

Harbor Health

Responsibility for Preauthorization: This document outlines the list of services, items and procedures that require preauthorization. Harbor Health contracted providers are responsible for obtaining required preauthorization, which includes ensuring that all necessary documentation, clinical information, and other required materials are submitted in a timely and accurate manner. This also includes understanding the specific services requiring authorization, the appropriate channels for submission, and the necessary supporting documentation. Harbor Health will render decisions on preauthorization requests in accordance with state and federal timeframes.

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
01999	UNLISTED ANESTH PROCEDURE	Y
11960	INSERT TISSUE EXPANDER(S)	Y
11970	REPLACE TISSUE EXPANDER	Y
11971	REMOVE TISSUE EXPANDER(S)	Y
14000	SKIN TISSUE REARRANGEMENT	Y
14001	SKIN TISSUE REARRANGEMENT	Y
14020	SKIN TISSUE REARRANGEMENT	Y
14021	SKIN TISSUE REARRANGEMENT	Y
14040	SKIN TISSUE REARRANGEMENT	Y
14041	SKIN TISSUE REARRANGEMENT	Y
14060	SKIN TISSUE REARRANGEMENT	Y
14061	SKIN TISSUE REARRANGEMENT	Y
14301	TIS TRNFR ANY 30.1-60 SQ CM	Y
14302	TIS TRNFR ADDL 30 SQ CM	Y
15150	CULT SKIN GRFT T/ARM/LEG	Y
15155	CULT SKIN GRAFT F/N/HF/G	Y
15200	SKIN FULL GRAFT	Y
15201	SKIN FULL GRAFT ADD-ON	Y
15220	SKIN FULL GRAFT	Y
15221	SKIN FULL GRAFT ADD-ON	Y
15240	SKIN FULL GRAFT	Y
15241	SKIN FULL GRAFT ADD-ON	Y
15260	SKIN FULL GRAFT	Y
15261	SKIN FULL GRAFT ADD-ON	Y
15271	SKIN SUB GRAFT TRNK/ARM/LEG	Y
15272	SKIN SUB GRAFT T/A/L ADD-ON	Y
15273	SKIN SUB GRFT T/ARM/LG CHILD	Y
15274	SKN SUB GRFT T/A/L CHILD ADD	Y
15275	SKIN SUB GRAFT FACE/NK/HF/G	Y
15276	SKIN SUB GRAFT F/N/HF/G ADDL	Y
15277	SKN SUB GRFT F/N/HF/G CHILD	Y
15278	SKN SUB GRFT F/N/HF/G CH ADD	Y
15570	FORM SKIN PEDICLE FLAP	Y
15572	FORM SKIN PEDICLE FLAP	Y
15574	FORM SKIN PEDICLE FLAP	Y
15576	FORM SKIN PEDICLE FLAP	Y
15600	SKIN GRAFT	Y
15610	SKIN GRAFT	Y
15620	SKIN GRAFT	Y
15630	SKIN GRAFT	Y
15650	TRANSFER SKIN PEDICLE FLAP	Y
15730	MDFC FLAP W/PRSRV VASC PEDCL	Y
15731	FOREHEAD FLAP W/VASC PEDICLE	Y
15733	MUSC MYOQ/FSCQ FLP H&N PEDCL	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
15734	MUSCLE-SKIN GRAFT TRUNK	Y
15736	MUSCLE-SKIN GRAFT ARM	Y
15738	MUSCLE-SKIN GRAFT LEG	Y
15740	FLAP; ISLAND PEDICLE	Y
15745	GRAFT; MYOCUTANEOUS FLAP	Y
15750	FLAP NEUROVASCULAR PEDICLE	Y
15755	FREE FLAP (MICROVASCULAR TRANSFER)	Y
15756	FREE MYO/SKIN FLAP MICROVASC	Y
15757	FREE SKIN FLAP MICROVASC	Y
15758	FREE FASCIAL FLAP MICROVASC	Y
15760	COMPOSITE SKIN GRAFT	Y
15769	GRFG AUTOL SOFT TISS DIR EXC	Y
15770	DERMA-FAT-FASCIA GRAFT	Y
15771	GRFG AUTOL FAT LIPO 50 CC/<	Y
15772	GRFG AUTOL FAT LIPO EA ADDL	Y
15773	GRFG AUTOL FAT LIPO 25 CC/<	Y
15774	GFRG AUTOL FAT LIPO EA ADDL	Y
15775	HAIR TRANSPLANT PUNCH GRAFTS	Y
15776	HAIR TRANSPLANT PUNCH GRAFTS	Y
15777	ACELLULAR DERM MATRIX IMPLT	Y
15780	DERMABRASION TOTAL FACE	Y
15781	ABRASION TREATMENT OF SKIN	Y
15782	ABRASION TREATMENT OF SKIN	Y
15783	ABRASION TREATMENT OF SKIN	Y
15786	ABRASION LESION SINGLE	Y
15787	ABRASION LESIONS ADD-ON	Y
15788	CHEMICAL PEEL FACE EPIDERM	Y
15789	CHEMICAL PEEL FACE DERMAL	Y
15792	CHEMICAL PEEL NONFACIAL	Y
15793	CHEMICAL PEEL NONFACIAL	Y
15824	RHYTIDECTOMY FOREHEAD	Y
15825	REMOVAL OF NECK WRINKLES	Y
15826	REMOVAL OF BROW WRINKLES	Y
15828	REMOVAL OF FACE WRINKLES	Y
15829	RHYTIDECTOMY SMAS FLAP	Y
15830	EXC SKIN ABD	Y
15832	EXCISE EXCESSIVE SKIN THIGH	Y
15833	EXCISE EXCESSIVE SKIN LEG	Y
15834	EXCISE EXCESSIVE SKIN HIP	Y
15835	EXCISE EXCESSIVE SKIN TISSUE	Y
15836	EXCISE EXCESSIVE SKIN ARM	Y
15837	EXCISE EXCESS SKIN ARM/HAND	Y
15838	EXCISE EXCESS SKIN FAT PAD	Y
15839	EXCISE EXCESS SKIN & TISSUE	Y
15847	EXC SKIN ABD ADD-ON	Y
15876	SUCTION ASSISTED LIPECTOMY	Y
15877	SUCTION LIPECTOMY TRUNK	Y
15878	SUCTION ASSISTED LIPECTOMY	Y
15879	SUCTION ASSISTED LIPECTOMY	Y
17999	SKIN TISSUE PROCEDURE	Y
19294	PREP TUM CAV IORT PRTL MAST	Y
19296	PLACE PO BREAST CATH FOR RAD	Y
19297	PLACE BREAST CATH FOR RAD	Y
19298	PLACE BREAST RAD TUBE/CATHS	Y
19316	MASTOPEXY	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
19318	BREAST REDUCTION	Y
19325	ENLARGE BREAST WITH IMPLANT	Y
19328	REMOVAL OF BREAST IMPLANT	Y
19330	REMOVAL OF IMPLANT MATERIAL	Y
19340	IMMEDIATE BREAST PROSTHESIS	Y
19342	DELAYED BREAST PROSTHESIS	Y
19350	BREAST RECONSTRUCTION	Y
19355	CORRECT INVERTED NIPPLE(S)	Y
19357	BREAST RECONSTRUCTION	Y
19360	BREAST RECONSTRUCTION WITH MUSCLE	Y
19361	BREAST RECONSTRUCTION	Y
19362	BREAST RECONSTRUCTION WITH TRANSV	Y
19364	BREAST RECONSTRUCTION	Y
19367	BREAST RECONSTRUCTION	Y
19368	BREAST RECONSTRUCTION	Y
19369	BREAST RECONSTRUCTION	Y
19370	SURGERY OF BREAST CAPSULE	Y
19371	REMOVAL OF BREAST CAPSULE	Y
19380	REVJ RECONSTRUCTED BREAST	Y
19396	DESIGN CUSTOM BREAST IMPLANT	Y
19499	BREAST SURGERY PROCEDURE	Y
20555	PLACE NDL MUSC/TIS FOR RT	Y
20930	SPINAL BONE ALLOGRAFT	Y
20931	SPINAL BONE ALLOGRAFT	Y
20932	OSTEOART ALGRFT W/SURF & B1	Y
20933	HEMICRT INTRCLRY ALGRFT PRTL	Y
20934	INTERCALARY ALGRFT COMPL	Y
20936	SPINAL BONE AUTOGRAFT	Y
20937	SPINAL BONE AUTOGRAFT	Y
20938	SPINAL BONE AUTOGRAFT	Y
20939	BONE MARROW ASPIR BONE GRFG	Y
20974	ELECTRICAL BONE STIMULATION	Y
20975	ELECTRICAL BONE STIMULATION	Y
20999	MUSCULOSKELETAL SURGERY	Y
21076	PREPARE FACE/ORAL PROSTHESIS	Y
21077	PREPARE FACE/ORAL PROSTHESIS	Y
21079	PREPARE FACE/ORAL PROSTHESIS	Y
21080	PREPARE FACE/ORAL PROSTHESIS	Y
21081	PREPARE FACE/ORAL PROSTHESIS	Y
21082	PREPARE FACE/ORAL PROSTHESIS	Y
21083	PREPARE FACE/ORAL PROSTHESIS	Y
21084	PREPARE FACE/ORAL PROSTHESIS	Y
21085	PREPARE FACE/ORAL PROSTHESIS	Y
21089	PREPARE FACE/ORAL PROSTHESIS	Y
