTR;LIMBL CONJUNCT	Yes	Yes
65855	TRABECULOPLASTY BY LASER SURGERY, 1 OR MORE SESSIONS	Yes	Yes
66762	IRIDIOPLASTY	Yes	Yes
67420	ORBITOTOMY WITH BONE FLAP OR WINDOW	Yes	Yes
67950	CANTHOPLASTY	Yes	Yes
67971	RECON LID; UP TO 2/3 LID 1 S	Yes	Yes
67973	RECON LID; TOT LID LOWER 1 S	Yes	Yes
67974	RECON LID; TOT LID UPPER 1 S	Yes	Yes
67975	RECON LID-TRANSF FLAP; 2ND S	Yes	Yes
68320	CONJUNCTIVOPLASTY; W/CONJUNC	Yes	Yes
68325	CONJUNCTIVOPLASTY; W/BUCCAL	Yes	Yes
68326	CONJUNCTIVOPLASTY CUL-DE-SAC	Yes	Yes
68328	CONJUNCTIVOPL CUL-DE-SAC; BU	Yes	Yes
68330	REPR SYMBLEPHARON; CONJUNCTI	Yes	Yes
68335	REPR SYMBLEPHARON; W/FREE GF	Yes	Yes
68340	REPAIR OF SYMBLEPHARON, CONJUNCTIVOPLASTY, W/ OR W/O INSERTION LENS	Yes	Yes
68360	CONJUNCTIVAL FLAP; BRIDGE/PA	Yes	Yes
68362	CONJUNCTIVAL FLAP; TOTAL	Yes	Yes
69310	RECON EXT AUDITRY CANAL SEP	Yes	Yes
69320	RECON EXT AUDITORY CANAL; 1	Yes	Yes
69604	REVISIION MASTOIDECTOMY, RESULTING IN TYMPANOPLASTY	Yes	Yes
69620	MYRINGOPLASTY	Yes	Yes
69631	TYMP NO MASTOIDEC; NO OSSICU	Yes	Yes
69632	TYMP W/O MASTOIDEC; W/OSSICU	Yes	Yes
69633	REBUILD EARDRUM STRUCTURES	Yes	Yes
69635	TYPANOPLASTY W/ ANTROTOMY OR MASTOIDECTOMY	Yes	Yes
69636	TYMP W/ANTROTOMY; W/OSSICULA	Yes	Yes
69637	REBUILD EARDRUM STRUCTURES	Yes	Yes
69641	TYMP W/MASTOIDEC; NO OSSICUL	Yes	Yes
69642	TYMP W/MASTOIDEC; W/OSSICULA	Yes	Yes
69643	TYMP W/MASTOIDEC; W/RECON WA	Yes	Yes
69644	TYMP W/MASTOIDEC; RECON CANA	Yes	Yes
69645	TYMP W/MASTOIDEC; RADICAL/CO	Yes	Yes
69646	TYMP W/MASTOIDEC; RAD W/CHAI	Yes	Yes
92986	PERC BALLOON VALVUPLASTY, AORTIC VALVE	Yes	Yes
92987	PERC BALLOON VALVUPLASTY, MITRAL VALVE	Yes	Yes
92990	PERC BALLOON VALVUPLASTY, PULMONARY VALVE	Yes	Yes
G0428	COLLAGEN MENISCUS IMPLANT PROCEDURE FOR MINISCAL DEFECTS	Yes	Yes
G0429	DERMAL FILLER INJ, FOR TX LDS	Yes	Yes
J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANTATION	Yes	Yes
Q4101	APLIGRAF, PER SQ CM	Yes	Yes
Q4102	OASIS WOUND MATRIX, PER SQ CM	Yes	Yes
Q4103	OASBURN MATRIX, PER SQ CM	Yes	Yes
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQ CM	Yes	Yes
Q4106	INTEGRA DERMAL REGENERATION TEMPLATE, (DRT), PER SQ CM	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
Q4106	DERMAGRAFT, PER SQ CM	Yes	Yes
Q4107	GRAFT JACKET REGENERATIVE MATRIX, PER SQ CM	Yes	Yes
Q4116	ALLODERM, PER SQ CM	Yes	Yes
S2066	BREAST RECONS W/ GLUTEAL ARTERY PERFORATOR FLAP, UNILATERAL	Yes	Yes
S2067	BREAST RECONS OF SINGLE CREST W/ STACKED DEEP INF EPIGASTRIC PERFORATOR	Yes	Yes
S2068	BREAST RECONS W/ DEEP INF EPIGASTRIC PERFORATOR FLAP, UNILATERAL	Yes	Yes
S2079	LAPAROSCOPIC ESOPHAGOMOTOMY	Yes	Yes
S2112	ARTHROSCOPY, KNEE, SURGICAL FOR HARVESTING OF CARTILAGE	Yes	Yes
S2117	ARTHROEREISIS, SUBTALAR	Yes	Yes
S2118	COMPONENTS	Yes	Yes
S2230	EAR	Yes	Yes
REHABILITATION (OP)			
0791T	separately in addition to code for primary procedure)	Yes	Yes
20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	No	No
20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	No	No
SEXUAL DYSF - SOME DX EXCLUDED	BENEFITS TO BE VERIFIED		
F52.0	HYPOACTIVE SEXUAL DESIRE ORDER; LACK OR LOSS OF SECUAL DESIRE	Yes	Yes
F52.1	SEXUAL AVERSION DISORDER; SEXUAL AVERSION AND LACK OF SEXUAL ENJOYMENT	Yes	Yes
F52.2	SEXUAL AROUSAL DISORDERS; FAILURE OF GENITAL RESPONSE	Yes	Yes
F52.21	MALE ERECTILE DISORDER; ERECTILE DISORDER	Yes	Yes
F52.22	FEMALE SEXUAL AROUSAL DISORDER; FEMALE SEXUAL INTEREST/AROUSAL DISORDER	Yes	Yes
F52.31	FEMALE ORGASMIC DISORDER; DELAYED EJACULATION	Yes	Yes
F52.32	MALE ORGASMIC DISORDER; DELAYED EJACULATION	Yes	Yes
F52.4	PREMATURE EJACULATION	Yes	Yes
F52.5	PSYCHOGENIC DYSPAREUNIA	Yes	Yes
F52.8	CONDITION; EXCESSIVE SEXUAL DRIVE; NYPHOMANIA	Yes	Yes
F52.9	CONDITION	Yes	Yes
N52.0	VASCULOGENIC ERECTILE DYSFUNCTION	Yes	Yes
N52.1	DISEASE	Yes	Yes
N52.2	DRUG-INDUCED ERECTILE DYSFUNCTION	Yes	Yes
N52.31	ERECTILE DYSFUNCTION FOLLOWING RADICAL PROSTATECTOMY	Yes	Yes
N52.32	ERECTILE DYSFUNCTION FOLLOWING RADICAL CYSTECTOMY	Yes	Yes
N52.33	ERECTILE DYSFUNCTION FOLLOWING URETHRAL SURGERY	Yes	Yes
N52.34	ERECTILE DYSFUNCTION FOLLOWING SIMPLE PROSTATECTOMY	Yes	Yes
N52.35	ERECTILE DYSFUNCTION FOLLOWING RADIATION THERAPY	Yes	Yes
N52.36	ERECTILE DYSFUNCTION FOLLOWING INTERSTITIAL SEED THERAPY	Yes	Yes
N52.37	PROSTATE ABLATIVE THERAPIES; ULTRASOUND ABLATIVE THERAPIES	Yes	Yes
N52.39	OTHER AND UNSPECIFIED POSTPROCEDURAL ERECTILE DYSFUNCTION	Yes	Yes
R37	SEXUAL DYSFUNCTION, UNSPECIFIED	Yes	Yes
11960	INSERTION TISSUE EXPANDER INCL SBSQ XPNSJ (TESTICULAR PROSTHESIS)	Yes	Yes
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	Yes	Yes
53899	UNLISTED PROCEDURE URINARY SYSTEM (URETHRAL LENGTHENING)	Yes	Yes
54115	REPLACEMENT	Yes	Yes
54400	INSJ PENILE PROSTHESIS NON-INFLATABLE SEMI-RIGID (PENILE IMPLANT)	Yes	Yes
54401	INSJ PENILE PROSTHESIS INFLATABLE SELF-CONTAINED (PENILE IMPLANT)	Yes	Yes
54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTHESIS (PENILE IMPLANT)	Yes	Yes
54406	REMOVAL OF COMPONENTS, INFLATABLE PENILE PROSTHESIS, W/O PENILE REPLACEMENT	Yes	Yes
54408	REPAIR OF COMPONENTS, INFLATABLE PENILE PROSTHESIS	Yes	Yes
54410	RMVL & REPLACE COMPONENTS, INFLATABLE PENILE PROSTH, SAME OP SESSION	Yes	Yes
54411	RMVL & REPLACE COMPONENTS, INFLATABLE PENILE PROSTH, IRRIGATION & DEBRIDEMENT	Yes	Yes
54416	RMVL & RPLCMT NON-NFLTBL/NFLTBL PENILE PROSTHESIS (PENILE IMPLANT)	Yes	Yes
54417	RMVL & RPLCMT PENILE PROSTHESIS INFECTED FIELD (PENILE IMPLANT)	Yes	Yes
54660	INSJ TESTICULAR PROSTH SEPARATE PROCEDURE (TESTICULAR PROSTHESIS)	Yes	Yes
55175	SCROTOPLASTY SIMPLE	Yes	Yes
55180	SCROTOPLASTY COMPLICATED	Yes	Yes
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM (GLASOPLASTY)	Yes	Yes
C1813	PROSTHESIS, PENILE, INFLATABLE	Yes	Yes
C2622	PROSTHESIS PENILE NON-INFLATABLE	Yes	Yes
SLEEP STUDIES			

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
95782	POLYSOMNOGRAPH, < 6 YEARS AGE, SLEEP STAGING, ATTEND BY TECHNICIAN	Yes	Yes
95783	TECHNICIAN	Yes	Yes
95800	SLEEP STUDY, UNATTENDED, SIMULT RECORDING, ANALYSIS AND SLEEP TIME	Yes	Yes
95801	SLEEP STUDY, UNATTENDED, SIMULT RECORDING, RESPIRATORY ANALYSIS	Yes	Yes
95803	DAYS)	Yes	Yes
95805	MULT TRIALS	Yes	Yes
95806	SLEEP STUDY, SIMULT RECORD VENTILATION, RESP, ECG, O2 SAT, UNATTENDED BY TECH	Yes	Yes
95807	SLEEP STUDY, SIMULT RECORD VENTILATION, RESP, ECG, O2 SAT, ATTENDED BY TECH	Yes	Yes
95808	TECH	Yes	Yes
95810	BY TECH	Yes	Yes
95811	ATTEND BY TECH	Yes	Yes
G0398	HOME SLEEP STUDY, W/TYPE II PORTABLE MONITOR, UNATTENDED, MIN 7 CHANNELS,	Yes	Yes
G0399	HOME SLEEP STUDY, W/TYPE II PORTABLE MONITOR, UNATTENDED, MIN 4 CHANNELS,	Yes	Yes
G0400	HOME SLEEP STUDY, W/TYPE IV PORTABLE MONITOR, UNATTENDED MIN 3 CHANNELS	Yes	Yes
<b>SPINAL SURGERY</b>			
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	Yes	Yes
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	Yes	Yes
20555	PLACEMENT CATHETER/NEEDLES FOR BRACHYTHERAPY	Yes	Yes
20930	ALLOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED	Yes	Yes
20931	ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL	Yes	Yes
20932	AND CONTIGUOUS BONE	Yes	Yes
20933	HEMICORTICAL INTERCALARY, PARTIAL (IN ADDIT TO PRIMARY PX)	Yes	Yes
20934	INTERCALARY, COMPLETE (IN ADDIT TO PRIMARY PX)	Yes	Yes
20936	AUTOGRAFT FOR SPINE SURGERY; LOCAL	Yes	Yes
20937	AUTOGRAFT FOR SPINE SURGERY; MORSELIZED	Yes	Yes
20938	AUTOGRAFT FOR SPINE SURGERY; STRUCTURAL BICORTICAL OR TRICORTICAL	Yes	Yes
20982	ABLATION, BONE TUMORS, RADIOFREQUENCY, PERCUTANEOUS, INCLUDING CT GUIDANCE	Yes	Yes
20985	PROCEDURES	Yes	Yes
20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM; GENERAL	Yes	Yes
22010	I&D, OPEN, OF DEEP ABCESS, POSTERIOR SPINE; CERVICAL, THORACIC, OR CERVICOTHORACIC	Yes	Yes
22015	I&D, OPEN, OF DEEP ABCESS, POSTERIOR SPINE; LUMBAR, SACRAL, OR LUMBOSACRAL	Yes	Yes
22100	PTL EXCISION POST VERTEBRAL COMPONENT FOR BONY LESION; CERVICAL	Yes	Yes