21110	INTERDENTAL FIXATION	Y
21125	AUGMENTATION LOWER JAW BONE	Y
21127	AUGMENTATION LOWER JAW BONE	Y
21141	LEFORT I-1 PIECE W/O GRAFT	Y
21142	LEFORT I-2 PIECE W/O GRAFT	Y
21143	RECONSTRUCT MIDFACE, LEFORT	Y
21145	LEFORT I-1 PIECE W/ GRAFT	Y
21146	LEFORT I-2 PIECE W/ GRAFT	Y
21147	RECONSTRUCT MIDFACE, LEFORT	Y
21150	RECONSTRUCT MIDFACE, LEFORT	Y
21151	LEFORT II W/BONE GRAFTS	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
21154	LEFORT III W/O LEFORT I	Y
21155	LEFORT III W/ LEFORT I	Y
21159	RECONSTRUCT MIDFACE, LEFORT	Y
21160	RECONSTRUCT MIDFACE, LEFORT	Y
21188	RECONSTRUCTION OF MIDFACE	Y
21193	RECONST LWR JAW W/O GRAFT	Y
21194	RECONST LWR JAW W/GRAFT	Y
21195	RECONST LWR JAW W/O FIXATION	Y
21196	RECONST LWR JAW W/FIXATION	Y
21198	RECONSTR LWR JAW SEGMENT	Y
21199	RECONSTR LWR JAW W/ADVANCE	Y
21206	RECONSTRUCT UPPER JAW BONE	Y
21208	AUGMENTATION OF FACIAL BONES	Y
21209	REDUCTION OF FACIAL BONES	Y
21210	FACE BONE GRAFT	Y
21215	GRAFT BONE MANDIBLE	Y
21230	RIB CARTILAGE GRAFT	Y
21235	EAR CARTILAGE GRAFT	Y
21240	RECONSTRUCTION OF JAW JOINT	Y
21241	ARTHROPLASTY TEMPOROMANDIBULAR J	Y
21242	RECONSTRUCTION OF JAW JOINT	Y
21243	RECONSTRUCTION OF JAW JOINT	Y
21270	AUGMENTATION CHEEK BONE	Y
21280	REVISION OF EYELID	Y
21282	LATERAL CANTHOPEXY	Y
21299	CRANIO/MAXILLOFACIAL SURGERY	Y
21499	HEAD SURGERY PROCEDURE	Y
22206	INCIS SPINE 3 COLUMN THORAC	Y
22207	INCIS SPINE 3 COLUMN LUMBAR	Y
22208	INCIS SPINE 3 COLUMN ADL SEG	Y
22210	REVISION OF NECK SPINE	Y
22212	REVISION OF THORAX SPINE	Y
22214	REVISION OF LUMBAR SPINE	Y
22216	INCIS ADDL SPINE SEGMENT	Y
22220	REVISION OF NECK SPINE	Y
22222	REVISION OF THORAX SPINE	Y
22224	REVISION OF LUMBAR SPINE	Y
22226	OSTEOT DSC ANT 1VRT SGM EA	Y
22510	PERQ CERVICOTHORACIC INJECT	Y
22511	PERQ LUMBOSACRAL INJECTION	Y
22512	VERTEBROPLASTY ADDL INJECT	Y
22513	PERQ VERTEBRAL AUGMENTATION	Y
22514	PERQ VERTEBRAL AUGMENTATION	Y
22515	PERQ VERTEBRAL AUGMENTATION	Y
22532	LAT THORAX SPINE FUSION	Y
22533	LAT LUMBAR SPINE FUSION	Y
22534	LAT THOR/LUMB, ADD?L SEG	Y
22548	NECK SPINE FUSION	Y
22551	ARTHRD ANT NTRBDY CERVICAL	Y
22552	ARTHRD ANT NTRBD CERVICAL EA	Y
22554	NECK SPINE FUSION	Y
22556	THORAX SPINE FUSION	Y
22558	LUMBAR SPINE FUSION	Y
22585	ADDITIONAL SPINAL FUSION	Y
22590	SPINE & SKULL SPINAL FUSION	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
22595	NECK SPINAL FUSION	Y
22600	NECK SPINE FUSION	Y
22610	THORAX SPINE FUSION	Y
22612	LUMBAR SPINE FUSION	Y
22614	SPINE FUSION, EXTRA SEGMENT	Y
22630	LUMBAR SPINE FUSION	Y
22632	SPINE FUSION, EXTRA SEGMENT	Y
22633	ARTHRD CMBN 1NTRSPC LUMBAR	Y
22634	ARTHRD CMBN 1NTRSPC EA ADDL	Y
22800	FUSION OF SPINE	Y
22802	FUSION OF SPINE	Y
22804	FUSION OF SPINE	Y
22808	FUSION OF SPINE	Y
22810	FUSION OF SPINE	Y
22812	FUSION OF SPINE	Y
22818	KYPHECTOMY 1-2 SEGMENTS	Y
22819	KYPHECTOMY 3 OR MORE	Y
22830	EXPLORATION SPINAL FUSION	Y
22840	INSERT SPINE FIXATION DEVICE	Y
22841	INSERT SPINE FIXATION DEVICE	Y
22842	INSERT SPINE FIXATION DEVICE	Y
22843	INSERT SPINE FIXATION DEVICE	Y
22844	INSERT SPINE FIXATION DEVICE	Y
22845	INSERT SPINE FIXATION DEVICE	Y
22846	INSERT SPINE FIXATION DEVICE	Y
22847	INSERT SPINE FIXATION DEVICE	Y
22848	INSERT PELV FIXATION DEVICE	Y
22849	REINSERT SPINAL FIXATION	Y
22853	INSJ BIOMECHANICAL DEVICE	Y
22854	INSJ BIOMECHANICAL DEVICE	Y
22856	TOT DISC ARTHRP ANT 1NTRSPC	Y
22857	TOT DISC ARTHRP ANT LUMBAR	Y
22858	TOT DISC ARTHRP ANT 2ND LVL	Y
22859	INSJ BIOMECHANICAL DEVICE	Y
22860	Total disc arthroplasty (artificial disc), anterior a	Y
22861	REVISE CERV ARTIFIC DISC	Y
22862	REVISE LUMBAR ARTIF DISC	Y
22864	REMOVE CERV ARTIF DISC	Y
22865	REMOVE LUMB ARTIF DISC	Y
22899	SPINE SURGERY PROCEDURE	Y
22999	ABDOMEN SURGERY PROCEDURE	Y
23105	REMOVE SHOULDER JOINT LINING	Y
23107	EXPLORE TREAT SHOULDER JOINT	Y
23120	CLAVICULECTOMY PARTIAL	Y
23410	REPAIR ROTATOR CUFF ACUTE	Y
23412	REPAIR ROTATOR CUFF CHRONIC	Y
23415	RELEASE OF SHOULDER LIGAMENT	Y
23420	REPAIR OF SHOULDER	Y
23430	REPAIR BICEPS TENDON	Y
23440	REMOVE/TRANSPLANT TENDON	Y
23450	REPAIR SHOULDER CAPSULE	Y
23455	REPAIR SHOULDER CAPSULE	Y
23460	REPAIR SHOULDER CAPSULE	Y
23462	REPAIR SHOULDER CAPSULE	Y
23465	REPAIR SHOULDER CAPSULE	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
23466	REPAIR SHOULDER CAPSULE	Y
23470	RECONSTRUCT SHOULDER JOINT	Y
23472	RECONSTRUCT SHOULDER JOINT	Y
23473	REVIS RECONST SHOULDER JOINT	Y
23474	REVIS RECONST SHOULDER JOINT	Y
23700	FIXATION OF SHOULDER	Y
27096	INJECT SACROILIAC JOINT	Y
27120	ACETABULOPLASTY	Y
27122	RECONSTRUCTION OF HIP SOCKET	Y
27125	PARTIAL HIP REPLACEMENT	Y
27130	TOTAL HIP ARTHROPLASTY	Y
27132	TOTAL HIP ARTHROPLASTY	Y
27134	REVISE HIP JOINT REPLACEMENT	Y
27137	REVISE HIP JOINT REPLACEMENT	Y
27138	REVISE HIP JOINT REPLACEMENT	Y
27278	Arthrodesis, sacroiliac joint, percutaneous, with	Y
27279	ARTHRODESIS SACROILIAC JOINT	Y
27280	FUSION OF SACROILIAC JOINT	Y
27331	EXPLORE/TREAT KNEE JOINT	Y
27332	REMOVAL OF KNEE CARTILAGE	Y
27333	REMOVAL OF KNEE CARTILAGE	Y
27334	REMOVE KNEE JOINT LINING	Y
27335	REMOVE KNEE JOINT LINING	Y
27345	REMOVAL OF KNEE CYST	Y
27403	REPAIR OF KNEE CARTILAGE	Y
27405	REPAIR OF KNEE LIGAMENT	Y
27407	REPAIR OF KNEE LIGAMENT	Y
27409	REPAIR OF KNEE LIGAMENTS	Y
27412	AUTOCHONDROCYTE IMPLANT KNEE	Y
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	Y
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	Y
27425	LAT RETINACULAR RELEASE OPEN	Y
27427	RECONSTRUCTION KNEE	Y
27428	RECONSTRUCTION KNEE	Y
27429	RECONSTRUCTION KNEE	Y
27437	REVISE KNEECAP	Y
27438	REVISE KNEECAP WITH IMPLANT	Y
27440	REVISION OF KNEE JOINT	Y
27441	REVISION OF KNEE JOINT	Y
27442	REVISION OF KNEE JOINT	Y
27443	REVISION OF KNEE JOINT	Y
27445	REVISION OF KNEE JOINT	Y
27446	REVISION OF KNEE JOINT	Y
27447	TOTAL KNEE ARTHROPLASTY	Y
27486	REVISE/REPLACE KNEE JOINT	Y
27487	REVISE/REPLACE KNEE JOINT	Y
27488	REMOVAL OF KNEE PROSTHESIS	Y
27599	LEG SURGERY PROCEDURE	Y
27899	LEG/ANKLE SURGERY PROCEDURE	Y
28446	OSTEOCHONDRAL TALUS AUTOGRFT	Y
29800	JAW ARTHROSCOPY/SURGERY	Y
29804	JAW ARTHROSCOPY/SURGERY	Y
29805	SHOULDER ARTHROSCOPY, DX	Y
29806	SHOULDER ARTHROSCOPY/SURGERY	Y
29807	SHO ARTHRS SRG RPR SLAP LES	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
29819	SHOULDER ARTHROSCOPY/SURGERY	Y
29820	SHO ARTHRS SRG PRTL SYNVCT	Y
29821	SHO ARTHRS SRG COMPL SYNVCT	Y
29822	SHO ARTHRS SRG LMTD DBRDMT	Y
29823	SHO ARTHRS SRG XTNSV DBRDMT	Y
29824	SHOULDER ARTHROSCOPY/SURGERY	Y
29825	SHOULDER ARTHROSCOPY/SURGERY	Y
29826	SHOULDER ARTHROSCOPY/SURGERY	Y
29827	ARTHROSCOP ROTATOR CUFF REPR	Y
29828	SHO ARTHRS SRG BICP TENODSIS	Y
29860	HIP ARTHROSCOPY DX	Y
29861	HIP ARTHROSCOPY/SURGERY	Y
29862	HIP ARTHROSCOPY/SURGERY	Y
29863	HIP ARTHROSCOPY/SURGERY	Y
29866	AUTGRFT IMPLNT KNEE W/SCOPE	Y
29867	ALLGRFT IMPLNT KNEE W/SCOPE	Y
29868	MENISCAL TRNSPL KNEE W/SCPE	Y
29870	KNEE ARTHROSCOPY DX	Y
29871	KNEE ARTHROSCOPY/DRAINAGE	Y
29873	KNEE ARTHROSCOPY/SURGERY	Y
29874	KNEE ARTHROSCOPY/SURGERY	Y
29875	KNEE ARTHROSCOPY/SURGERY	Y
29876	KNEE ARTHROSCOPY/SURGERY	Y
29877	KNEE ARTHROSCOPY/SURGERY	Y
29879	KNEE ARTHROSCOPY/SURGERY	Y
29880	KNEE ARTHROSCOPY/SURGERY	Y
29881	KNEE ARTHROSCOPY/SURGERY	Y
29882	KNEE ARTHROSCOPY/SURGERY	Y
29883	KNEE ARTHROSCOPY/SURGERY	Y
29884	KNEE ARTHROSCOPY/SURGERY	Y
29885	KNEE ARTHROSCOPY/SURGERY	Y
29886	KNEE ARTHROSCOPY/SURGERY	Y
29887	KNEE ARTHROSCOPY/SURGERY	Y
29888	KNEE ARTHROSCOPY/SURGERY	Y
29889	KNEE ARTHROSCOPY/SURGERY	Y
29892	ANKLE ARTHROSCOPY/SURGERY	Y
29914	HIP ARTHRO W/FEMOROPLASTY	Y
29915	HIP ARTHRO ACETABULOPLASTY	Y
29916	HIP ARTHRO W/LABRAL REPAIR	Y
29999	ARTHROSCOPY OF JOINT	Y
30120	REVISION OF NOSE	Y
30130	EXCISE INFERIOR TURBINATE	Y
30140	RESECT INFERIOR TURBINATE	Y
30400	RECONSTRUCTION OF NOSE	Y
30410	RECONSTRUCTION OF NOSE	Y
30420	RECONSTRUCTION OF NOSE	Y
30430	REVISION OF NOSE	Y
30435	REVISION OF NOSE	Y
30450	REVISION OF NOSE	Y
30460	REVISION OF NOSE	Y
30462	REVISION OF NOSE	Y
30465	REPAIR NASAL STENOSIS	Y
30468	RPR NSL VLV COLLAPSE W/IMPLT	Y
30469	repair of nasal valve collapse using a low energy	Y
30520	REPAIR OF NASAL SEPTUM	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
30540	REPAIR NASAL DEFECT	Y
30999	NASAL SURGERY PROCEDURE	Y
31242	nasal/sinus endoscopy surgical procedure invo	Y
31296	NSL/SINS NDSC SURG FRNT SINS	Y
31297	NSL/SINS NDSC SURG SPHN SINS	Y
31299	SINUS SURGERY PROCEDURE	Y
32701	THORAX STEREO RAD TARGETW/TX	Y
32851	LUNG TRANSPLANT SINGLE	Y
32852	LUNG TRANSPLANT WITH BYPASS	Y
32853	LUNG TRANSPLANT DOUBLE	Y
32854	LUNG TRANSPLANT WITH BYPASS	Y
33229	REMOV&REPLC PM GEN MULT LEADS	Y
33264	RMVL & RPLCMT DFB GEN MLT LD	Y
33276	insertion of a phrenic nerve stimulator system, i	Y
33935	TRANSPLANTATION HEART/LUNG	Y
33945	TRANSPLANTATION OF HEART	Y
33981	REPLACE VAD PUMP EXT	Y
33982	REPLACE VAD INTRA W/O BP	Y
33983	REPLACE VAD INTRA W/BP	Y
33990	INSJ PERQ VAD L HRT ARTERIAL	Y
33991	INSJ PERQ VAD L HRT ARTL&VEN	Y
33992	RMVL PERQ LEFT HEART VAD	Y
33993	REPOSG PERQ R/L HRT VAD	Y
33995	INSJ PERQ VAD R HRT VENOUS	Y
33997	RMVL PERQ RIGHT HEART VAD	Y
33999	UNLISTED CARDIAC SURGERY	Y
36516	APHERESIS, SELECTIVE	Y
38204	BL DONOR SEARCH MANAGEMENT	Y
38205	HARVEST ALLOGENIC STEM CELLS	Y
38206	HARVEST AUTO STEM CELLS	Y
38207	CRYOPRESERVE STEM CELLS	Y
38210	T-CELL DEPLETION OF HARVEST	Y
38212	RBC DEPLETION OF HARVEST	Y
38214	VOLUME DEplete OF HARVEST	Y
38215	HARVEST STEM CELL CONCENTRTE	Y
38225	CHIMERIC ANTIGEN RECEPTOR T-CELL (CA	Y
38226	CHIMERIC ANTIGEN RECEPTOR T-CELL (CA	Y
38227	CHIMERIC ANTIGEN RECEPTOR T-CELL (CA	Y
38228	CHIMERIC ANTIGEN RECEPTOR T-CELL (CA	Y
38230	BONE MARROW COLLECTION	Y
38232	BONE MARROW HARVEST AUTOLOG	Y
38240	TRANSPLT ALLO HCT/DONOR	Y
38241	TRANSPLT AUTOL HCT/DONOR	Y
38242	TRANSPLT ALLO LYMPHOCYTES	Y
38243	TRANSPLJ HEMATOPOIETIC BOOST	Y
41019	PLACE NEEDLES H&N FOR RT	Y
41599	TONGUE AND MOUTH SURGERY	Y
41899	DENTAL SURGERY PROCEDURE	Y
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	Y
43645	LAP GASTR BYPASS INCL SMLL I	Y
43647	LAP IMPL ELECTRODE ANTRUM	Y
43648	LAP REVISE/REMOV ELTRD ANTRUM	Y
43770	LAP PLACE GASTR ADJ DEVICE	Y
43771	LAP REVISE GASTR ADJ DEVICE	Y
43772	LAP RMVL GASTR ADJ DEVICE	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
43774	LAP RMVL GASTR ADJ ALL PARTS	Y
43775	LAP SLEEVE GASTRECTOMY	Y
43842	V-BAND GASTROPLASTY	Y
43845	GASTROPLASTY DUODENAL SWITCH	Y
43846	GASTRIC BYPASS FOR OBESITY	Y
43847	GASTRIC BYPASS INCL SMALL I	Y
43881	IMPL/REDO ELECTRD ANTRUM	Y
44135	INTESTINE TRANSPLNT CADAVER	Y
44136	INTESTINE TRANSPLANT LIVE	Y
45399	UNLISTED PROCEDURE COLON	Y
47135	TRANSPLANTATION OF LIVER	Y
47140	PARTIAL REMOVAL DONOR LIVER	Y
47141	PARTIAL REMOVAL DONOR LIVER	Y
47142	PARTIAL REMOVAL DONOR LIVER	Y
47145	PREP DONOR LIVER LOBE SPLIT	Y
48160	PANCREAS REMOVAL/TRANSPLANT	Y
48554	TRANSPL ALLOGRAFT PANCREAS	Y
50360	TRANSPLANTATION OF KIDNEY	Y
50365	TRANSPLANTATION OF KIDNEY	Y
50380	REIMPLANTATION OF KIDNEY	Y
50547	LAPARO REMOVAL DONOR KIDNEY	Y
53899	UROLOGY SURGERY PROCEDURE	Y
55860	SURGICAL EXPOSURE PROSTATE	Y
55862	EXTENSIVE PROSTATE SURGERY	Y
55865	EXTENSIVE PROSTATE SURGERY	Y
55874	TPRNL PLMT BIODEGRDABL MATRL	Y
55875	TRANSPERI NEEDLE PLACE PROS	Y
55899	GENITAL SURGERY PROCEDURE	Y
55920	PLACE NEEDLES PELVIC FOR RT	Y
55970	SEX TRANSFORMATION M TO F	Y
55980	SEX TRANSFORMATION F TO M	Y
56620	PARTIAL REMOVAL OF VULVA	Y
56625	COMPLETE REMOVAL OF VULVA	Y