22101	PTL EXCISION POST VERTEBRAL COMPONENT FOR BONY LESION; THORACIC	Yes	Yes
22102	PTL EXCISION POST VERTEBRAL COMPONENT FOR BONY LESION; LUMBAR	Yes	Yes
22103	PTL EXCISION POST VERTEBRAL COMPNENT FOR BONY LESION; EA ADDTL SEGMENT	Yes	Yes
22110	PTL EXC POST VERTEBRAL COMPONENT FOR BONY LESION W/O DECOMPRESSION; CERVICAL	Yes	Yes
22112	PTL EXC POST VERTEBRAL COMPONENT FOR BONY LESION W/O DECOMPRESSION; THORACIC	Yes	Yes
22114	PTL EXC POST VERTEBRAL COMPONENT FOR BONY LESION W/O DECOMPRESSIOND; LUMBAR	Yes	Yes
22116	PTL EXC POST VERTEBRAL COMPNENT FOR BONY LESION; EA ADDTL SEGMENT	Yes	Yes
22206	OSTEOTOMY SPINE, POST OR POSTERIORLATERAL, 3 COL, 1 VERTREBAL SEGMENT; THORACIC	Yes	Yes
22207	OSTEOTOMY SPINE, POST OR POSTERIORLATERAL, 3 COL, 1 VERTREBAL SEGMENT; LUMBAR	Yes	Yes
22208	OSTEOTOMY SPINE, POST OR POSTERIORLATERAL; EACH ADDTL VERTEBRAL SEGMENT	Yes	Yes
22210	OSTEOTOMY SPINE, POST OR POSTERIORLATERAL, 1 VERTREBAL SEGMENT; CERVICAL	Yes	Yes
22212	OSTEOTOMY SPINE, POST OR POSTERIORLATERAL, 1 VERTREBAL SEGMENT; THORACIC	Yes	Yes
22214	OSTEOTOMY SPINE, POST OR POSTERIORLATERAL, 1 VERTREBAL SEGMENT; LUMBAR	Yes	Yes
22216	OSTEOTOMY SPINE, POST OR POSTERIORLATERAL; EACH ADDTL VERTEBRAL SEGMENT	Yes	Yes
22220	CERVICAL	Yes	Yes
22222	THORACIC	Yes	Yes
22224	LUMBAR	Yes	Yes
22226	OSTEOTOMY SPINE, INCL DISCECTOMY, ANT APPROACH; EACH ADDTL VERTEBRAL SEGMENT	Yes	Yes
22318	OPEN TX/REDUCTION ODONTOID FX, INTERNAL FIXATION W/O GRAFTING	Yes	Yes
22319	OPEN TX/REDUCTION ODONTOID FX, INTERNAL FIXATION W/ GRAFTING	Yes	Yes
22325	OPEN TX/REDUCTION VERTEBRAL FX, POSTERIOR APPROACH, 1 FX; LUMBAR	Yes	Yes
22326	OPEN TX/REDUCTION VERTEBRAL FX, POSTERIOR APPROACH, 1 FX; CERVICAL	Yes	Yes
22327	OPEN TX/REDUCTION VERTEBRAL FX, POSTERIOR APPROACH, 1 FX; THORACIC	Yes	Yes
22328	SEGMENT	Yes	Yes
22505	MANIPULATION SPINE REQUIRING ANES-ANY REGION	Yes	Yes
22510	PERCUTANEOUS VERTEBROPLASTY (1 VERTEBRAL BODY)CERVICOTHORACIC	Yes	Yes
22511	PERCUTANEOUS VERTEBROPLASTY - LUMBOSACRAL	Yes	Yes
22512	EACH ADDITIONAL VERTEBRAL BODY	Yes	Yes
22513	PERCUTANEOUS VERTEBRAL AUGMENTATION - THORACIC	Yes	Yes
22514	PERCUTANEOUS VERTEBRAL AUGMENTATION -LUMBAR	Yes	Yes
22515	EACH ADDITIONAL VERTEBRAL BODY	Yes	Yes



CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
22526	PERC INTRADISCAL ANNUPLASTY UNI OR BILAT INCL FLUOROSCOPIC GUID; SINGLE LEVEL	Yes	Yes
22527	PERC INTRADISCAL ANNUPLASTY UNI OR BILAT INCL FLUOROSCOPIC GUID; EACH ADDTL LEVEL	Yes	Yes
22532	ARTHRODESIS, LATERAL EXTRACAVITY TECH, INCL MIN DISCECTOMY; THORACIC	Yes	Yes
22533	ARTHRODESIS, LATERAL EXTRACAVITY TECH, INCL MIN DISCECTOMY; LUMBAR	Yes	Yes
22534	SEG	Yes	Yes
22548	ODONTOID	Yes	Yes
22551	CORD; C1-2	Yes	Yes
22552	CORD; CERVICAL BELOW C2, EACH ADDTL SPACE	Yes	Yes
22554	ARTHRODESIS, ANTERIOR TRANSORAL/EXTRAORAL TECH; CERVICAL BELOW C2	Yes	Yes
22556	ARTHRODESIS, ANTERIOR TRANSORAL/EXTRAORAL TECH; THORACIC	Yes	Yes
22558	ARTHRODESIS, ANTERIOR TRANSORAL/EXTRAORAL TECH; LUMBAR	Yes	Yes
22585	ARTHRODESIS, ANTERIOR TRANSORAL/EXTRAORAL TECH; EACH ADDTL INTERSPACE	Yes	Yes
22590	ARTHRODESIS, POSTERIOR TECH; CRANIOCERVICAL	Yes	Yes
22595	ARTHRODESIS, POSTERIOR TECH, ATLAS-AXIS; C1-C2	Yes	Yes
22600	C2 SEG	Yes	Yes
22610	LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Yes	Yes
22612	LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Yes	Yes
22614	INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes	Yes
22630	ARTHRODESIS, POST INTERBODY TECH, INCL LAMINECTOMY/DISCECTOMY, SINGLE; LUMBAR	Yes	Yes
22632	ADDTL INTERSPACE	Yes	Yes
22633	INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO	Yes	Yes
22634	INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO	Yes	Yes
22800	ARTHRODESIS, POST, SPINAL DEFORMITY, W/ OR W/O CAST; UP TO 6 VERTEBRAL SEGMENTS	Yes	Yes
22802	ARTHRODESIS, POST, SPINAL DEFORMITY, W/ OR W/O CAST; 7-12 VERTEBRAL SEGMENTS	Yes	Yes
22804	SEGMENTS	Yes	Yes
22808	ARTHRODESIS, ANT, SPINAL DEFORMITY, W/ OR W/O CAST; 2-3 VERTEBRAL SEGMENTS	Yes	Yes
22810	ARTHRODESIS, ANT, SPINAL DEFORMITY, W/ OR W/O CAST; 4-7 VERTEBRAL SEGMENTS	Yes	Yes
22812	SEGMENTS	Yes	Yes
22818	KYPHECTOMY; SINGLE OR 2 SEGMENTS	Yes	Yes
22819	KYPHECTOMY; 3 OR MORE SEGMENTS	Yes	Yes
22830	EXPLORATION SPINAL FUSION	Yes	Yes
22836	vertebral segments	Yes	Yes
22837	more vertebral segments	Yes	Yes
22838	body tethering, including thoracoscopy, when performed	Yes	Yes
22840	POST NON-SEGMENTAL INSTRUMENTATION ACROSS 1 INTERSPACE; WIRING C1	Yes	Yes
22841	INTERNA SPINAL FIXATION BY WIRING SPINOUS PROCESSES	Yes	Yes
22842	POST SEGMENTAL INSTRUMENTATION; 3-6 VERTEBRAL SEGMENTS	Yes	Yes
22843	POST SEGMENTAL INSTRUMENTATION; 7-12 VERTEBRAL SEGMENTS	Yes	Yes
22844	POST SEGMENTAL INSTRUMENTATION; 14 OR MORE VERTEBRAL SEGMENTS	Yes	Yes
22845	ANTERIOR INSTRUMENTATION; 2-4 VERTEBRAL SEGMENTS	Yes	Yes
22846	ANTERIOR INSTRUMENTATION; 4-7 VERTEBRAL SEGMENTS	Yes	Yes
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS	Yes	Yes
22848	PELVIC FIXATION, OTHER THAN SACRUM	Yes	Yes
22849	REINSERTION OF SPINAL FIXATION DEVICE	Yes	Yes
22850	REMOVAL OF POST NONSEGMENTAL INSTRUMENTATION	Yes	Yes
22852	REMOVAL POST SEGMENTAL INSTRUMENTATION	Yes	Yes
22853	instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral	Yes	Yes
22854	anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to	Yes	Yes
22855	REMOVAL ANT SEGMENTAL INSTRUMENTATION	Yes	Yes
22856	TOTAL DISC ARTHROPLASTY, ARTIFICIAL DISC LUMBAR, SINGLE INTERSPACE; CERVICAL	Yes	Yes
22857	interspace (other than for decompression); single interspace, lumbar	Yes	Yes
22858	CERVICAL	Yes	Yes
22859	methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody	Yes	Yes
22860	interspace (other than for decompression); second interspace, lumbar (List separately in	Yes	Yes
22861	REVISION INCL REPLACE TOTAL ARTHROPLSTY ARTIFICIAL DISC; CERVICAL	Yes	Yes
22862	REVISION INCL REPLACE TOTAL ARTHROPLSTY ARTIFICIAL DISC; LUMBAR	Yes	Yes
22864	REMOVAL TOTAL DISC ARTHROPLASTY, ARTIFICIAL DISC; CERVICAL	Yes	Yes
22865	REMOVAL TOTAL DISC ARTHROPLASTY, ARTIFICIAL DISC; LUMBAR	Yes	Yes
22867	WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN	Yes	Yes
22868	WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN	Yes	Yes
22869	WITHOUT OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN	Yes	Yes
22870	WITHOUT OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN	Yes	Yes
22899	UNLISTED PROCEDURE, SPINE	Yes	Yes
27279	TRANSFIXING DEVICE	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS, MULTIPLE SESSIONS; 2 OR MORE DAYS	Yes	Yes
62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS, MULTIPLE SESSIONS; 1 DAY	Yes	Yes
62267	TISSUE	Yes	Yes
62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	Yes	Yes
62269	PERCUTANEOUS BIOPSY SPINAL CORD	Yes	Yes
62287	ASPIR/DECOMPRESS-PERQ-NUCLEUS PULPOS 1/MX-LUMB	Yes	Yes
62380	OR DISCECTOMY, 1 INTERSPACE, LUMBAR	Yes	Yes
63001	SEG; CERVICAL	Yes	Yes
63003	SEG; THORACIC	Yes	Yes
63005	SEG; LUMBAR	Yes	Yes
63011	SEG; SACRAL	Yes	Yes
63012	LAMINECTOMY W/REMOVAL ABNORMAL FACETS; LUMBAR (SPONDYLOLOSTHESIS)	Yes	Yes
63015	SEGS; CERVICAL	Yes	Yes
63016	SEGS; THORACIC	Yes	Yes
63017	SEG; LUMBAR	Yes	Yes
63020	INTERSPACE; CERVICAL	Yes	Yes
63030	INTERSPACE; LUMBAR	Yes	Yes
63035	INTERSPACE; EACH ADDTL	Yes	Yes
63040	INTERSPACE; CERVICAL	Yes	Yes
63042	INTERSPACE; LUMBAR	Yes	Yes
63043	INTERSPACE; EACH ADDTL CERV	Yes	Yes
63044	INTERSPACE; EACH ADDTL LUMB	Yes	Yes
63045	CERVICAL	Yes	Yes
63046	THORACIC	Yes	Yes
63047	LAMINECTOMY, FACETECTOMY, W/ DECOMP SPINAL CORD, SINGLE VERTEBRAL SEG; LUMBAR	Yes	Yes
63048	DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NEW ROOT [S], [EG, SPINAL OR	Yes	Yes
63055	TRANSPEDICULAR APPROACH W/ DECOMP SPINAL CORD, SINGLE SEGMENT; THORACIC	Yes	Yes
63056	TRANSPEDICULAR APPROACH W/ DECOMP SPINAL CORD, SINGLE SEGMENT; LUMBAR	Yes	Yes
63057	SEGMENT	Yes	Yes
63064	COSTOVERTEBRAL APPROACH W/ DECOMP SPINAL CORD, SINGLE SEGMENT; THORACIC	Yes	Yes
63066	SEGMENT	Yes	Yes
63075	DISCECTOMY, ANT, W/DECOMP SPINAL CORD, SNGL INTERSPACE; CERVICAL	Yes	Yes
63076	INTERSPACE	Yes	Yes
63077	DISCECTOMY, ANT, W/DECOMP SPINAL CORD, SNGL INTERSPACE; THORACIC	Yes	Yes
63078	INTERSPACE	Yes	Yes
63081	SEG; CERVICAL	Yes	Yes
63082	CERVICAL, EACH ADDTL SEGMENT	Yes	Yes
63085	SEG; THORACIC	Yes	Yes
63086	THORACIC, EACH ADDTL SEGMENT	Yes	Yes
63087	SEG; LUMBAR	Yes	Yes
63088	LUMBAR, EACH ADDTL SEGMENT	Yes	Yes
63090	SEG; SACRAL	Yes	Yes
63091	SACRAL, EACH ADDTL SEGMENT	Yes	Yes
63101	SEG; CERVICAL	Yes	Yes
63102	SEG; LUMBAR	Yes	Yes
63103	LUMBAR, EACH ADDTL SEGMENT	Yes	Yes
63170	LAMINECTOMY W/MYELOTOMY; CERVICAL, THORACIC, THORACOLUMBAR	Yes	Yes
63172	LAMINECTOMY W/DRAINAGE OF INTRAMEDULLARY CYST; SUBARACHNOID	Yes	Yes
63173	LAMINECTOMY W/DRAINAGE OF INTRMEDULLARY CYST; PLEURAL OR PERITONEAL	Yes	Yes
63185	LAMINECTOMY W/ RHIZOTOMY, 1-2 SEGMENTS; CERVICAL	Yes	Yes
63190	LAMINECTOMY W/ RHIZOTOMY, > 2 SEGMENTS; CERVICAL	Yes	Yes
63191	LAMINECTOMY W/SPINAL ACCESSORY NERVE	Yes	Yes
63197	STAGE, THORACIC	Yes	Yes
63200	LAMINECTOMY W/ RELEASE TETHERED SPINAL CORD; LUMBAR	Yes	Yes
63250	LAMINECTOMY EXCISION/OCCCLUSION AV MALFORMATION SPINAL CORD; CERVICAL	Yes	Yes
63251	LAMINECTOMY EXCISION/OCCCLUSION AV MALFORMATION SPINAL CORD; THORACIC	Yes	Yes
63252	LAMINECTOMY EXCISION/OCCCLUSION AV MALFORMATION SPINAL CORD; THORACOLUMBAR	Yes	Yes
63265	LAMINECTOMY EXCISION/EVACUATION INTRASPINAL LESION, NOT NEOPLASM; CERVICAL	Yes	Yes
63266	LAMINECTOMY EXCISION/EVACUATION INTRASPINAL LESION, NOT NEOPLASM; THORACIC	Yes	Yes
63267	LAMINECTOMY EXCISION/EVACUATION INTRASPINAL LESION, NOT NEOPLASM; LUMBAR	Yes	Yes
63268	LAMINECTOMY EXCISION/EVACUATION INTRASPINAL LESION, NOT NEOPLASM; SACRAL	Yes	Yes
63270	LAMINECTOMY EXCISION INTRASPINAL LESION, NOT NEOPLASM, INTRADURAL; CERVICAL	Yes	Yes
63271	LAMINECTOMY EXCISION INTRASPINAL LESION, NOT NEOPLASM, INTRADURAL; THORACIC	Yes	Yes
63272	LAMINECTOMY EXCISION INTRASPINAL LESION, NOT NEOPLASM, INTRADURAL; LUMBAR	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
63273	LAMINECTOMY EXCISION INTRASPINAL LESION, NOT NEOPLASM, INTRADURAL; SACRAL	Yes	Yes
63275	LAMINECTOMY BX/EXCISION INSTRASPINAL NEOPLASM, EXTRADURAL; CERVICAL	Yes	Yes
63276	LAMINECTOMY BX/EXCISION INSTRASPINAL NEOPLASM, EXTRADURAL; THORACIC	Yes	Yes
63277	LAMINECTOMY BX/EXCISION INSTRASPINAL NEOPLASM, EXTRADURAL; LUMBAR	Yes	Yes
63278	LAMINECTOMY BX/EXCISION INSTRASPINAL NEOPLASM, EXTRADURAL; SACRAL	Yes	Yes
63280	CERVICAL	Yes	Yes
63281	THORACIC	Yes	Yes
63282	LUMBAR	Yes	Yes
63283	LAMINECTOMY BX/EXCISION INSTRASPINAL NEOPLASM, INTRADURAL; SACRAL	Yes	Yes
63285	CERVICAL	Yes	Yes
63286	THORACIC	Yes	Yes
63287	THORACOLUMBAR	Yes	Yes
63290	INTRADURAL; ANY LEVEL	Yes	Yes
63295	OSTEOPLASTIC RECONSTRUCTION OF DOSAL SPINAL ELEMENTS	Yes	Yes
63300	EXTRADURAL; CERVICAL	Yes	Yes
63301	EXTRADURAL; THORACIC BY TRANSTHORACIC APPR	Yes	Yes
63302	EXTRADURAL; THORACIC BY THORACOLUMBAR APPR	Yes	Yes
63303	EXTRADURAL; LUMBAR/SACRAL	Yes	Yes
63304	INTRADURAL; CERVICAL	Yes	Yes
63305	INTRADURAL; THORACIC BY THORACOLUMBAR APPR	Yes	Yes
63306	INTRADURAL; LUMBAR/SACRAL	Yes	Yes
63307	EXTRADURAL; THORACIC	Yes	Yes
63308	EACH ADDTL SEGMENT	Yes	Yes
63600	CREATION LESION SPINAL CORD STEREOTATIC METHOD OR PERQ	Yes	Yes
63610	STEREOTATIC STIM OF SPINAL CORD, PERQ	Yes	Yes
63620	SPINAL LESION	Yes	Yes
63621	ADDTL SPINAL LESION	Yes	Yes
64771	TRANSECTION OR AVULSION OF CRANIAL NERVE; EXTRADURAL	Yes	Yes
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE; EXTRADURAL	Yes	Yes
64802	SYMPATHECTOMY; CERVICAL	Yes	Yes
64804	SYMPATHECTOMY; CERVICTHORACIC	Yes	Yes
64809	SYMPATHECTOMY; THORACOLUMBAR	Yes	Yes
64818	SYMPATHECTOMY; LUMBAR	Yes	Yes
98978	with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor	No	No
0054T	COMPUTER ASSISTED MUSCULOSKELETAL SURGICAL NAVIG SURGERY	Yes	Yes
0055T	IMAGES	Yes	Yes
0095T	REM DISC ARTHROPLASTY, ARTIFICIAL DISC, ANT APPR, EA ADDLT INTERSPACE; CERVICAL	Yes	Yes
0098T	REV DISC ARTHROPLASTY, ARTIFICIAL DISC, ANT APPR, EA ADDLT INTERSPACE; CERVICAL	Yes	Yes
0164T	REMOVAL TOTAL DISC ARTHROPLASTY, ARTIFICIAL DISC;LUMBAR	Yes	Yes
0165T	REVISION INCL REPLACE TOTAL ARTHROPLSTY ARTIFICIAL DISC LUMBAR	Yes	Yes
0200T	MORE NEEDLES	Yes	Yes
0201T	MORE NEEDLES	Yes	Yes
0202T	POSTERIOR VERTEBRAL JOINT ARTHROPLASTY, SINGLE LEVEL; LUMBAR SPINE	Yes	Yes
0219T	CERVICAL	Yes	Yes
0220T	THORACIC	Yes	Yes
0221T	LUMBAR	Yes	Yes
0222T	ADDTL VERTEBRAL SEGMENT	Yes	Yes
0274T	BILATERAL; CERVICAL OR THORACIC	Yes	Yes
0275T	BILATERAL; LUMBAR	Yes	Yes
0790T	lumbar vertebral body tethering, including thoracoscopy, when performed	Yes	Yes
S2348	PERQ DECOMP OF INTERVERTEBRAL DISC, RADIOFREQUENCY ENERGY; LUMBAR	Yes	Yes
S2350	DISKECTOMY, ANT W/ DECOMP SPINAL CORD, LUMBAR; SINGLE INTERSPACE	Yes	Yes
S2351	DISKECTOMY, ANT W/ DECOMP SPINAL CORD, LUMBAR; EACH ADDTL INTERSPACE	Yes	Yes
<b>STIMULATORS</b>			
20975	ELECTRICAL STIMULATION TO AID BONE HEALING, INVASIVE	Yes	Yes
20979	LOW INTENSITY US STIMULATION TO AID BONE HEALING, NONINVASIVE	Yes	Yes
21813	THORACOSCOPIC VISUALIZATION WHEN PERFORMED; 7 OR MORE RIBS	Yes	Yes
43647	LAP, IMPLANT OR REPLACE GASTRIC NEUROSTIMULATOR ELECTORDES, ANTRUM	Yes	Yes
43648	LAP, REVISION OR REMOVAL GASTRIC NEUROSTIMULATOR ELECTORDES, ANTRUM	Yes	Yes
43881	OPEN, IMPLANT OR REPLACE GASTRIC NEUROSTIMULATOR ELECTORDES, ANTRUM	Yes	Yes
43882	OPEN, REVISION OR REMOVAL GASTRIC NEUROSTIMULATOR ELECTORDES, ANTRUM	Yes	Yes
61850	TWIST DRILL OR BURR HOLE FOR IMPLANT NEURO STIMULATOR ELECTRODE,S CORTICAL	Yes	Yes
61860	CORTICAL	Yes	Yes
61863	SUBCORTAL SITE	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
61864	SUBCORTICAL SITE, EACH ADDIT	Yes	Yes
61867	TWIST BURR HOLE, CRANIOTOMY OR CRANIECTOMY, STEREOTACTIC IMPLANTL SUBTHALMIC	Yes	Yes
61868	SUBTHALMICE, EACH ADDIT	Yes	Yes
61880	REVISION OR REMOVAL INTRACRANIAL NEUROSTIMULATOR	Yes	Yes
61885	SINGLE ELECTRODE ARRAY	Yes	Yes
61886	> ELECTRODE ARRAY	Yes	Yes
61888	REVISION OR REMOVAL CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	Yes	Yes
63650	PERQ IMPLANT NEUROSTIM ELECTRODE ARRAY EPIDURAL	Yes	Yes
63655	LAMINECT IMPLANT NEUROSTIM ELEC PLAT/PADDLE EPID	Yes	Yes
63661	FLUOROSCOPY	Yes	Yes
63662	LAMINOTOMY/LAMINECTOMY ARRAYS, INCL FLUOROSCOPY	Yes	Yes
63663	FLUOROSCOPY	Yes	Yes
63664	LAMINOTOMY/LAMINECTOMY ARRAYS, INCL FLUOROSCOPY	Yes	Yes
63685	pocket creation and connection between electrode array and pulse generator or receiver	Yes	Yes
63688	detachable connection to electrode array	Yes	Yes
64553	PERQ IMPL NEUROSTIMULATOR ELEC; PERIPHERAL NERVE (INLCUDES SACRAL NERVE)	Yes	Yes
64553	PERC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE, CRANIAL NERVE	Yes	Yes
64555	PERQ IMPL NEUROSTIMULATOR ELEC; SACRAL NERVE	Yes	Yes
64561	PERQ IMPL NEUORSTIMULATOR, ELECTRODE ARRAY, SACRAL NERVE	Yes	Yes
64566	POSTERIOR TIB NEUROSTIMULATION, PERQ NEEDLE ELECTRODE, SINGLE TX, INCL PROGRAM	Yes	Yes
64568	ELECTRODE ARRAY AND PULSE GENERATOROpen implantation of cranial nerve (eg, vagus	Yes	Yes
64569	CONNECT EXISTING PULSE GENERATOR	Yes	Yes
64570	GENERATOR	Yes	Yes
64575	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE	Yes	Yes
64580	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; NEUROMUSCULAR	Yes	Yes
64581	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE	Yes	Yes
64585	REV/REMOVAL PERIPHERAL NEUROSTIMULATOR ELEC	Yes	Yes
64590	receiver, requiring pocket creation and connection between electrode array and pulse	Yes	Yes
64595	REVISION/REMOVAL NEUROSTIM PULSE GENERATOR/RECIEVER	Yes	Yes
64595	RECEIVER	Yes	Yes
93150	and programming	Yes	Yes
93151	stimulator system	Yes	Yes
93152	polysomnography	Yes	Yes
93153	Interrogation without programming of implanted phrenic nerve stimulator system	Yes	Yes
0230T	REMOVE NEUROSTIMULATOR SYSTEM, SLEEP APNEA, STIMULATION LEAD ONLY	Yes	Yes