56631	EXTENSIVE VULVA SURGERY	Y
56633	EXTENSIVE VULVA SURGERY	Y
56640	EXTENSIVE VULVA SURGERY	Y
56700	PARTIAL REMOVAL OF HYMEN	Y
57155	INSERT UTERI TANDEM/OVOIDS	Y
57156	INS VAG BRACHYTX DEVICE	Y
57291	CONSTRUCTION OF VAGINA	Y
57292	CONSTRUCT VAGINA WITH GRAFT	Y
57295	REVISE VAG GRAFT VIA VAGINA	Y
58323	SPERM WASHING	Y
58346	INSERT HEYMAN UTERI CAPSULE	Y
58970	RETRIEVAL OF OOCYTE Follicle Puncture Fo	Y
58972	CULTURE AND FERTILIZATION OF OOCYTE	Y
58974	TRANSFER OF EMBRYO	Y
58976	TRANSFER OF EMBRYO Gamete, zygote, or e	Y
59840	ABORTION	Y
59841	ABORTION	Y
59850	ABORTION	Y
59851	ABORTION	Y
59852	ABORTION	Y
59855	ABORTION	Y
59856	ABORTION	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
59857	ABORTION	Y
59866	ABORTION (MPR)	Y
59897	FETAL INVAS PX W/US	Y
60699	ENDOCRINE SURGERY PROCEDURE	Y
61796	SRS CRANIAL LESION SIMPLE	Y
61797	SRS CRAN LES SIMPLE ADDL	Y
61798	SRS CRANIAL LESION COMPLEX	Y
61799	SRS CRAN LES COMPLEX ADDL	Y
61800	APPLY SRS HEADFRAME ADD-ON	Y
61850	IMPLANT NEUROELECTRODES	Y
61863	IMPLANT NEUROELECTRODE	Y
61864	IMPLANT NEUROELECTRDE ADDL	Y
61867	IMPLANT NEUROELECTRODE	Y
61868	IMPLANT NEUROELECTRDE ADDL	Y
61885	INSRT/REDO NEUROSTIM 1 ARRAY	Y
61886	IMPLANT NEUROSTIM ARRAYS	Y
62280	TREAT SPINAL CORD LESION	Y
62281	TREAT SPINAL CORD LESION	Y
62282	TREAT SPINAL CANAL LESION	Y
62292	NJX CHEMONUCLEOLYSIS LMBR	Y
62320	NJX INTERLAMINAR CRV/THRC	Y
62321	NJX INTERLAMINAR CRV/THRC	Y
62322	NJX INTERLAMINAR LMBR/SAC	Y
62323	NJX INTERLAMINAR LMBR/SAC	Y
62325	NJX INTERLAMINAR CRV/THRC	Y
62327	NJX INTERLAMINAR LMBR/SAC	Y
62350	IMPLANT SPINAL CANAL CATH	Y
62351	IMPLANT SPINAL CANAL CATH	Y
62360	INSERT SPINE INFUSION DEVICE	Y
62361	IMPLANT SPINE INFUSION PUMP	Y
62362	IMPLANT SPINE INFUSION PUMP	Y
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	Y
63001	REMOVAL OF SPINAL LAMINA	Y
63003	REMOVAL OF SPINAL LAMINA	Y
63005	REMOVAL OF SPINAL LAMINA	Y
63012	REMOVAL OF SPINAL LAMINA	Y
63015	REMOVAL OF SPINAL LAMINA	Y
63016	REMOVAL OF SPINAL LAMINA	Y
63017	REMOVAL OF SPINAL LAMINA	Y
63020	NECK SPINE DISK SURGERY	Y
63030	LOW BACK DISK SURGERY	Y
63035	SPINAL DISK SURGERY ADD-ON	Y
63040	LAMINOTOMY SINGLE CERVICAL	Y
63042	LAMINOTOMY SINGLE LUMBAR	Y
63043	LAMINOTOMY ADDL CERVICAL	Y
63044	LAMINOTOMY ADDL LUMBAR	Y
63045	REMOVAL OF SPINAL LAMINA	Y
63046	REMOVAL OF SPINAL LAMINA	Y
63047	REMOVAL OF SPINAL LAMINA	Y
63048	REMOVE SPINAL LAMINA ADD-ON	Y
63050	CERVICAL LAMINOPLASTY	Y
63051	C-LAMINOPLASTY W/GRAFT/PLATE	Y
63052	LAM FACETC/FRMT ARTHRD LUM 1	Y
63053	LAM FACTC/FRMT ARTHRD LUM EA	Y
63055	DECOMPRESS SPINAL CORD	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
63056	DECOMPRESS SPINAL CORD	Y
63057	DECOMPRESS SPINE CORD ADD-ON	Y
63075	NECK SPINE DISK SURGERY	Y
63076	NECK SPINE DISK SURGERY	Y
63081	REMOVAL OF VERTEBRAL BODY	Y
63082	REMOVE VERTEBRAL BODY ADD-ON	Y
63085	REMOVAL OF VERTEBRAL BODY	Y
63086	REMOVE VERTEBRAL BODY ADD-ON	Y
63087	REMOVAL OF VERTEBRAL BODY	Y
63088	REMOVE VERTEBRAL BODY ADD-ON	Y
63090	REMOVAL OF VERTEBRAL BODY	Y
63091	REMOVE VERTEBRAL BODY ADD-ON	Y
63101	REMOVAL OF VERTEBRAL BODY	Y
63102	REMOVAL OF VERTEBRAL BODY	Y
63103	REMOVE VERTEBRAL BODY ADD-ON	Y
63185	INCISE SPINAL COLUMN/NERVES	Y
63190	INCISE SPINAL COLUMN/NERVES	Y
63191	INCISE SPINAL COLUMN/NERVES	Y
63200	RELEASE OF SPINAL CORD	Y
63250	REVISE SPINAL CORD VESSELS	Y
63252	REVISE SPINAL CORD VESSELS	Y
63265	EXCISE INTRASPINAL LESION	Y
63267	EXCISE INTRASPINAL LESION	Y
63270	EXCISE INTRASPINAL LESION	Y
63272	EXCISE INTRASPINAL LESION	Y
63275	BIOPSY/EXCISE SPINAL TUMOR	Y
63277	BIOPSY/EXCISE SPINAL TUMOR	Y
63280	BIOPSY/EXCISE SPINAL TUMOR	Y
63282	BIOPSY/EXCISE SPINAL TUMOR	Y
63285	BIOPSY/EXCISE SPINAL TUMOR	Y
63287	BIOPSY/EXCISE SPINAL TUMOR	Y
63290	BIOPSY/EXCISE SPINAL TUMOR	Y
63300	REMOVAL OF VERTEBRAL BODY	Y
63301	REMOVAL OF VERTEBRAL BODY	Y
63302	REMOVAL OF VERTEBRAL BODY	Y
63303	REMOVAL OF VERTEBRAL BODY	Y
63304	REMOVAL OF VERTEBRAL BODY	Y
63305	REMOVAL OF VERTEBRAL BODY	Y
63306	REMOVAL OF VERTEBRAL BODY	Y
63307	REMOVAL OF VERTEBRAL BODY	Y
63308	REMOVE VERTEBRAL BODY ADD-ON	Y
63620	SRS SPINAL LESION	Y
63621	SRS SPINAL LESION ADDL	Y
63650	IMPLANT NEUROELECTRODES	Y
63655	IMPLANT NEUROELECTRODES	Y
63663	REVISE SPINE ELTRD PERQ ARAY	Y
63664	REVISE SPINE ELTRD PLATE	Y
63685	INSRT/REDO SPINE N GENERATOR	Y
63688	REVISE/REMOVE NEURORECEIVER	Y
64451	NJX AA&/STRD NRV NRVGTG SI JT	Y
64479	INJ FORAMEN EPIDURAL C/T	Y
64480	INJ FORAMEN EPIDURAL ADD-ON	Y
64483	INJ FORAMEN EPIDURAL L/S	Y
64484	INJ FORAMEN EPIDURAL ADD-ON	Y
64490	INJ PARAVERT F JNT C/T 1 LEV	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
64491	INJ PARAVERT F JNT C/T 2 LEV	Y
64492	INJ PARAVERT F JNT C/T 3 LEV	Y
64493	INJ PARAVERT F JNT L/S 1 LEV	Y
64494	INJ PARAVERT F JNT L/S 2 LEV	Y
64495	INJ PARAVERT F JNT L/S 3 LEV	Y
64510	N BLOCK STELLATE GANGLION	Y
64520	N BLOCK LUMBAR/THORACIC	Y
64555	IMPLANT NEUROELECTRODES	Y
64561	IMPLANT NEUROELECTRODES	Y
64568	OPN IMPLTJ CRNL NRV NEA&PG	Y
64575	IMPLANT NEUROELECTRODES	Y
64581	IMPLANT NEUROELECTRODES	Y
64582	OPN MPLTJ HPGLSL NSTM ARY PG	Y
64583	REV/RPLCT HPGLSL NSTM ARY PG	Y
64585	REVISE/REMOVE NEUROELECTRODE	Y
64590	INSRT/REDO PN/GASTR STIMUL	Y
64595	REVISE/RMV PN/GASTR STIMUL	Y
64596	insertion or replacement of a percutaneous elec	Y
64625	RF ABLTJ NRV NRV TG SI JT	Y
64628	TRML DSTRJ IOS BVN 1ST 2 L/S	Y
64629	TRML DSTRJ IOS BVN EA ADDL	Y
64633	DESTROY CERV/THOR FACET JNT	Y
64634	DESTROY C/TH FACET JNT ADDL	Y
64635	DESTROY LUMB/SAC FACET JNT	Y
64636	DESTROY L/S FACET JNT ADDL	Y
64818	SYMPATHECTOMY LUMBAR	Y
64999	NERVOUS SYSTEM SURGERY	Y
67218	TREATMENT OF RETINAL LESION	Y
67299	EYE SURGERY PROCEDURE	Y