0788T	(eg, electrode array and receiver), including contact group(s), amplitude, pulse width,	Yes	Yes
0789T	system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width,	Yes	Yes
0861T	components (battery and transmitter)	Yes	Yes
0862T	including device interrogation and programming; battery component only	Yes	Yes
0863T	including device interrogation and programming; transmitter component only	Yes	Yes
A4543	month	Yes	Yes
A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome	Yes	Yes
A4545	etc.), needed for one month	Yes	Yes
C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE	Yes	Yes
C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE	Yes	Yes
C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)	Yes	Yes
C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)	Yes	Yes
C1816	RECEIVER AND/OR TRANSMITTER, NEUROSTIMULATOR (IMPLANTABLE)	Yes	Yes
C1816	RECEIVER AND/OR TRANSMITTER, NEUROSTIMULATOR (IMPLANTABLE)	Yes	Yes
C1826	implantable components, with rechargeable battery and charging system	Yes	Yes
C1827	and external paired stimulation controller	Yes	Yes
C1883	ADAPTOR/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)	Yes	Yes
C1897	LEAD, NEUROSTIMULATOR (IMPLANTABLE), TEST KIT	Yes	Yes
C1897	LEAD, NEUROSTIMULATOR (IMPLANTABLE), TEST KIT	Yes	Yes
C9807	including electrode and all disposable system components, nonopioid medical device (must be	Yes	Yes
E0720	TENS DEVICE TWO LEAD LOCALIZED STIMULATION	Yes	Yes
E0721	Transcutaneous electrical nerve stimulator for nerves in the auricular region	Yes	Yes
E0730	TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION	Yes	Yes
E0732	Cranial electrotherapy stimulation (CES) system, any type	Yes	Yes
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	Yes	Yes
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	Yes	Yes
E0735	Noninvasive vagus nerve stimulator	Yes	Yes
E0736	Transcutaneous tibial nerve stimulator	Yes	Yes
E0737	Transcutaneous tibial nerve stimulator, controlled by phone application	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
E0743	External lower extremity nerve stimulator for restless legs syndrome, each	Yes	Yes
E0744	NEUROMUSCULAR STIM FOR SCOLIOSIS	Yes	Yes
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	Yes	Yes
E0747	ELEC OSTEOGEN STIM NOT SPINE	Yes	Yes
E0748	ELEC OSTEOGEN STIM SPINAL	Yes	Yes
E0749	ELEC OSTEOGEN STIM IMPLANTED	Yes	Yes
E0755	ELECTRONIC SALIVARY REFLEX STIMULATOR	Yes	Yes
E0760	OSTEOGEN ULTRASOUND STIMLTOR	Yes	Yes
E0762	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS	Yes	Yes
E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	Yes	Yes
E0765	NERVE STIM W/REPLACE BATTERIES	Yes	Yes
E0769	ESTIM/ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	Yes	Yes
E0770	FUNC ELECT STIM, TRANSCUT STIM OF NERVE	Yes	Yes
L8680	IMPLANTABLE NEUROSTIMULATOR, ELECTRODE, EA	Yes	Yes
L8681	NEUROSTIMULATOR PULSE GEN, REPLACEMENT ONLY	Yes	Yes
L8682	IMPLANTABLE NEUROSTIMULATOR, RADIOFREQUENCY RECEIVER	Yes	Yes
L8683	RADIOFREQUENCY RECEIVER	Yes	Yes
L8685	EXTENSION	Yes	Yes
L8686	INCL EXTENSION	Yes	Yes
L8687	EXTENSION	Yes	Yes
L8688	INCL EXTENSION	Yes	Yes
L8689	IMPLANTABLENEUROSTIMULATOR , REPLACE ONLY	Yes	Yes
L8695	IMPLANTABLENEUROSTIMULATOR , REPLACE ONLY	Yes	Yes
<b>TMJ-ORTHAG</b>	<b>BENEFITS TO BE VERIFIED</b>		
21010	ARTHROTOMY, TMJ	Yes	Yes
21050	CHONDLLECTOMY (TMJ)	Yes	Yes
21060	MENISECTOMY, PTL OR COMPLETE, TMJ	Yes	Yes
21070	CORONOIDECTOMY	Yes	Yes
21073	MANIPULATION TMJ, REQUIRING ANESTHESIA	Yes	Yes
21082	PALATAL AUGMENTATION PROSTHESIS	Yes	Yes
21089	UNLISTED MAXIOFACIAL PROSTHETIC PROCEDURE	Yes	Yes
21100	APPLICATION HALO TYPE APPLIANCE FOR MAXIOFACIAL FIXATION	Yes	Yes
21110	APPLICATION INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FX	Yes	Yes
21125	AUGMENTATION MADIBULAR BODY/ANGLE, PROSTHETIC MATL	Not Covered	Not Covered
21127	AUGMENTATION MANDIBULAR BODY/ANGLE W/BONE GRAFT ONLY OR INTERPOSTIONAL	Not Covered	Not Covered
21137	REDUCTION FOREHEAD, CONTOURING ONLY	Yes	Yes
21138	REDUCTION FOREHEAD, COTOURING AND APPLIC PROSTHETIC MATLOR BONE GRAFT	Yes	Yes
21139	REDUCTION FOREHEAD, COTOURING AND SETBACK ANTERIOR FRONTAL SINUS WALL	Yes	Yes
21198	OSTEOTOMY MANDIBLE SEGMENTAL;	Yes	Yes
21199	OSTEOTOMY MANDIBLE SEGMENTAL; W/ GENIOGLOSSUS ADV	Yes	Yes
21206	OSTEOTOMY, MAXILLA, SEGMENTAL	Yes	Yes
21280	MEDIAL CANTHOPEXY	Yes	Yes
21282	LATERAL CANTHOPEXY	Yes	Yes
21295	REDUCTION MASSETER MUSCLE /BONE, EXTRAORAL APPROACH	Yes	Yes
21296	REDUCTION MASSETER MUSCLE /BONE, INTRAORAL APPROACH	Yes	Yes
21299	UNLISTED CRANIOFACIALAND MAXIOFACIAL PX	Yes	Yes
21480	CLOSED TREATMENT TMJ DISLOCATION, INIT/SUBSQ	Yes	Yes
21485	CLOSED TREATMENT TMJ DISLOCATION, INIT/SUBSQ, INTERMAXILLARY FIXATION OR	Yes	Yes
21490	OPEN TREATMENT TMJ DISLOCATION	Yes	Yes
21497	INTERDENTAL WIRING FOR CONDITION OTHER THAN FX	Yes	Yes
21499	UNLISTED MUSCULOSKELETAL PX, HEAD	Yes	Yes
29800	ARTHROSCOPY, TMJ, DX W/ OR W/O SYNOVIAL BIOPSY	Yes	Yes
29804	ARTHROSCOPY, TMJ, SURGICAL	Yes	Yes
D7810	OPEN REDUCTION OF DISLOCATION	Yes	Yes
D7830	MANIPULATION UNDER ANESTHESIA	Yes	Yes
D7840	CONDYLECTOMY	Yes	Yes
D7850	SURGICAL DISCECTOMY; W/ OR W/O IMPLANT	Yes	Yes
D7852	DISC REPAIR	Yes	Yes
D7854	SYNOVECTOMY	Yes	Yes
D7856	MYOTOMY	Yes	Yes
D7858	JOINT RECONSTRUCTION	Yes	Yes
D7860	ARTHROTOMY	Yes	Yes
D7865	ARTHROPLASTY	Yes	Yes
D7870	ARTHROCENTESIS	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
D7871	NON ARTHROSCPIC LYSIS AND LAVAGE	Yes	Yes
D7872	ARTHROSCOPY, DX W/ OR W/O BIOPSY	Yes	Yes
D7873	ARTHROSCOPY, SURGICAL; LAVAGE AND LYSIS OF ADHESIONS	Yes	Yes
D7874	ARTHROSCOPY, SURGICAL; DISC REPOSITIONING AND STABILIZATION	Yes	Yes
D7875	ARTHROSCOPY, SURGICAL; SYNOVECTOMY	Yes	Yes
D7876	ARTHROSCOPY, SURGICAL; DISCECTOMY	Yes	Yes
D7877	ARTHROSCOPY, SURGICAL; DEBRIDEMENT	Yes	Yes
D7880	OCCLUSAL ORTHOTIC APPLIANCE	Yes	Yes
D7899	UNSPECIFIED TMD THERAPY	Yes	Yes
D7920	SKIN GRAFT	Yes	Yes
D7940	OSTEOPLASTY, ORTHGNATHIC DEFORMITIES	Yes	Yes
D7941	OSTEOTOMY, MANDIBULAR RAMI	Yes	Yes
D7943	OSTEOTOMY, MANDIBULAR RAMI W/ BONE GRAFT	Yes	Yes
D7944	OSTEOTOMY, SEGMENTED OR SUBAPICAL	Yes	Yes
D7945	OSTEOTOMY, BODY OF MANDIBLE	Yes	Yes
D7946	LEFORT I, MAXILLA TOTAL	Yes	Yes
D7947	LEFORT I, MAXILLA SEGMENTED	Yes	Yes
D7948	LEFORT II OR III, OSTEOPLASTY' W/O BONE GRAFT	Yes	Yes
D7949	LEFORT II OR III, W BONE GRAFT	Yes	Yes
D7950	PSSEpus, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT MANDIBLE OR MAXILLA	Yes	Yes
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION	Yes	Yes
D7963	FRENULOPLASTY	Yes	Yes
D7970	EXC OF HYPERPLASTIC TISSUE, PER ARCH	Yes	Yes
D7980	SIALOLITHOTOMY	Yes	Yes
D7981	EXC OF SALIVARY GLAND	Yes	Yes
D7991	CORONOIDECTOMY	Yes	Yes
D7997	ARCHBAR	Yes	Yes
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	Yes	Yes
<b>TRANSGENDE R/ OTHER SERVICES</b>	<b>BENEFITS TO BE VERIFIED</b>		
F64.0	GENDER IDENTITY DISORDERS	Yes	Yes
F64.1	GENDER IDENTITY DISORDER IN ADOLESCENCE AND ADULthood	Yes	Yes
F64.2	GENDER IDENTITY DISORDER OF CHILDHOOD	Yes	Yes
F64.8	OTHER GENDER IDENTITY DISORDERS	Yes	Yes
F64.9	GENDER IDENTITY DISORDER, UNSPEC	Yes	Yes
Z87.890	PERSONAL HISTORY OF SEX REASSIGNMENT	Yes	Yes
11950	SUBQ INJECTION FILLING MATL ≤ 1cc	Yes	Yes
11951	SUBQ INJECTION FILLING MATL 1.1 TO 5.0cc	Yes	Yes
11952	SUBQ INJECTION FILLING MATL 5.1 TO 10.0cc	Yes	Yes
11954	SUBQ INJECTION FILLING MATL >10cc	Yes	Yes
11960	INSERTION OF TISSUE EXPANDER OTHER THAN BREAST INCL SUBSQ T EXPANSION	Yes	Yes
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	Yes	Yes
14040	ADJ TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHIN, MOUTH, ETC; DEFECT ≤ 10sq	Yes	Yes
14301	ADJACENT TISSUE TRANSF, TRUNK; DEFECT 30.1SQ CM TO 60.0SQ CM	Yes	Yes
15734	MUSCLE, MYOCUTANEOUS OR FASCIOTANEOUS FLAP; TRUNK	Yes	Yes
15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS	Yes	Yes
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms,	Not Covered	Not Covered