67900	REPAIR BROW DEFECT	Y
69399	OUTER EAR SURGERY PROCEDURE	Y
69714	IMPLANT TEMPLE BONE W/STIMUL	Y
69716	IMPLTJ OI IMPLT SKL TC ESP	Y
69717	TEMPLE BONE IMPLANT REVISION	Y
69930	IMPLANT COCHLEAR DEVICE	Y
76948	ECHO GUIDE OVA ASPIRATION Ultrasonic g	Y
76965	ECHO GUIDANCE RADIOTHERAPY	Y
78429	MYOCDR IMG PET 1 STD W/CT	Y
78430	MYOCDR IMG PET RST/STRS W/CT	Y
78431	MYOCDR IMG PET RST&STRS CT	Y
78432	MYOCDR IMG PET 2RTRACER	Y
78433	MYOCDR IMG PET 2RTRACER CT	Y
78491	HEART IMAGE (PET), SINGLE	Y
78492	HEART IMAGE (PET), MULTIPLE	Y
78608	BRAIN IMAGING (PET)	Y
78609	BRAIN IMAGING (PET)	Y
78811	PET IMAGE LTD AREA	Y
78812	PET IMAGE SKULL-THIGH	Y
78813	PET IMAGE FULL BODY	Y
78814	PET IMAGE W/CT LMTD	Y
78815	PET IMAGE W/CT SKULL-THIGH	Y
78816	PET IMAGE W/CT FULL BODY	Y
81120	IDH1 COMMON VARIANTS	Y
81121	IDH2 COMMON VARIANTS	Y
81162	BRCA1&2 GEN FULL SEQ DUP/DEL	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
81163	BRCA1&2 GENE FULL SEQ ALYS	Y
81164	BRCA1&2 GEN FUL DUP/DEL ALYS	Y
81165	BRCA1 GENE FULL SEQ ALYS	Y
81166	BRCA1 GENE FULL DUP/DEL ALYS	Y
81167	BRCA2 GENE FULL DUP/DEL ALYS	Y
81168	CCND1/IGH TRANSLOCATION ALYS	Y
81170	ABL1 GENE	Y
81171	AFF2 GENE DETC ABNOR ALLELES	Y
81172	AFF2 GENE CHARAC ALLELES	Y
81173	AR GENE FULL GENE SEQUENCE	Y
81174	AR GENE KNOWN FAMIL VARIANT	Y
81175	ASXL1 FULL GENE SEQUENCE	Y
81176	ASXL1 GENE TARGET SEQ ALYS	Y
81177	ATN1 GENE DETC ABNOR ALLELES	Y
81178	ATXN1 GENE DETC ABNOR ALLELE	Y
81179	ATXN2 GENE DETC ABNOR ALLELE	Y
81180	ATXN3 GENE DETC ABNOR ALLELE	Y
81181	ATXN7 GENE DETC ABNOR ALLELE	Y
81182	ATXN8OS GEN DETC ABNOR ALLEL	Y
81183	ATXN10 GENE DETC ABNOR ALLEL	Y
81184	CACNA1A GEN DETC ABNOR ALLEL	Y
81185	CACNA1A GENE FULL GENE SEQ	Y
81186	CACNA1A GEN KNOWN FAMIL VRNT	Y
81187	CNBP GENE DETC ABNOR ALLELE	Y
81188	CSTB GENE DETC ABNOR ALLELE	Y
81189	CSTB GENE FULL GENE SEQUENCE	Y
81190	CSTB GENE KNOWN FAMIL VRNT	Y
81191	NTRK1 TRANSLOCATION ANALYSIS	Y
81192	NTRK2 TRANSLOCATION ANALYSIS	Y
81193	NTRK3 TRANSLOCATION ANALYSIS	Y
81194	NTRK TRANSLOCATION ANALYSIS	Y
81195	Cytogenomic (genome-wide) analysis	Y
81200	ASPA GENE	Y
81201	APC GENE FULL SEQUENCE	Y
81202	APC GENE KNOWN FAM VARIANTS	Y
81203	APC GENE DUP/DELET VARIANTS	Y
81204	AR GENE CHARAC ALLELES	Y
81205	BCKDHB GENE	Y
81208	BCR/ABL1 GENE OTHER BP	Y
81209	BLM GENE	Y
81210	BRAF GENE	Y
81212	BRCA1&2 185&5385&6174 VRNT	Y
81215	BRCA1 GENE KNOWN FAMIL VRNT	Y
81216	BRCA2 GENE FULL SEQ ALYS	Y
81217	BRCA2 GENE KNOWN FAMIL VRNT	Y
81218	CEBPA GENE FULL SEQUENCE	Y
81219	CALR GENE COM VARIANTS	Y
81221	CFTR GENE KNOWN FAM VARIANTS	Y
81222	CFTR GENE DUP/DELET VARIANTS	Y
81223	CFTR GENE FULL SEQUENCE	Y
81224	CFTR GENE INTRON POLY T	Y
81225	CYP2C19 GENE COM VARIANTS	Y
81226	CYP2D6 GENE COM VARIANTS	Y
81227	CYP2C9 GENE COM VARIANTS	Y
81228	CYTOG ALYS CHRML ABNR CGH	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
81229	CYTOG ALYS CHRML ABNR SNPCGH	Y
81230	CYP3A4 GENE COMMON VARIANTS	Y
81231	CYP3A5 GENE COMMON VARIANTS	Y
81232	DPYD GENE COMMON VARIANTS	Y
81233	BTK GENE COMMON VARIANTS	Y
81234	DMPK GENE DETC ABNOR ALLELE	Y
81235	EGFR GENE COM VARIANTS	Y
81236	EZH2 GENE FULL GENE SEQUENCE	Y
81237	EZH2 GENE COMMON VARIANTS	Y
81238	F9 FULL GENE SEQUENCE	Y
81239	DMPK GENE CHARAC ALLELES	Y
81240	F2 GENE	Y
81242	FANCC GENE	Y
81244	FMR1 GENE CHARAC ALLELES	Y
81245	FLT3 GENE	Y
81246	FLT3 GENE ANALYSIS	Y
81247	G6PD GENE ALYS CMN VARIANT	Y
81248	G6PD KNOWN FAMILIAL VARIANT	Y
81249	G6PD FULL GENE SEQUENCE	Y
81250	G6PC GENE	Y
81251	GBA GENE	Y
81252	GJB2 GENE FULL SEQUENCE	Y
81253	GJB2 GENE KNOWN FAM VARIANTS	Y
81254	GJB6 GENE COM VARIANTS	Y
81255	HEXA GENE	Y
81256	HFE GENE	Y
81257	HBA1/HBA2 GENE	Y
81258	HBA1/HBA2 GENE FAM VRNT	Y
81259	HBA1/HBA2 FULL GENE SEQUENCE	Y
81260	IKBKAP GENE	Y
81261	IGH GENE REARRANGE AMP METH	Y
81262	IGH GENE REARRANG DIR PROBE	Y
81263	IGH VARI REGIONAL MUTATION	Y
81264	IGK REARRANGEABN CLONAL POP	Y
81265	STR MARKERS SPECIMEN ANAL	Y
81266	STR MARKERS SPEC ANAL ADDL	Y
81267	CHIMERISM ANAL NO CELL SELEC	Y
81269	HBA1/HBA2 GENE DUP/DEL VRNTS	Y
81270	JAK2 GENE	Y
81271	HTT GENE DETC ABNOR ALLELES	Y
81272	KIT GENE TARGETED SEQ ANALYS	Y
81273	KIT GENE ANALYS D816 VARIANT	Y
81274	HTT GENE CHARAC ALLELES	Y
81275	KRAS GENE VARIANTS EXON 2	Y
81276	KRAS GENE ADDL VARIANTS	Y
81277	CYTOGENOMIC NEO MICRORA ALYS	Y
81278	IGH@/BCL2 TRANSLOCATION ALYS	Y
81279	JAK2 GENE TRGT SEQUENCE ALYS	Y
81283	IFNL3 GENE	Y
81284	FXN GENE DETC ABNOR ALLELES	Y
81285	FXN GENE CHARAC ALLELES	Y
81286	FXN GENE FULL GENE SEQUENCE	Y
81287	MGMT METHYLATION ANALYSIS	Y
81288	MLH1 GENE	Y
81289	FXN GENE KNOWN FAMIL VARIANT	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
81290	MCOLN1 GENE	Y
81291	MTHFR GENE	Y
81292	MLH1 GENE FULL SEQ	Y
81293	MLH1 GENE KNOWN VARIANTS	Y
81294	MLH1 GENE DUP/DELETE VARIANT	Y
81295	MSH2 GENE FULL SEQ	Y
81296	MSH2 GENE KNOWN VARIANTS	Y
81297	MSH2 GENE DUP/DELETE VARIANT	Y
81298	MSH6 GENE FULL SEQ	Y
81299	MSH6 GENE KNOWN VARIANTS	Y
81300	MSH6 GENE DUP/DELETE VARIANT	Y
81301	MICROSATELLITE INSTABILITY	Y
81302	MECP2 GENE FULL SEQ	Y
81303	MECP2 GENE KNOWN VARIANT	Y
81304	MECP2 GENE DUP/DELET VARIANT	Y
81305	MYD88 GENE P.LEU265PRO VRNT	Y
81306	NUDT15 GENE COMMON VARIANTS	Y
81307	PALB2 GENE FULL GENE SEQ	Y
81308	PALB2 GENE KNOWN FAMIL VRNT	Y
81309	PIK3CA GENE TRGT SEQ ALYS	Y
81310	NPM1 GENE	Y
81311	NRAS GENE VARIANTS EXON 2&3	Y
81312	PABPN1 GENE DETC ABNOR ALLEL	Y
81313	PCA3/CLK3 RATIO	Y
81314	PDGFRA GENE	Y
81315	PML/RARALPHA COM BREAKPOINTS	Y
81316	PML/RARALPHA 1 BREAKPOINT	Y
81317	PMS2 GENE FULL SEQ ANALYSIS	Y
81318	PMS2 KNOWN FAMILIAL VARIANTS	Y
81319	PMS2 GENE DUP/DELET VARIANTS	Y
81320	PLCG2 GENE COMMON VARIANTS	Y