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms,	Not Covered	Not Covered
15775	PUNCH GRAFT FOR HAIR TRANSPLANT; 1 to 15 PUNCH GRAFTS	Yes	Yes
15776	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS	Yes	Yes
15780	KERATOSIS	Yes	Yes
15781	DERMABRASION; SEGMENTAL, FACE	Yes	Yes
15782	DERMABRASION; REGIONAL, OTHER THAN FACE	Yes	Yes
15783	DERMABRASION; SUPERFICIAL, ANY SITE (EG, TATTOO REMOVAL)	Yes	Yes
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	Yes	Yes
15789	CHEMICAL PEEL, FACIAL; DERMAL	Yes	Yes
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	Yes	Yes
15793	CHEMICAL PEEL, NONFACIAL; DERMAL	Yes	Yes
15820	BLEPHAROPLASTY LOWER EYELID	Not Covered	Not Covered
15821	BLPHPLSTY LOW EYELD; HERN FA	Not Covered	Not Covered
15822	BLEPHAROPLASTY UPPER EYELID;	Not Covered	Not Covered

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
15823	BLPHPLSTY UP EYELD; W/EXCESS	Not Covered	Not Covered
15824	RHYTIDECTOMY; FOREHEAD	Not Covered	Not Covered
15825	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING	Not Covered	Not Covered
15826	RHYTIDECTOMY; GLABELLAR FROWN LINES	Not Covered	Not Covered
15828	RHYTIDECTOMY; CHEEK, CHIN, AND NECK	Not Covered	Not Covered
15829	RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYS FLAP	Not Covered	Not Covered
15830	INFRAUMBILICAL PANNICULECTOMY	Yes	Yes
15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); THIGH	Yes	Yes
15833	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); LEG	Yes	Yes
15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); HIP	Yes	Yes
15835	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); BUTTOCK	Yes	Yes
15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ARM	Yes	Yes
15837	OR HAND	Yes	Yes
15838	FAT PAD	Yes	Yes
15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); OTHER AREA	Yes	Yes
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN	Yes	Yes
15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK	Yes	Yes
15877	SUCTION ASSISTED LIPECTOMY; TRUNK	Yes	Yes
15878	SUCTION LIPECTOMY; UPPER EXTREMITY	Yes	Yes
15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY	Yes	Yes
17380		Yes	Yes
17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE	Yes	Yes
19300	MASTECTOMY FOR GYNECOMASTIA	Yes	Yes
19301	MASTECTOMY, PARTIAL	Yes	Yes
19303	MASTECTOMY SIMPLE COMPLETE	Yes	Yes
19305	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES	Yes	Yes
19306	MAMMARY LYMPH NODES (URBAN TYPE OPERATION)	Yes	Yes
19307	PECTORALIS MINOR MUSCLE, BUT EXCLUDING PECTORALIS MAJOR MUSCLE	Yes	Yes
19316	MASTOPEXY	Yes	Yes
19318	BREAST REDUCTION	Yes	Yes
19325	BREAST AUGMENTATION WITH IMPLANT	Not Covered	Not Covered
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	Not Covered	Not Covered
19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DATE FROM MASTECTOMY	Not Covered	Not Covered
19350	NIPPLE/AREOLA RECONSTRUCTION	Yes	Yes
21120	GENIOPLASTY; AUGMENTATION CHIN (AUTOGRAFT, ALLOGRAFT, PROSTHETIC)	Not Covered	Not Covered
21121	GENIOPLASTY; AUGMENTATION CHIN; SLIDING OSTEOTOMY, SINGLE PIECE	Not Covered	Not Covered
21122	GENIOPLASTY; SLIDING OSTEOTOMIES, 2 OR MORE OSTEOTOMIES (WEDGE EXC OR BONE	Not Covered	Not Covered
21123	GENIOPLASTY; SLIDING, AUGMENTATION W/ INTERPOSITIONAL BONE GRAFTS	Not Covered	Not Covered
21125	AUGMENTATION MADIBULAR BODY/ANGLE, PROSTHETIC MATL	Not Covered	Not Covered
21127	AUGMENTATION MANDIBULAR BODY/ANGLE W/BONE GRAFT ONLY OR INTERPOSTIONAL	Not Covered	Not Covered
21210	GRAFT BONE; NASAL MAX/MALAR	Not Covered	Not Covered
21270	MALAR AUG PROSTHETIC MATERIA	Not Covered	Not Covered
21275	SEC REV ORBITOCRANIOFCE RECO	Not Covered	Not Covered
30400	RHINO PRIM; LAT&ALAR CART&E	Not Covered	Not Covered
30410	RHINO PRIM; CMPLT EXTERNAL P	Not Covered	Not Covered
30420	RHINO PRIM; INCL MAJ SEPTAL	Not Covered	Not Covered
30430	RHINOPLASTY SEC; MINOR REVIS	Not Covered	Not Covered
30435	RHINOPLASTY SEC; INTERMEDIAT	Not Covered	Not Covered
30450	RHINOPLASTY SEC; MAJOR REVIS	Not Covered	Not Covered
31599		Yes	Yes
31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI	Yes	Yes
53410	URETHROPLSTY 1-STAGE RECON M	Yes	Yes
53430	URETHROPLASTY, RECONSTRUCTION FEMALE URETHRA)	Yes	Yes
53899	UNLISTED PROCEDURE URINARY SYSTEM (URETHRAL LENGTHENING)	Yes	Yes
54125	AMPUTATION PENIS COMPLETE (PENECTOMY)	Yes	Yes
54304	PLSTC OP PENIS CHRDEE/HYPOSP	Yes	Yes
54400	INSJ PENILE PROSTHESIS NON-INFLATABLE SEMI-RIGID (PENILE IMPLANT)	Yes	Yes
54401	INSJ PENILE PROSTHESIS INFLATABLE SELF-CONTAINED (PENILE IMPLANT)	Yes	Yes
54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTHESIS (PENILE IMPLANT)	Yes	Yes
54416	RMVL & RPLCMT NON-NFLTBL/NFLTBL PENILE PROSTHESIS (PENILE IMPLANT)	Yes	Yes
54417	RMVL & RPLCMT PENILE PROSTHESIS INFECTED FIELD (PENILE IMPLANT)	Yes	Yes
54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	Yes	Yes
54660	INSJ TESTICULAR PROSTH SEPARATE PROCEDURE (TESTICULAR PROSTHESIS)	Yes	Yes
54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
55175	SCROTOPLASTY SIMPLE	Yes	Yes
55180	SCROTOPLASTY COMPLICATED	Yes	Yes
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM (GLASOPLASTY)	Yes	Yes
55970	INTERSEX SURG MALE FEMALE	Yes	Yes
55980	INTERSEX SURG FEMALE MALE	Yes	Yes
56620	VULVECTOMY SIMPLE PARTIAL (VAGINOPLASTY)	Yes	Yes
56625	VULVECTOMY SIMPLE COMPLETE (VAGINOPLASTY)	Yes	Yes
56800	PLASTIC REPAIR OF INTROITUS	Yes	Yes
56805	CLITORPLASTY FOR INTERSEX STATE	Yes	Yes
57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	Yes	Yes
57111	VAGINECTOMY, COMPLETE REMOVAL VAGINAL WALL, REMOVAL PARAVAGIAL TISSUE	Yes	Yes
57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT (VAGINOPLASTY)	Yes	Yes
57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT (VAGINOPLASTY)	Yes	Yes
57335	VAGINOPLASTY FOR INTERSEX STATE	Yes	Yes
58150	TOTAL ABDOMINAL HYSTERECTOMY W/OR W/O TEMOVAL TUBES, W/OR W/O REMOVAL	Yes	Yes
58152	TOTAL ABDOMINAL HYSTERECTOMY W/OR W/O TEMOVAL TUBES, W/OR W/O REMOVAL	Yes	Yes
58180	SUPERCERVICAL ABD HYSTERECTOMY W/ OR W/O REMOVAL TUBES AND/OR OVARIES	Yes	Yes
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/<	Yes	Yes
58262	VAG HYSTERECTOMY 250 GM/< W/RMVL TUBE&/OVARY	Yes	Yes
58275	VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY	Yes	Yes
58290	VAGINAL HYSTERECTOMY FOR UTERUS > 250GM	Yes	Yes
58291	VAG HYSTERECTOMY > 250 GM RMVL TUBE&/OVARY	Yes	Yes
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<	Yes	Yes
58542	LAPAROSCOPY SUPRACRV HYSTERECTOMY 250 GM/< RMVL TUBE/OVAR	Yes	Yes
58543	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY >250	Yes	Yes
58544	LAPAROSCOPY SUPRACRV HYSTERECTOMY >250 G RMVL TUBE/OVARY	Yes	Yes
58550	LAPAROSCOPY VAGINAL HYSTERECTOMY UTERUS 250 GM/<	Yes	Yes
58552	LAPAROSCOPY W/VAG HYSTERECTOMY 250 GM/&RMVL TUBE&/OVARIES	Yes	Yes
58553	LAPAROSCOPY W/VAGINAL HYSTERECTOMY > 250 GRAMS	Yes	Yes
58554	LAPAROSCOPY VAGINAL HYSTERECTOMY > 250 GM RMVL TUBE&/OVAR	Yes	Yes
58570	LAPAROSCOPY SURGICAL WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 g OR LESS	Yes	Yes
58571	LAPAROSCOPY TOTAL HYSTERECTOMY 250 GM/< W/RMVL TUBE/OVARY	Yes	Yes
58572	LAPAROSCOPY SURGICAL WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 g	Yes	Yes
58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	Yes	Yes
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES (SALPINGO-OOPHERECTOMY)	Yes	Yes
58720	SALPINGO-OOPHORECTOMY CMPL/PART UNI/BIL-SEP PROC	Yes	Yes
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL (METOIDIPLASTY)	Yes	Yes
90816	SUPPORTIVE PSYCHOTHERAPY, IN AN INPT, PARTIAL OR RESIDENTIAL HOSPITAL CARE	Yes	Yes
90817	SUPPORTIVE PSYCHOTHERAPY, IN AN INPT, PARTIAL OR RESIDENTIAL HOSPITAL CARE	Yes	Yes
90818	SUPPORTIVE PSYCHOTHERAPY, IN AN INPT, PARTIAL OR RESIDENTIAL HOSPITAL CARE	Yes	Yes
90819	SUPPORTIVE PSYCHOTHERAPY, IN AN INPT, PARTIAL OR RESIDENTIAL HOSPITAL CARE	Yes	Yes
90821	SUPPORTIVE PSYCHOTHERAPY, IN AN INPT, PARTIAL OR RESIDENTIAL HOSPITAL CARE	Yes	Yes
90822	SUPPORTIVE PSYCHOTHERAPY, IN AN INPT, PARTIAL OR RESIDENTIAL HOSPITAL CARE	Yes	Yes
90823	CARE SETTING, APPROX 20 to 30 MINS FACE TO FACE WITH THE PATIENT	Yes	Yes
90824	CARE SETTING, APPROX 20 to 30 MINS FACE TO FACE WITH THE PATIENT; WITH MEDICAL	Yes	Yes
90826	CARE SETTING, APPROX 45 to 50 MINS FACE TO FACE WITH THE PATIENT	Yes	Yes
90827	CARE SETTING, APPROX 45 to 50 MINS FACE TO FACE WITH THE PATIENT; WITH MEDICAL	Yes	Yes
90828	INPATIENT INTERACTIVE PSYCHOTHERAPY; IN AN INPT, PARTIAL OR RESIDENTIAL HOSPITAL	Yes	Yes
90829	INPATIENT INTERACTIVE PSYCHOTHERAPY; IN AN INPT, PARTIAL OR RESIDENTIAL HOSPITAL	Yes	Yes
C1813	PROSTHESIS, PENILE, INFLATAB	Yes	Yes
C2622	PROSTHESIS PENILE NON-INFLATABLE	Yes	Yes
J1950	LUEPROLIDE	Yes	Yes
J9217	LEUPROLIDE ACETATE 7.5 MG	Yes	Yes
J9218	LEUPROLIDE ACETATE IMPLANT 65 MG	Yes	Yes
J9219	LEUPROLIDE ACETATE PER 1 MG	Yes	Yes
L8600	IMPLANT BREAST SILICONE/EQ	Yes	Yes
S0189	TESTOSTERONE PELLET 75 MG	Yes	Yes
S9976	LODGING, PER DIEM, NOT OTHERWISE CLASSIFIED	Not Covered	Not Covered
S9977	MEALS, PER DIEM, NOT OTHERWISE SPECIFIED	Not Covered	Not Covered
<b>TRANSPLANT</b>	<b>BENEFITS TO BE VERIFIED</b>		
32850	DONOR PNEUMONECTOMY(S) (INCL COLD PRESERVATION), FROM CADAVER DONOR	Yes	Yes
32851	LUNG TRANSPLANT, SINGLE; W/O CARDIOPULMONARY BYPASS	Yes	Yes
32852	LUNG TRANSPLANT, SINGLE' W/ CARDIOPULMONARY BYPASS	Yes	Yes
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); W/O	Yes	Yes



CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); W/ CARDIOPULMONARY	Yes	Yes
32855	BACKBENCH STD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO	Yes	Yes
32856	BACKBENCH STD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO	Yes	Yes
33929	REMOVAL FOR ARTIFICIAL HEART FOR HEART TRANSPLANTATION	Yes	Yes
33930	DONOR CARDIECTOMY-PNEUMONECTOMY (INCL COLD PRESERVATION)	Yes	Yes
33933	TRANPLANATATION, INCL DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES TO	Yes	Yes
33935	HEART-LUNG TRANSPLANT W/ RECIPIENT CARDIECTOMY-PNEUMONECTOMY	Yes	Yes
33940	DONOR CARDIECTOMY (INCL COLD PRESERVATION)	Yes	Yes
33944	TRANPLANATATION, INCL DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES TO	Yes	Yes
33945	HEART TRANSPLANT, W/ OR W/O RECIPIENT CARDIECTOMY	Yes	Yes
38204	MGMT RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL	Yes	Yes
38205	PER COLLECTION; ALLOGENIC	Yes	Yes
38206	PER COLLECTION; AUTOLOGOUS	Yes	Yes
38207	TRANSPLANT PREP OF HEMATOPOIETIC PROGENITOR CELLS; CRYOPRESERVATION AND	Yes	Yes
38208	HARVEST, W/O WASHING	Yes	Yes
38209	HARVEST, W/ WASHING	Yes	Yes
38210	HARVEST, T-CELL DEPLETION	Yes	Yes
38211	TRANSPLANT PREP OF HEMATOPOIETIC PROGENITOR CELLS; TUMOR CELL DEPLETION	Yes	Yes
38212	TRANSPLANT PREP OF HEMATOPOIETIC PROGENITOR CELLS; RED BLOOD CELL REMOVAL	Yes	Yes
38213	TRANSPLANT PREP OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET DEPLETION	Yes	Yes
38214	TRANSPLANT PREP OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA (VOLUME) DEPLETION	Yes	Yes
38215	PLASMA, MONONUCLEAR, OR BUFFY COAT LAYER	Yes	Yes
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION; ALLOGENIC	Yes	Yes
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	Yes	Yes
38240	BONE MARROW OR BLOOD DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENIC	Yes	Yes
38241	BONE MARROW OR BLOOD DERIVED PERIPHERAL STEM CELL TRANSPLANTATION;	Yes	Yes
38242	DONOR LYMPHOCYTE INFUSIONS	Yes	Yes
38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SUSTEM	Yes	Yes
44132	DONOR ENTERECTOMY (INCL COLD PRESERVATION), OPEN; FROM CADAVER DONOR	Yes	Yes
44133	DONOR ENTERECTOMY (INCL COLD PRESERVATION), OPEN; PARTIAL, FROM LIVING DONOR	Yes	Yes
44135	INTESTINAL ALLOTRANSPLANTATIONL FROM CADAVER DONOR	Yes	Yes
44137	REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE	Yes	Yes
44715	BACKBENCH STD PREP OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO	Yes	Yes
44720	TRANSPLANTATION; INCL MOBILIZATION AND FASHIONING OF SUPRAMESENTERIC ARTERY AND	Yes	Yes
44721	TO TRANSPLANTATION; VENOUS ANASTOMOSIS, EACH	Yes	Yes
44721	TO TRANSPLANTATION; ARTERIAL ANASTOMOSIS, EACH	Yes	Yes
47133	DONOR HEPATECTOMY (INCL COLD PRESERVATION), FROM CADAVER DONOR	Yes	Yes
47135	DONOR, ANY AGE	Yes	Yes
47140	SEGMENT ONLY (SEG II AND III)	Yes	Yes
47141	LOBECTOMY (SEG II, III, AND IV)	Yes	Yes
47142	LOBECTOMY (SEG V, VI, VII AND VIII)	Yes	Yes
47143	BACKBENCH STD PREP OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO	Yes	Yes
47144	TRANSPLANTATION; INCL CHOLE AND DISSECTION AND REMOVAL SURROUNDING SOFT TISS	Yes	Yes
47145	BACKBENCH STD PREP OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO	Yes	Yes
47146	ALLOTRANSPLANTATION; INCL CHOLE AND DISSECTION AND REMOVAL SURROUNDING SOFT	Yes	Yes
47147	ALLOTRANSPLANTATION; VENOUS ANASTOMOSIS, EACH	Yes	Yes
47147	ALLOTRANSPLANTATION; ARTERIAL ANASTOMOSIS, EACH	Yes	Yes
47399	UNLISTED PROCEDURE, LIVER	Yes	Yes
48160	PANCREATIC ISLET CELLS	Yes	Yes
48550	FOR TRANSPLANTATION	Yes	Yes
48551	BACKBENCH STD PREP OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO	Yes	Yes
48552	TRANSPLANTATION, INCL DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES	Yes	Yes
48552	TRANSPLANTATION, VENOUS ANASTOMOSIS, EACH	Yes	Yes
48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	Yes	Yes
48556	REMOVAL OF TRANSPLANTED PANCREACTIC ALLOGRAFT	Yes	Yes
50300	DONOR NEPHRECTOMY (INCL COLD PRESERVATION), FROM CADAVER DONOR, UNILATERAL	Yes	Yes
50320	DONOR NEPHRECTOMY (INCL COLD PRESERVATION), OPEN, FROM LIVING DONOR	Yes	Yes
50323	TRANSPLANT, INCL DISSECTION/REMOVAL PERINEPHRIC FAT AND PREP URETERS, RENAL	Yes	Yes
50325	TRANSPLANT, INCL DISSECTION/REMOVAL PERINEPHRIC FAT AND PREP URETERS, RENAL	Yes	Yes
50327	TRANSPLANT; VENOUS ANASTAMOSIS EACH	Yes	Yes
50328	TRANSPLANT; ARTERIAL ANASTAMOSIS EACH	Yes	Yes
50329	TRANSPLANT; URETERAL ANASTAMOSIS EACH	Yes	Yes
50340	RECIPIENT NEPHRECTOMY (SEPARATE PROC)	Yes	Yes
50360	RENAL ALLOTRASNPANTATION, IMPLANTATION OF GRAFT; W/O RECIPIENT NEPHRECTOMY	Yes	Yes
50365	RENAL ALLOTRASNPANTATION, IMPLANTATION OF GRAFT; W/ RECIPIENT NEPHRECTOMY	Yes	Yes
50370	REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	Yes	Yes
50380	RENAL AUTOTRASPLANTATION, REIMPLANTATION OF KIDNEY	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
50547	DONOR NEPHRECTOMY FROM LIVING DONOR	Yes	Yes
54680	TRANSPLANTATION OF TESTIS TO THIGH	Yes	Yes
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NON OBSTETRICAL)	Yes	Yes
60512	PARATHYROID AUTOTRANSPLANTATION	Yes	Yes
65710	KERATOPLASTY (CORNEAL TRANSPLANT); ANTERIOR LAMELLAR	Yes	Yes
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA OR PSEUDOPHAKIA)	Yes	Yes
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	Yes	Yes
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	Yes	Yes
65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	Yes	Yes
65757	SEP IN ADDT TO CODE FOR PRIMARY PROCEDURE)	Yes	Yes
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION, MULTIPLE LAYERS	Yes	Yes
65781	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION, LIMBAL	Yes	Yes
65782	CELL AUTOGRAFT	Yes	Yes
88240	CRYOPRESERVATION FREEZING AND STORAGE OF CELLS	Yes	Yes
88241	THAWING OF PREV FROZEN HARVEST, EACH ALIQUOT	Yes	Yes
G0341	PERCUTANEOUS ISLET CELL TRANSPLANT, INCL PORTAL VEIN CATHETERIZATION AND	Yes	Yes
G0342	LAPAROSCOPY FOR ISLET CELL TRANSPLANTATION, INCL PORTAL VEIN CATHETERIZATION AND	Yes	Yes
G0343	LAPAROTOMY FOR ISLET CELL TRANSPLANTATION, INCL PORTAL VEIN CATHETERIZATION AND	Yes	Yes
J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	Yes	Yes
S2053	TRANSPLANTATION OF SMALL INTESTINE, AND LIVER ALLOGRAFTS	Yes	Yes
S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	Yes	Yes
S2055	HARVESTING DONOR MULTIVISCERAL ORGANS, W/ PREP/MAINT OF ALLOGRAFTS; FROM	Yes	Yes