81321	PTEN GENE FULL SEQUENCE	Y
81322	PTEN GENE KNOWN FAM VARIANT	Y
81323	PTEN GENE DUP/DELET VARIANT	Y
81324	PMP22 GENE DUP/DELET	Y
81325	PMP22 GENE FULL SEQUENCE	Y
81326	PMP22 GENE KNOWN FAM VARIANT	Y
81327	SEPT9 METHYLATION ANALYSIS	Y
81328	SLCO1B1 GENE COM VARIANTS	Y
81330	SMPD1 GENE COMMON VARIANTS	Y
81331	SNRPN/UBE3A GENE	Y
81332	SERPINA1 GENE	Y
81333	TGFBI GENE COMMON VARIANTS	Y
81334	RUNX1 GENE TARGETED SEQ ALYS	Y
81335	TPMT GENE COM VARIANTS	Y
81336	SMN1 GENE FULL GENE SEQUENCE	Y
81337	SMN1 GEN NOWN FAMIL SEQ VRNT	Y
81338	MPL GENE COMMON VARIANTS	Y
81339	MPL GENE SEQ ALYS EXON 10	Y
81340	TRB@ GENE REARRANGE AMPLIFY	Y
81341	TRB@ GENE REARRANGE DIRPROBE	Y
81342	TRG GENE REARRANGEMENT ANAL	Y
81343	PPP2R2B GEN DETC ABNOR ALLEL	Y
81344	TBP GENE DETC ABNOR ALLELES	Y
81345	TERT GENE TARGETED SEQ ALYS	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
81346	TYMS GENE COM VARIANTS	Y
81347	SF3B1 GENE COMMON VARIANTS	Y
81348	SRSF2 GENE COMMON VARIANTS	Y
81349	CYTOG ALYS CHRML ABNR LW-PS	Y
81350	UGT1A1 GENE COMMON VARIANTS	Y
81351	TP53 GENE FULL GENE SEQUENCE	Y
81352	TP53 GENE TRGT SEQUENCE ALYS	Y
81353	TP53 GENE KNOWN FAMIL VRNT	Y
81355	VKORC1 GENE	Y
81357	U2AF1 GENE COMMON VARIANTS	Y
81360	ZRSR2 GENE COMMON VARIANTS	Y
81361	HBB COMMON VARIANTS	Y
81362	HBB GENE KNOWN FAM VARIANT	Y
81363	HBB GENE DUP/DEL VARIANTS	Y
81364	HBB FULL GENE SEQUENCE	Y
81370	HLA I & II TYPING LR	Y
81371	HLA I & II TYPE VERIFY LR	Y
81378	HLA I & II TYPING HR	Y
81400	MOPATH PROCEDURE LEVEL 1	Y
81401	MOPATH PROCEDURE LEVEL 2	Y
81402	MOPATH PROCEDURE LEVEL 3	Y
81403	MOPATH PROCEDURE LEVEL 4	Y
81404	MOPATH PROCEDURE LEVEL 5	Y
81405	MOPATH PROCEDURE LEVEL 6	Y
81406	MOPATH PROCEDURE LEVEL 7	Y
81407	MOPATH PROCEDURE LEVEL 8	Y
81408	MOPATH PROCEDURE LEVEL 9	Y
81410	AORTIC DYSFUNCTION/DILATION	Y
81411	AORTIC DYSFUNCTION/DILATION	Y
81412	ASHKENAZI JEWISH ASSOC DIS	Y
81413	CAR ION CHNNLPATH INC 10 GNS	Y
81414	CAR ION CHNNLPATH INC 2 GNS	Y
81415	EXOME SEQUENCE ANALYSIS	Y
81416	EXOME SEQUENCE ANALYSIS	Y
81417	EXOME RE-EVALUATION	Y
81418	DRUG METABOLISM (EG PHARMACOGENO	Y
81419	EPILEPSY GEN SEQ ALYS PANEL	Y
81422	FETAL CHRMOML MICRODELTJ	Y
81425	GENOME SEQUENCE ANALYSIS	Y
81426	GENOME SEQUENCE ANALYSIS	Y
81427	GENOME RE-EVALUATION	Y
81430	HEARING LOSS SEQUENCE ANALYS	Y
81431	HEARING LOSS DUP/DEL ANALYS	Y
81432	HRDTRY BRST CA-RLATD DSORDRS	Y
81434	HEREDITARY RETINAL DISORDERS	Y
81435	HEREDITARY COLON CA DSORDRS	Y
81437	HEREDTRY NURONDCRN TUM DSRDR	Y
81439	HRDTRY CARDMPY GENE PANEL	Y
81440	MITOCHONDRIAL GENE	Y
81441	INHERITED BONE MARROW FAILURE SYND	Y
81442	NOONAN SPECTRUM DISORDERS	Y
81443	GENETIC TSTG SEVERE INH COND	Y
81445	TARGETED GENOMIC SEQ ANALYS	Y
81448	HRDTRY PERPH NEURPHY PANEL	Y
81449	SOLID ORGAN NEOPLASM GENOMIC SEQU	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
81450	TARGETED GENOMIC SEQ ANALYS	Y
81451	HEMATOLYMPHOID NEOPLASM OR DISORD	Y
81455	TARGETED GENOMIC SEQ ANALYS	Y
81456	SOLID ORGAN OR HEMATOLYMPHOID NEO	Y
81457	SOLID ORGAN NEOPLASM GENOMIC SEQU	Y
81458	SOLID ORGAN NEOPLASM GENOMIC SEQU	Y
81459	SOLID ORGAN NEOPLASM GENOMIC SEQU	Y
81460	WHOLE MITOCHONDRIAL GENOME	Y
81462	performs a liquid biopsy using a plasma specim	Y
81463	SOLID ORGAN NEOPLASM GENOMIC SEQU	Y
81464	SOLID ORGAN NEOPLASM GENOMIC SEQU	Y
81465	WHOLE MITOCHONDRIAL GENOME	Y
81470	X-LINKED INTELLECTUAL DBLT	Y
81471	X-LINKED INTELLECTUAL DBLT	Y
81479	UNLISTED MOLECULAR PATHOLOGY	Y
81493	COR ARTERY DISEASE MRNA	Y
81504	ONCOLOGY TISSUE OF ORIGIN	Y
81518	ONC BRST MRNA 11 GENES	Y
81519	ONCOLOGY BREAST MRNA	Y
81520	ONC BREAST MRNA 58 GENES	Y
81521	ONC BREAST MRNA 70 GENES	Y
81522	ONC BREAST MRNA 12 GENES	Y
81523	ONC BRST MRNA 70 CNT 31 GENE	Y
81525	ONCOLOGY COLON MRNA	Y
81529	ONC CUTAN MLNMA MRNA 31 GENE	Y
81538	ONCOLOGY LUNG	Y
81540	ONCOLOGY TUM UNKNOWN ORIGIN	Y
81541	ONC PROSTATE MRNA 46 GENES	Y
81542	ONC PROSTATE MRNA 22 CNT GEN	Y
81546	ONC THYR MRNA 10,196 GEN ALG	Y
81551	ONC PROSTATE 3 GENES	Y
81552	ONC UVEAL MLNMA MRNA 15 GENE	Y
81554	PULM DS IPF MRNA 190 GEN ALG	Y
81558	Multianalyte Assays with Algorithmic Analyses	Y
81595	CARDIOLOGY HRT TRNSPL MRNA	Y
81599	UNLISTED MAAA	Y
86001	ALLERGEN SPECIFIC IGG	Y
88299	CYTOGENETIC STUDY	Y
89250	CULTR OOCYTE/EMBRYO <4 DAYS	Y
89251	CULTR OOCYTE/EMBRYO <4 DAYS	Y
89253	EMBRYO HATCHING	Y
89254	OOCYTE IDENTIFICATION	Y
89255	PREPARE EMBRYO FOR TRANSFER	Y
89258	CRYOPRESERVATION EMBRYO(S)	Y
89259	CRYOPRESERVATION SPERM	Y
89261	SPERM ISOLATION COMPLEX	Y
89264	IDENTIFY SPERM TISSUE	Y
89268	INSEMINATION OF OOCYTES	Y
89272	EXTENDED CULTURE OF OOCYTES	Y
89280	ASSIST OOCYTE FERTILIZATION ICSI	Y
89281	ASSIST OOCYTE FERTILIZATION ICSI >10	Y
89290	BIOPSY OOCYTE POLAR BODY	Y
89291	BIOPSY OOCYTE POLAR BODY	Y
89335	CRYOPRESERVE TESTICULAR TISS	Y
89337	CRYOPRESERVATION OOCYTE(S)	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
89342	STORAGE/YEAR EMBRYO(S)	Y
89343	STORAGE/YEAR SPERM/SEMEN	Y
89344	STORAGE/YEAR REPROD TISSUE	Y
89346	STORAGE/YEAR OOCYTE(S)	Y
89352	THAWING CRYOPRESERVED EMBRYO	Y
89353	THAWING CRYOPRESERVED SPERM	Y
89354	THAWING OF CRYOPRESERVED REPRODU	Y
89356	THAWING CRYOPRESERVED OOCYTE	Y
90283	HUMAN IG IV	Y
90284	HUMAN IG SC	Y
90378	RSV MAB IM 50MG	Y
90867	TCRANIAL MAGN STIM TX PLAN	Y
90868	TCRANIAL MAGN STIM TX DELI	Y
90869	TCRAN MAGN STIM REDETERMINE	Y
95782	POLYSOM PARAMTRS	Y
95783	POLYSOM <6 YRS CPAP/BILVL	Y
95807	SLEEP STUDY ATTENDED	Y
95808	POLYSOMNOGRAPHY, 1-3	Y
95810	POLYSOM 6/> YRS 4/> PARAM	Y
95811	POLYSOMNOGRAPHY W/CPAP	Y
95980	IO ANAL GAST N-STIM INIT	Y
95999	NEUROLOGICAL PROCEDURE	Y
97151	BHV ID ASSMT BY PHYS/QHP	Y
97152	BHV ID SUPRT ASSMT BY 1 TECH	Y