S2060	LOBAR LUNG TRANSPLANTATION	Yes	Yes
S2061	DONOR LOBECTOMY (LUNG) FOR TRANSPLANTATION; LIVING DONOR	Yes	Yes
S2065	SIMULT PANCREAS KIDNEY TRANSPLANTATION	Yes	Yes
S2102	ISLET CELL TISSUE TRANSPLANT FROM PANCREAS; ALLOGENIC	Yes	Yes
S2103	ADRENAL TISSUE TRANSPLANT TO BRAIN	Yes	Yes
S2140	CORD BLOOD HARVESTING FOR TRANSPLANTATION; ALLOGENIC	Yes	Yes
S2142	CORD BLOOD DERIVED STEM CELL TRANSPLANTATION; ALLOGENIC	Yes	Yes
S2150	HARVESTING, TRANSPLANTATION AND COMPLICATIONS	Yes	Yes
S2152	LIVING DONOR; PROCUREMENT, TRANSPLANTATION AND COMPLICATIONS	Yes	Yes
S9975	TRANSPLANT RELATED LODGING, MEALS AND TRANSPORTATION -PER DIEM	Yes	Yes
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA)	Yes	Yes
<b>WOUND CARE</b>	<b>BENEFITS TO BE VERIFIED</b>		
15271	CM OR <, WOUND SURF AREA	Yes	Yes
15272	SQ CM OR <, WOUND SURF AREA	Yes	Yes
15273	FIRST 100 SQCM WOUND SURF AREA	Yes	Yes
15274	ADDT 100 SQCM WOUND SURF AREA	Yes	Yes
15275	CM, FIRST 25 SQ CM OR < WOUND SURF AREA	Yes	Yes
15276	CM, EA ADDT 25 SQ CM OR < WOUND SURF AREA	Yes	Yes
15277	100SQ CM, FIRST 100 SQ CM OR < WOUND SURF AREA	Yes	Yes
15278	100SQ CM, EA ADDT 100 SQ CM OR < WOUND SURF AREA	Yes	Yes
97605	NEGATIVE PRESSURE WOUND TX PER SESSION; TOTAL SURF AREA <= 50 SQ CM	Yes	Yes
97606	NEGATIVE PRESSURE WOUND TX PER SESSION; TOTAL SURF AREA > 50 SQ CM	Yes	Yes
97607	NEGATIVE PRESSURE WOUND TX, TOTAL WOUND SURF AREA <= 50 SQ CM	Yes	Yes
97608	NEGATIVE PRESSURE WOUND TX, TOTAL WOUND SURF AREA > 50 SQ CM	Yes	Yes
97610	PT LOW FREQ, NON THERMAL US, WOUND ASSESSMENT	Yes	Yes
99183	PHYSICIAN ATTENDING & SUPERVISION HYPERBARIC O2 TX, SESSION	Yes	Yes
0512T	TOPICAL APPLICATION AND DRESSING CARE; INITIAL WOUND	Yes	Yes
0513T	TOPICAL APPLICATION AND DRESSING CARE; EACH ADDTL WOUND	Yes	Yes
A2001	InnovaMatrix AC, per sq cm	Yes	Yes
A2005	Microlyte Matrix, per sq cm	Yes	Yes
A2007	Restrata, per sq cm	Yes	Yes
A2008	TheraGenesis, per sq cm	Yes	Yes
A2011	Supra SDRM, per sq cm	Yes	Yes
A2012	SUPRATHEL, per sq cm	Yes	Yes
A2013	Innovamatrix FS, per sq cm	Yes	Yes
A2014	Omeza Collagen Matrix, per 100 mg	Yes	Yes
A2015	Phoenix Wound Matrix, per sq cm	Yes	Yes
A2016	PermeaDerm B, per sq cm	Yes	Yes
A2017	PermeaDerm Glove, each	Yes	Yes
A2018	PermeaDerm C, per sq cm	Yes	Yes
A2019	Kerecis Omega3 MariGen Shield, per sq cm	Yes	Yes
A2020	AC5 Advanced Wound System (AC5)	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
A2021	NeoMatrix, per sq cm	Yes	Yes
A2022	InnovaBurn or InnovaMatrix XL, per sq cm	Yes	Yes
A2023	InnovaMatrix PD, 1 mg	Yes	Yes
A2024	Resolve Matrix or XenoPatch, per sq cm	Yes	Yes
A2025	Miro3D, per cu cm	Yes	Yes
A2026	Restrata MiniMatrix, 5 mg	Yes	Yes
A2027	MatriDerm, per sq cm	Yes	Yes
A2028	MicroMatrix Flex, per mg	Yes	Yes
A2029	MiroTract Wound Matrix sheet, per cc	Yes	Yes
A2030	Miro3D fibers, per mg	Yes	Yes
A2031	MiroDryes Wound Matrix, per sq cm	Yes	Yes
A2032	MYesriad Matrix, per sq cm	Yes	Yes
A2033	MYesriad Morcells, 4 mg	Yes	Yes
A2034	Foundation DRS Solo, per sq cm	Yes	Yes
A2035	Corplex P or Theracor P or Allacor P, per mg	Yes	Yes
A4100	Skin substitute, FDA-cleared as a device, not otherwise specified	Yes	Yes
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE	Yes	Yes
E0446	TOPICAL OXYGEN DELIVERY SYSTEM NOS INCL SUPPLIES	Yes	Yes
E2402	NEGATIVE PRESSURE WOUND THERAPY, ELECTRICAL PUMP, STATIONARY OR PORTABLE	Yes	Yes
G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL CODY CHAMBER, PER 30 MIN INTERVAL	Yes	Yes
G0295	ELECTROMAGNETIC THERAPY, 1 OR MORE AREAS, WOUND CARE, OTHER THAN G0329	Yes	Yes
G0329	ELECTROMAGNETIC THERAPY, 1 OR MORE AREAS, STAGE III/IV ULCERS, NOT DEMONSTRATING HEALING AFTER 30 DAYS CONVENTIONAL TREATMENT	Yes	Yes
J7353	Anacaulase-bcdb, 8.8% gel, 1 gm	Yes	Yes
Q2042	TRANSDERMAL CELLULOSE OF 10 000 MILLION CAR-POSITIVE VIABLE T CELLS INCL LEUKOPHORESIS AND DOSE PER PER THERAPY DOSE	Yes	Yes
Q2057	therapeutic dose	Yes	Yes
Q4100	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	Yes	Yes
Q4101	APLIGRAF, PER SQ CM	Yes	Yes
Q4102	OASIS WOUND MATRIX, PER SQ CM	Yes	Yes
Q4103	OASBURN MATRIX, PER SQ CM	Yes	Yes
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQ CM	Yes	Yes
Q4105	REGENERATION MATRIX, PER SQ CM	Yes	Yes
Q4106	DERMAGRAFT, PER SQ CM	Yes	Yes
Q4107	GRAFT JACKET REGENERATIVE MATRIX, PER SQ CM	Yes	Yes
Q4108	INTEGRA MATRIX, PER SQ CM	Yes	Yes
Q4110	PRI MATRIX, PER SQ CM	Yes	Yes
Q4111	GAMMA GRAFT, PER SQ CM	Yes	Yes
Q4112	CYMETRA INJ, 1CC	Yes	Yes
Q4113	GRAFT JACKET EXPRESS, INJ, 1CC	Yes	Yes
Q4114	INTEGRA FLOWABLE REGENERATIVE TISSUE MATRIX, INJ, 1CC	Yes	Yes
Q4115	ALLOSKIN, PER SQ CM	Yes	Yes
Q4116	ALLODERM, PER SQ CM	Yes	Yes
Q4117	HYALOMATRIX, PER SQ CM	Yes	Yes
Q4118	MATRISTEM, MICROMATRIX, 1MG	Yes	Yes
Q4121	THERASKIN, PER SQ CM	Yes	Yes
Q4122	DERMACELL, PER SQ CM	Yes	Yes
Q4123	ALLOSKIN RT, PER SQ CM	Yes	Yes
Q4124	OASIS ULTRATRI-LAYER WOUND MATRIX, PER SQ CM	Yes	Yes
Q4125	ARTHROFLEX, PER SQ CM	Yes	Yes
Q4126	MEMODERM, DERMASPER, TRANZGRAFT OR INTEGUPPLY, PER SQ CM	Yes	Yes
Q4127	TALYMED, PER SQ CM	Yes	Yes
Q4128	FLEXHD, OR ALLOPATCH HD, PER SQ CM	Yes	Yes
Q4130	STRATTICE TM, PER SQ CM	Yes	Yes
Q4132	GRAFIX CORE AND GRAFIXPL CORE, PER SQ CM	Yes	Yes
Q4133	GRAFIX PRIME AND GRAFIXPL PRIME, PER SQ CM	Yes	Yes
Q4134	HMATRIX, PER SQ CM	Yes	Yes
Q4135	MEDISKIN, PER SQ CM	Yes	Yes
Q4136	E-Z DERM, PER SQ CM	Yes	Yes
Q4137	AMNIOEXCEL OR BIODERMA, INJ, 1CM	Yes	Yes
Q4138	BIODEFENCE DRYFLEX, PER SQ CM	Yes	Yes
Q4139	AMNIOMATRIX OR BIODERMA, INJ, 1CC	Yes	Yes
Q4140	BIODEFENCE DRYFLEX, PER SQ CM	Yes	Yes
Q4141	ALLOSKIN AC, PER SQ CM	Yes	Yes
Q4142	XCM BIOLOGIC TISSUE MATRIX, PER SQ CM	Yes	Yes
Q4143	REPRIZA, PER SQ CM	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
Q4145	EPIFIX ING, 1MG	Yes	Yes
Q4146	TENSIX, PER SQ CM	Yes	Yes
Q4147	ARCHITECT, ARCHITECT PX, OR ARCHITECT FX, EXTRACELLULAR MATRIX, PER SQ CM	Yes	Yes
Q4148	NEOX CORD, NEOX CORD RT, OR CLARIX CORD 1K, PER SQ CM	Yes	Yes
Q4149	EXCELLAGEN, 0.1CC	Yes	Yes
Q4150	ALLOW WRAP DS OR DRY, PER SQ CM	Yes	Yes
Q4151	AMNIOBAND OR GUARDIAN, PER SQ CM	Yes	Yes
Q4152	DERMAPURE, PER SQ CM	Yes	Yes
Q4153	DURMAVEST OR PLURIVEST, PER SQ CM	Yes	Yes
Q4154	BIOVANCE, PER SQ CM	Yes	Yes
Q4155	NEOX FLO OR CLARIX FLO, 1MG	Yes	Yes
Q4156	NEOX 100 OR CLARIX 100, PER SQ CM	Yes	Yes
Q4157	REVITALON, PER SQ CM	Yes	Yes
Q4158	KERECIS OMEGA3, PER SQ CM	Yes	Yes
Q4159	AFFINITY, PER SQ CM	Yes	Yes
Q4160	NUSHIELD, PER SQ CM	Yes	Yes
Q4161	BIO-CONNEKT WOUND MATRIX, PER SQ CM	Yes	Yes
Q4162	WOUNDEX FLOW, BIOSKIN FLOW, 0.5CC	Yes	Yes
Q4163	WOUNDEX, BIOSKIN, PER SQ CM	Yes	Yes
Q4164	HELLICOLL, PER SQ CM	Yes	Yes
Q4165	KERAMATRIX, PER SQ CM	Yes	Yes
Q4166	CYTAK, PER SQ CM	Yes	Yes
Q4167	TRUSKIN, PER SQ CM	Yes	Yes
Q4168	AMNIOBAND, 1MG	Yes	Yes
Q4169	ARTACENT WOUND, PER SQ CM	Yes	Yes
Q4170	CYGNUS, PER SQ CM	Yes	Yes
Q4171	INTERFUL, 1MG	Yes	Yes
Q4173	PALINGEN OR PALINGEN X PLUS, PER SQ CM	Yes	Yes
Q4174	PALINGEN OR PROMATRIX, 0.36MG PER 0.25CC	Yes	Yes
Q4175	MIRODERM, PER SQ CM	Yes	Yes
Q4176	NEOPATCH, PER SQ CM	Yes	Yes
Q4177	FLOWERAMNIOFLO, 0.1CC	Yes	Yes
Q4178	FLOWERAMNIOPATCH, PER SQ CM	Yes	Yes
Q4179	FLOWERDERM, PER SQ CM	Yes	Yes
Q4180	REVITA, PER SQ CM	Yes	Yes
Q4181	AMNIO WOUND, PER SQ CM	Yes	Yes
Q4182	TRANSCYTE, PER SQ CM	Yes	Yes
Q4183	SURGIGRAFT, PER SQ CM	Yes	Yes
Q4184	CELLESTA OR CELLESTA DUO, PER SQ CM	Yes	Yes
Q4185	CELLESTA FLOWABLE AMNION (25 mg per cc); PER 0.5 CC	Yes	Yes
Q4186	EPIFIX, PER SQ CM	Yes	Yes
Q4187	EPICORD, PER SQ CM	Yes	Yes
Q4188	AMNIOARMOR, PER SQ CM	Yes	Yes
Q4189	ARTACENT AC, 1 MG	Yes	Yes
Q4190	ARTACENT AC, PER SQ CM	Yes	Yes
Q4191	RESTORIGIN, PER SQ CM	Yes	Yes
Q4192	RESTORIGIN, 1 cc	Yes	Yes
Q4193	COLL-E-DERM, PER SQ CM	Yes	Yes
Q4194	NOVACHOR, PER SQ CM	Yes	Yes
Q4195	PURAPLY, PER SQ CM	Yes	Yes
Q4196	PURAPLY AM, PER SQ CM	Yes	Yes
Q4197	PURAPLY XT, PER SQ CM	Yes	Yes
Q4198	GENESIS AMNIOTIC MEMBRANE, PER SQ CM	Yes	Yes
Q4199	Cygnus matrix, per sq cm	Yes	Yes
Q4200	SkinTE, per sq cm	Yes	Yes
Q4201	Matrion, per sq cm	Yes	Yes
Q4202	Kerxxx (2.5 g/cc), 1 cc	Yes	Yes
Q4203	Derma-Gide, per sq cm	Yes	Yes
Q4204	XWRAP, per sq cm	Yes	Yes
Q4205	Membrane Graft or Membrane Wrap, per sq cm	Yes	Yes
Q4206	Fluid Flow or Fluid GF, 1 cc	Yes	Yes
Q4208	Novafix, per sq cm	Yes	Yes
Q4209	SurGraft, per sq cm	Yes	Yes
Q4211	Amnion Bio or AxoBioMembrane, per sq cm	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
Q4212	AlloGen, per cc	Yes	Yes
Q4213	Ascent, 0.5 mg	Yes	Yes
Q4214	Cellesta Cord, per sq cm	Yes	Yes
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	Yes	Yes
Q4216	Artacent Cord, per sq cm	Yes	Yes
Q4217	per sq cm	Yes	Yes
Q4218	SurgiCORD, per sq cm	Yes	Yes
Q4219	SurgiGRAFT-DUAL, per sq cm	Yes	Yes
Q4220	BellaCell HD or Surederm, per sq cm	Yes	Yes
Q4221	Amnio Wrap2, per sq cm	Yes	Yes
Q4222	ProgenaMatrix, per sq cm	Yes	Yes
Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm	Yes	Yes
Q4225	AmnioBind or DermaBind TL, per sq cm	Yes	Yes
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	Yes	Yes
Q4227	AmnioCoreTM, per sq cm	Yes	Yes
Q4229	Cogenex Amniotic Membrane, per sq cm	Yes	Yes
Q4230	Cogenex Flowable Amnion, per 0.5 cc	Yes	Yes
Q4232	Corplex, per sq cm	Yes	Yes
Q4233	SurFactor or NuDyn, per 0.5 cc	Yes	Yes
Q4234	XCellerate, per sq cm	Yes	Yes
Q4235	AMNIOREPAIR or AltiPly, per sq cm	Yes	Yes
Q4236	carePATCH, per sq cm	Yes	Yes
Q4237	Cryo-Cord, per sq cm	Yes	Yes
Q4238	Derm-Maxx, per sq cm	Yes	Yes
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	Yes	Yes
Q4240	CoreCyte, for topical use only, per 0.5 cc	Yes	Yes
Q4241	PolyCyte, for topical use only, per 0.5 cc	Yes	Yes
Q4242	AmnioCyte Plus, per 0.5 cc	Yes	Yes
Q4245	AmnioText, per cc	Yes	Yes
Q4246	CoreText or ProText, per cc	Yes	Yes
Q4247	Amniotext patch, per sq cm	Yes	Yes
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	Yes	Yes
Q4249	AMNIPLY, for topical use only, per sq cm	Yes	Yes
Q4250	AmnioAmp-MP, per sq cm	Yes	Yes
Q4251	Vim, per sq cm	Yes	Yes
Q4252	Vendaje, per sq cm	Yes	Yes
Q4253	Zenith Amniotic Membrane, per sq cm	Yes	Yes
Q4254	Novafix DL, per sq cm	Yes	Yes
Q4255	REGUaRD, for topical use only, per sq cm	Yes	Yes
Q4256	MLG-Complete, per sq cm	Yes	Yes
Q4257	Relese, per sq cm	Yes	Yes
Q4258	Enverse, per sq cm	Yes	Yes
Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm	Yes	Yes
Q4260	Signature APatch, per sq cm	Yes	Yes
Q4261	TAG, per sq cm	Yes	Yes
Q4262	Dual Layer Impax Membrane, per sq cm	Yes	Yes
Q4263	SurGraft TL, per sq cm	Yes	Yes
Q4264	Cocoon Membrane, per sq cm	Yes	Yes
Q4265	NeoStim TL, per sq cm	Yes	Yes
Q4266	NeoStim Membrane, per sq cm	Yes	Yes
Q4267	NeoStim DL, per sq cm	Yes	Yes
Q4268	SurGraft FT, per sq cm	Yes	Yes
Q4269	SurGraft XT, per sq cm	Yes	Yes
Q4270	Complete SL, per sq cm	Yes	Yes
Q4271	Complete FT, per sq cm	Yes	Yes
Q4272	Esano A, per sq cm	Yes	Yes
Q4273	Esano AAA, per sq cm	Yes	Yes
Q4274	Esano AC, per sq cm	Yes	Yes
Q4275	Esano ACA, per sq cm	Yes	Yes
Q4276	ORION, per sq cm	Yes	Yes
Q4278	EPIEFFECT, per sq cm	Yes	Yes
Q4279	Vendaje AC, per sq cm	Yes	Yes
Q4280	Xcell Amnio Matrix, per sq cm	Yes	Yes
Q4281	Barrera SL or Barrera DL, per sq cm	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
Q4282	Cygnus Dual, per sq cm	Yes	Yes
Q4283	Biovance Tri-Layer or Biovance 3L, per sq cm	Yes	Yes
Q4284	DermaBind SL, per sq cm	Yes	Yes
Q4285	NuDYN DL or NuDYN DL MESH, per sq cm	Yes	Yes
Q4286	NuDYN SL or NuDYN SLW, per sq cm	Yes	Yes
Q4287	DermaBind DL, per sq cm	Yes	Yes
Q4288	DermaBind CH, per sq cm	Yes	Yes
Q4289	RevoShield+ Amniotic Barrier, per sq cm	Yes	Yes
Q4290	Membrane Wrap-Hydro TM, per sq cm	Yes	Yes
Q4291	Lamellas XT, per sq cm	Yes	Yes
Q4292	Lamellas, per sq cm	Yes	Yes
Q4293	Acesso DL, per sq cm	Yes	Yes
Q4294	Amnio Quad-Core, per sq cm	Yes	Yes
Q4295	Amnio Tri-Core Amniotic, per sq cm	Yes	Yes
Q4296	Rebound Matrix, per sq cm	Yes	Yes
Q4297	Emerge Matrix, per sq cm	Yes	Yes
Q4298	AmniCore Pro, per sq cm	Yes	Yes
Q4299	AmniCore Pro+, per sq cm	Yes	Yes
Q4300	Acesso TL, per sq cm	Yes	Yes
Q4301	Activate Matrix, per sq cm	Yes	Yes
Q4302	Complete ACA, per sq cm	Yes	Yes
Q4303	Complete AA, per sq cm	Yes	Yes
Q4304	GRAFIX PLUS, per sq cm	Yes	Yes
Q4306	American Amnion AC, per sq cm	Yes	Yes
Q4307	American Amnion, per sq cm	Yes	Yes
Q4308	Sanopellis, per sq cm	Yes	Yes
Q4309	VIA Matrix, per sq cm	Yes	Yes
Q4310	Procenta, per 100 mg	Yes	Yes
Q4311	Acesso, per sq cm	Yes	Yes
Q4312	Acesso AC, per sq cm	Yes	Yes
Q4313	DermaBind FM, per sq cm	Yes	Yes
Q4314	Reeva FT, per sq cm	Yes	Yes
Q4315	RegeneLink Amniotic Membrane Allograft, per sq cm	Yes	Yes
Q4316	AmchoPlast, per sq cm	Yes	Yes
Q4317	VitoGraft, per sq cm	Yes	Yes
Q4318	E-Graft, per sq cm	Yes	Yes
Q4319	SanoGraft, per sq cm	Yes	Yes
Q4320	PelloGraft, per sq cm	Yes	Yes
Q4321	RenoGraft, per sq cm	Yes	Yes
Q4322	CaregraFT, per sq cm	Yes	Yes
Q4323	alloPLY, per sq cm	Yes	Yes
Q4324	AmnioTX, per sq cm	Yes	Yes
Q4325	ACApatch, per sq cm	Yes	Yes
Q4326	WoundPlus, per sq cm	Yes	Yes
Q4327	DuoAmnion, per sq cm	Yes	Yes
Q4328	MOST, per sq cm	Yes	Yes
Q4329	Singlay, per sq cm	Yes	Yes
Q4330	TOTAL, per sq cm	Yes	Yes
Q4331	Axolotl Graft, per sq cm	Yes	Yes
Q4332	Axolotl DualGraft, per sq cm	Yes	Yes
Q4333	ArdeoGraft, per sq cm	Yes	Yes
Q4334	AmnioPlast 1, per sq cm	Yes	Yes
Q4335	AmnioPlast 2, per sq cm	Yes	Yes
Q4336	Artacent C, per sq cm	Yes	Yes
Q4337	Artacent Trident, per sq cm	Yes	Yes
Q4338	Artacent Velos, per sq cm	Yes	Yes
Q4339	Artacent Vericlen, per sq cm	Yes	Yes
Q4340	SimpliGraft, per sq cm	Yes	Yes
Q4341	SimpliMax, per sq cm	Yes	Yes
Q4342	TheraMend, per sq cm	Yes	Yes
Q4343	Dermacyte AC Matrix Amniotic Membrane Allograft, per sq cm	Yes	Yes
Q4344	Tri-Membrane Wrap, per sq cm	Yes	Yes
Q4345	Matrix HD Allograft Dermis, per sq cm	Yes	Yes
Q4346	Shelter DM Matrix, per sq cm	Yes	Yes

CO PPO	BENEFITS (updated 8.7.2025)	Requires auth for INN	Requires auth for OON
Q4346	Shelter DM Matrix, per sq cm	Yes	Yes
Q4347	Rampart DL Matrix, per sq cm	Yes	Yes
Q4347	Rampart DL Matrix, per sq cm	Yes	Yes
Q4348	Sentry SL Matrix, per sq cm	Yes	Yes
Q4348	Sentry SL Matrix, per sq cm	Yes	Yes
Q4349	Mantle DL Matrix, per sq cm	Yes	Yes
Q4349	Mantle DL Matrix, per sq cm	Yes	Yes
Q4350	ChoriPIYes, per sq cm	Yes	Yes
Q4350	Palisade DM Matrix, per sq cm	Yes	Yes
Q4351	Enclose TL Matrix, per sq cm	Yes	Yes
Q4351	Enclose TL Matrix, per sq cm	Yes	Yes
Q4352	Overlay SL Matrix, per sq cm	Yes	Yes
Q4352	Overlay SL Matrix, per sq cm	Yes	Yes
Q4353	Xceed TL Matrix, per sq cm	Yes	Yes
Q4353	Xceed TL Matrix, per sq cm	Yes	Yes
Q4354	PalinGen Dual-LaYeser Membrane, per sq cm	Yes	Yes
Q4355	Abiomend Xplus Membrane and Abiomend Xplus HYesdromembrane, per sq cm	Yes	Yes
Q4356	Abiomend Membrane and Abiomend HYesdromembrane, per sq cm	Yes	Yes
Q4357	XWRAP Plus, per sq cm	Yes	Yes
Q4358	XWRAP Dual, per sq cm	Yes	Yes
Q4359	ChoriPIly, per sq cm	Yes	Yes
Q4360	AmchoPlast FD, per sq cm	Yes	Yes
Q4361	EPIXPRESS, per sq cm	Yes	Yes
Q4362	CYesGNUS Disk, per sq cm	Yes	Yes
Q4363	Amnio Burgeon Membrane and HYesdromembrane, per sq cm	Yes	Yes
Q4364	Amnio Burgeon Xplus Membrane and Xplus HYesdromembrane, per sq cm	Yes	Yes
Q4366	Dual LaYeser Amnio Burgeon X-Membrane, per sq cm	Yes	Yes
Q4366	Amnio Burgeon Dual-LaYeser Membrane, per sq cm	Yes	Yes
Q4367	AmnioCore SL, per sq cm	Yes	Yes
Q4368	AmchoThick, per sq cm	Yes	Yes
Q4369	AmnioPlast 3, per sq cm	Yes	Yes
Q4370	AeroGuard, per sq cm	Yes	Yes
Q4371	NeoGuard, per sq cm	Yes	Yes
Q4372	AmchoPlast EXCEL, per sq cm	Yes	Yes
Q4373	Membrane Wrap-Lite, per sq cm	Yes	Yes
Q4375	duoGRAFT AC, per sq cm	Yes	Yes
Q4376	Duograft AA, per sq cm	Yes	Yes
Q4377	triGRAFT FT, per sq cm	Yes	Yes
Q4378	Renew FT Matrix, per sq cm	Yes	Yes
Q4379	AmnioDefend FT Matrix, per sq cm	Yes	Yes
Q4380	AdvoGraft One, per sq cm	Yes	Yes
Q4382	AdvoGraft Dual, per sq cm	Yes	Yes
S9055	PROCUREN OR OTHER GROWTH FACTOR TO PROMOTE WOUND HEALING	Yes	Yes