97153	ADAPTIVE BEHAVIOR TX BY TECH	Y
97154	GRP ADAPT BHV TX BY TECH	Y
97155	ADAPT BEHAVIOR TX PHYS/QHP	Y
97156	FAM ADAPT BHV TX GDN PHY/QHP	Y
97157	MULT FAM ADAPT BHV TX GDN	Y
97158	GRP ADAPT BHV TX BY PHY/QHP	Y
99183	HYPERBARIC OXYGEN THERAPY	Y
99429	UNLISTED PREVENTIVE SERVICE	Y
99499	UNLISTED E&M SERVICE	Y
0001U	RBC DNA HEA 35 AG 11 BLD GRP	Y
0002U	ONC CLRCT 3 UR METAB ALG PLP	Y
0003U	ONC OVAR 5 PRTN SER ALG SCOR	Y
0004M	SCOLIOSIS DNA ALYS	Y
0005U	ONCO PRST8 3 GENE UR ALG	Y
0006M	ONC HEP GENE RISK CLASSIFIER	Y
0007M	ONC GASTRO 51 GENE NOMOGRAM	Y
0007U	RX TEST PRSMV UR W/DEF CONF	Y
0008U	HPYLORI DETCJ ABX RSTNC DNA	Y
0009U	ONC BRST CA ERBB2 AMP/NONAMP	Y
0010U	NFCT DS STRN TYP WHL GEN SEQ	Y
0011M	ONC PRST8 CA MRNA 12 GEN ALG	Y
0012M	ONC MRNA 5 GEN RSK URTHL CA	Y
0013M	ONC MRNA 5 GEN RECR URTHL CA	Y
0016M	ONCOLOGY (BLADDER) MRNA MICROARRA	Y
0016U	ONC HMTLMF NEO RNA BCR/ABL1	Y
0017M	ONC DLBCL MRNA 20 GENES ALG	Y
0017U	ONC HMTLMF NEO JAK2 MUT DNA	Y
0018U	ONC THYR 10 MICRORNA SEQ ALG	Y
0019U	ONC RNA TISS PREDICT ALG	Y
0020M	ONCOLOGY (CENTRAL NERVOUS SYSTEM)	Y
0022U	TRGT GEN SEQ DNA&RNA 23 GENE	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
0023U	ONC AML DNA DETCJ/NONDETCJ	Y
0026U	ONCOLOGY (THYROID), DNA AND MRNA	Y
0027U	JAK2 (JANUS KINASE 2) (EG, MYELOP	Y
0029U	DRUG METABOLISM (ADVERSE DRUG REA	Y
0030U	DRUG METABOLISM (WARFARIN DRUG RE	Y
0031U	CYP1A2 (CYTOCHROME P450 FAMILY	Y
0032U	COMT (CATECHOL-O-METHY	Y
0033U	HTR2A, HTR2C (EG, CITALOPRAM METABO	Y
0034U	TPMT, NUDT15 (EG, THIOPURINE	Y
0036U	XOME TUM & NML SPEC SEQ ALYS	Y
0037U	TRGT GEN SEQ DNA 324 GENES	Y
0040U	BCR/ABL1 GENE MAJOR BP QUAN	Y
0045U	ONC BRST DUX CARC IS 12 GENE	Y
0046U	FLT3 GENE ITD VARIANTS QUAN	Y
0047U	ONC PRST8 MRNA 17 GENE ALG	Y
0048U	ONC SLD ORG NEO DNA 468 GENE	Y
0049U	NPM1 GENE ANALYSIS QUAN	Y
0050U	TRGT GEN SEQ DNA 194 GENES	Y
0055U	CARD HRT TRNSPL 96 DNA SEQ	Y
0060U	TWN ZYG GEN SEQ ALYS CHRMS2	Y
0068U	CANDIDA SPECIES PNL AMP PRB	Y
0069U	ONC CLRCT MICRORNA MIR-31-3P	Y
0070U	CYP2D6 GEN COM&SLCT RAR VRNT	Y
0071U	CYP2D6 FULL GENE SEQUENCE	Y
0072U	CYP2D6 GEN CYP2D6-2D7 HYBRID	Y
0073U	CYP2D6 GEN CYP2D7-2D6 HYBRID	Y
0074U	CYP2D6 NONDUPLICATED GENE	Y
0075U	CYP2D6 5' GENE DUP/MLT	Y
0076U	CYP2D6 3' GENE DUP/MLT	Y
0079U	CMPRTV DNA ALYS MLT SNPS	Y
0084U	RBC DNA GNOTYP 10 BLD GROUPS	Y
0087U	CRD HRT TRNSPL MRNA 1283 GEN	Y
0088U	TRNSPLJ KDN ALGRFT REJ 1494	Y
0089U	ONC MLNMA PRAME & LINC00518	Y
0090U	ONC CUTAN MLNMA MRNA 23 GENE	Y
0094U	GENOME RAPID SEQUENCE ALYS	Y
0095T	RMVL ARTIFIC DISC ADDL CRVCL	Y
0098T	REV ARTIFIC DISC ADDL	Y
0101U	HERED COLON CA DO 15 GENES	Y
0102U	HERED BRST CA RLTD DO 17 GEN	Y
0103U	HERED OVA CA PNL 24 GENES	Y
0105U	NEPH CKD MULT ECLIA TUM NEC	Y
0109U	ID ASPERGILLUS DNA 4 SPECIES	Y
0111U	ONC COLON CA KRAS&NRAS ALYS	Y
0112U	IADI 16S&18S RRNA GENES	Y
0113U	ONC PRST8 PCA3&TMPRSS2-ERG	Y
0114U	GI BARRETT'S ESOPH VIM&CCNA1	Y
0118U	TRNSPLJ DON-DRV CLL-FR DNA	Y
0120U	ONC B CLL LYMPHM MRNA 58 GEN	Y
0129U	HERED BRST CA RLTD DO PANEL	Y
0130U	HERED COLON CA DO MRNA PNL	Y
0131U	HERED BRST CA RLTD DO PNL 13	Y
0132U	HERED OVA CA RLTD DO PNL 17	Y
0133U	HERED PRST8 CA RLTD DO 11	Y
0134U	HERED PAN CA MRNA PNL 18 GEN	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
0135U	HERED GYN CA MRNA PNL 12 GEN	Y
0136U	ATM MRNA SEQ ALYS	Y
0137U	PALB2 MRNA SEQ ALYS	Y
0138U	BRCA1 BRCA2 MRNA SEQ ALYS	Y
0140U	NFCT DS FUNGI DNA 15 TRGT	Y
0141U	NFCT DS BACT&FNG GRAM POS	Y
0142U	NFCT DS BACT&FNG GRAM NEG	Y
0152U	NFCT DS DNA UNTRGT NGNRJ SEQ	Y
0153U	ONC BREAST MRNA 101 GENES	Y
0154U	FGFR3 GENE ANALYSIS	Y
0155U	PIK3CA GENE ANALYSIS	Y
0156U	COPY NUMBER SEQUENCE ALYS	Y
0157U	APC MRNA SEQ ALYS	Y
0158U	MLH1 MRNA SEQ ALYS	Y
0159U	MSH2 MRNA SEQ ALYS	Y
0160U	MSH6 MRNA SEQ ALYS	Y
0161U	PMS2 MRNA SEQ ALYS	Y
0162U	HERED COLON CA TRGT MRNA PNL	Y
0164T	REMOVE LUMB ARTIF DISC ADDL	Y
0165T	REVISE LUMB ARTIF DISC ADDL	Y
0169U	NUDT15 (NUDIX HYDROLASE 15) AND TPM	Y
0170U	NEUROLOGY (AUTISM SPECTRUM DISORD	Y
0171U	TARGETED GENOMIC SEQUENCE ANALYSI	Y
0172U	myChoiceÂ® CDx test, a proprietary laboratory	Y
0173U	PSYCHIATRY (IE DEPRESSION ANXIETY) G	Y
0175U	PSYCHIATRY (EG DEPRESSION ANXIETY) C	Y
0177U	ONCOLOGY (BREAST CANCER) DNA PIK3C	Y
0179U	ONCOLOGY (NON-SMALL CELL LUNG CANC	Y
0180U	RED CELL ANTIGEN (ABO BLOOD GROUP) (	Y
0181U	RED CELL ANTIGEN (COLTON BLOOD GRO	Y
0182U	RED CELL ANTIGEN (CROMER BLOOD GRO	Y
0183U	RED CELL ANTIGEN (DIEGO BLOOD GROU	Y
0184U	RED CELL ANTIGEN (DOMBROCK BLOOD G	Y
0185U	RED CELL ANTIGEN (H BLOOD GROUP) GE	Y
0186U	RED CELL ANTIGEN (H BLOOD GROUP) GE	Y
0187U	RED CELL ANTIGEN (DUFFY BLOOD GROU	Y
0188U	RED CELL ANTIGEN (GERBICH BLOOD GRO	Y
0189U	RED CELL ANTIGEN (MNS BLOOD GROUP)	Y
0190U	RED CELL ANTIGEN (MNS BLOOD GROUP)	Y
0191U	RED CELL ANTIGEN (INDIAN BLOOD GROU	Y
0192U	RED CELL ANTIGEN (KIDD BLOOD GROUP)	Y
0193U	RED CELL ANTIGEN (JR BLOOD GROUP) GE	Y
0194U	RED CELL ANTIGEN (KELL BLOOD GROUP)	Y
0195U	KLF1 (KRUPPEL-LIKE FACTOR 1) TARGETE	Y
0196U	RED CELL ANTIGEN (LUTHERAN BLOOD GF	Y
0197U	RED CELL ANTIGEN (LANDSTEINER-WIENE	Y
0198U	RED CELL ANTIGEN (RH BLOOD GROUP) G	Y
0199U	RED CELL ANTIGEN (SCIANNA BLOOD GRO	Y
0200U	RED CELL ANTIGEN (KX BLOOD GROUP) G	Y
0201U	RED CELL ANTIGEN (YT BLOOD GROUP) G	Y
0203U	AUTOIMMUNE (INFLAMMATORY BOWEL DIS	Y
0205U	OPHTHALMOLOGY (AGE-RELATED MACULA	Y
0209U	CYTOGENOMIC CONSTITUTIONAL (GENOM	Y
0211U	ONCOLOGY (PAN-TUMOR) DNA AND RNA B	Y
0212U	RARE DISEASES (CONSTITUTIONAL HERIT	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
0213T	NJX PARAVERT W/US CER/THOR	Y
0213U	RARE DISEASES (CONSTITUTIONAL HERIT	Y
0214T	NJX PARAVERT W/US CER/THOR	Y
0214U	RARE DISEASES (CONSTITUTIONAL HERIT	Y
0215T	NJX PARAVERT W/US CER/THOR	Y
0215U	Genomic Unity® Exome Plus Analysis	Y
0216T	NJX PARAVERT W/US LUMB/SAC	Y
0216U	NEUROLOGY (INHERITED ATAXIAS) GENOM	Y
0217T	NJX PARAVERT W/US LUMB/SAC	Y
0217U	NEUROLOGY (INHERITED ATAXIAS) GENOM	Y
0218T	NJX PARAVERT W/US LUMB/SAC	Y
0218U	NEUROLOGY (MUSCULAR DYSTROPHY) DN	Y
0219U	INFECTIOUS AGENT (HUMAN IMMUNODEFI	Y
0220T	PLMT POST FACET IMPLT THOR	Y
0221U	RED CELL ANTIGEN (ABO BLOOD GROUP)	Y
0222U	RED CELL ANTIGEN (RH BLOOD GROUP) G	Y
0227U	RX ASY PRSMV 30+RX/METABLT	Y
0228U	ONC PRST8 MA MOLEC PRFL ALG	Y
0229U	BCAT1&IKZF1 PRMTR MTHYLN ALY	Y
0230U	AR FULL SEQUENCE ANALYSIS	Y
0231U	CACNA1A FULL GENE ANALYSIS	Y
0232T	NJX PLATELET PLASMA	Y
0232U	CSTB FULL GENE ANALYSIS	Y
0233U	FXN GENE ANALYSIS	Y
0234U	MECP2 FULL GENE ANALYSIS	Y
0235U	PTEN FULL GENE ANALYSIS	Y
0236U	SMN1&SMN2 FULL GENE ANALYSIS	Y
0237U	CAR ION CHNLPHTY GEN SEQ PNL	Y
0238U	ONC LNCH SYN GEN DNA SEQ ALY	Y
0239U	TRGT GEN SEQ ALYS PNL 311+	Y
0242U	TRGT GEN SEQ ALYS PNL 55-74	Y
0244U	ONC SOLID ORGN DNA 257 GENES	Y
0245U	ONC THYR MUT ALYS 10 GEN&37	Y
0246U	RBC DNA GNOTYP 16 BLD GROUPS	Y
0250U	ONC SLD ORG NEO DNA 505 GENE	Y
0252U	FTL ANEUPLOIDY STR ALYS DNA	Y
0253U	RPRDTVE MED RNA GEN PRFL 238	Y
0254U	REPRDTVE MED ALYS 24 CHRMSM	Y
0258U	AI PSOR MRNA 50-100 GEN ALG	Y
0260U	RARE DS ID OPT GENOME MAPG	Y
0262U	ONC SLD TUM RTPCR 7 GEN	Y
0264U	RARE DS ID OPT GENOME MAPG	Y
0265U	RAR DO WHL GN&MTCDRL DNA ALS	Y
0266U	UNXPL CNST HRTBL DO GN XPRSN	Y
0267U	RARE DO ID OPT GEN MAPG&SEQ	Y
0268U	HEM AHUS GEN SEQ ALYS 15 GEN	Y
0269U	HEM AUT DM CGEN TRMBCTPNA 14	Y
0270U	HEM CGEN COAGJ DO 20 GENES	Y
0271U	HEM CGEN NEUTROPENIA 23 GEN	Y
0272U	HEM GENETIC BLD DO 51 GENES	Y
0273U	HEM GEN HYPRFIBRNLYSIS 8 GEN	Y
0274U	HEM GEN PLTLT DO 43 GENES	Y
0275T	PERQ LAMOT/LAM LUMBAR	Y
0276U	HEM INH THROMBOCYTOPENIA 23	Y
0277U	HEM GEN PLTLT FUNCJ DO 31	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
0278U	HEM GEN THROMBOSIS 12 GENES	Y
0282U	RBC DNA GNTYP 12 BLD GRP GEN	Y
0285U	ONC RSPS RADJ CLL FR DNA TOX	Y
0286U	CEP72 NUDT15&TPMT GENE ALYS	Y
0287U	ONC THYR DNA&MRNA 112 GENES	Y
0288U	ONC LUNG MRNA QUAN PCR 11&3	Y
0289U	NEURO ALZHEIMER MRNA 24 GEN	Y
0290U	PAIN MGMT MRNA GEN XPRSN 36	Y
0291U	PSYC MOOD DO MRNA 144 GENES	Y
0292U	PSYC STRS DO MRNA 72 GENES	Y
0293U	PSYC SUICIDAL IDEA MRNA 54	Y
0294U	LNGVTY&MRTLTY RSK MRNA 18GEN	Y
0296U	ONC ORL&/OROP CA 20 MLC FEAT	Y
0297U	ONC PAN TUM WHL GEN SEQ DNA	Y
0298U	ONC PAN TUM WHL TRNS SEQ RNA	Y
0299U	ONC PAN TUM WHL GEN OPT MAPG	Y
0300U	ONC PAN TUM WHL GEN SEQ&OPT	Y
0306U	ONCOLOGY (MINIMAL RESIDUAL DISEASE	Y
0307U	ONCOLOGY (MINIMAL RESIDUAL DISEASE	Y
0313U	ONCOLOGY (PANCREAS) DNA AND MRNA N	Y
0314U	ONCOLOGY (CUTANEOUS MELANOMA) MR	Y
0315U	a specific molecular pathology test called Decis	Y
0317U	ONCOLOGY (LUNG CANCER) FOUR-PROBE	Y
0318U	PEDIATRICS (CONGENITAL EPIGENETIC DI	Y
0319U	NEPHROLOGY (RENAL TRANSPLANT) RNA	Y
0320U	NEPHROLOGY (RENAL TRANSPLANT) RNA	Y
0326U	TRGT GEN SEQ ALYS PNL 83+	Y
0327U	FTL ANEUPLOIDY TRSMY DNA SEQ	Y
0329U	ONC NEO XOME&TRNS SEQ ALYS	Y
0331U	ONC HL NEO OPT GEN MAPPING	Y
0332U	ONCOLOGY (PAN-TUMOR) GENETIC PROFI	Y
0333U	ONCOLOGY (LIVER) SURVEILLANCE FOR H	Y
0334U	ONCOLOGY (SOLID ORGAN) TARGETED GE	Y
0335U	RARE DISEASES (CONSTITUTIONAL HERIT	Y
0336U	RARE DISEASES (CONSTITUTIONAL HERIT	Y
0338U	CELLSEARCHÂ® HER2 Circulating Tumor Ce	Y
0339U	ONCOLOGY (PROSTATE) MRNA EXPRESSI	Y
0340U	ONCOLOGY (PAN-CANCER) ANALYSIS OF M	Y
0341U	FETAL ANEUPLOIDY DNA SEQUENCING CO	Y
0342U	ONCOLOGY (PANCREATIC CANCER) MULT	Y
0343U	ONCOLOGY (PROSTATE) EXOSOME-BASED	Y
0344U	HEPATOLOGY (NONALCOHOLIC FATTY LIV	Y
0345U	PSYCHIATRY (EG DEPRESSION ANXIETY A	Y
0347U	DRUG METABOLISM OR PROCESSING (MU	Y
0348U	DRUG METABOLISM OR PROCESSING (MU	Y
0349U	DRUG METABOLISM OR PROCESSING (MU	Y
0350U	DRUG METABOLISM OR PROCESSING (MU	Y
0351U	INFECTIOUS DISEASE (BACTERIAL OR VIR	Y
0355U	APOL1 (APOLIPOPROTEIN L1) (EG CHRONI	Y
0356U	ONCOLOGY (OROPHARYNGEAL OR ANAL)	Y
0362T	BHV ID SUPRT ASSMT EA 15 MIN	Y
0362U	ONCOLOGY (PAPILLARY THYROID CANCER	Y
0363U	ONCOLOGY (UROTHELIAL) MRNA GENE-EX	Y
0364U	ONCOLOGY (HEMATOLYMPHOID NEOPLAS	Y
0368U	ONCOLOGY (COLORECTAL CANCER) EVAL	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
0373T	ADAPT BHV TX EA 15 MIN	Y
0378U	RFC1 (REPLICATION FACTOR C SUBUNIT 1	Y
0379U	TARGETED GENOMIC SEQUENCE ANALYSI	Y
0388U	ONCOLOGY (NON-SMALL CELL LUNG CANC	Y
0389U	PEDIATRIC FEBRILE ILLNESS (KAWASAKI D	Y
0391U	ONCOLOGY (SOLID TUMOR) DNA AND RNA	Y
0392U	DRUG METABOLISM (DEPRESSION ANXIET	Y
0394T	HDR ELCTRNC SKN SURF BRCHYTX	Y
0395T	HDR ELCTR NTRST/NTRCV BRCHTX	Y
0400U	OBSTETRICS (EXPANDED CARRIER SCREE	Y
0401U	CARDIOLOGY (CORONARY HEART DISEAS	Y
0403U	ONCOLOGY (PROSTATE) MRNA GENE EXP	Y
0405U	ONCOLOGY (PANCREATIC) 59 METHYLATIC	Y
0409U	ONCOLOGY (SOLID TUMOR) DNA (80 GENE	Y
0410U	ONCOLOGY (PANCREATIC) DNA WHOLE GE	Y
0411U	PSYCHIATRY (EG DEPRESSION ANXIETY A	Y
0413U	ONCOLOGY (HEMATOLYMPHOID NEOPLAS	Y
0414U	ONCOLOGY (LUNG) AUGMENTATIVE ALGO	Y
0417U	RARE DISEASES (CONSTITUTIONAL HERIT	Y
0419U	NEUROPSYCHIATRY (EG DEPRESSION ANX	Y
0420U	ONCOLOGY (UROTHELIAL) MRNA EXPRESS	Y
0422U	ONCOLOGY (PAN-SOLID TUMOR) ANALYSIS	Y
0423U	PSYCHIATRY (EG DEPRESSION ANXIETY) C	Y
0424U	ONCOLOGY (PROSTATE) EXOSOME-BASED	Y
0425U	GENOME (EG UNEXPLAINED CONSTITUTIO	Y
0426U	GENOME (EG UNEXPLAINED CONSTITUTIO	Y
0433U	ONCOLOGY (PROSTATE) 5 DNA REGULATC	Y
0434U	DRUG METABOLISM (ADVERSE DRUG REA	Y
0437U	PSYCHIATRY (ANXIETY DISORDERS) MRNA	Y
0438U	DRUG METABOLISM (ADVERSE DRUG REA	Y
0439U	CARDIOLOGY (CORONARY HEART DISEAS	Y
0440T	ABLTJ PERC UXTR/PERPH NRV	Y
0440U	CARDIOLOGY (CORONARY HEART DISEAS	Y
0441T	ABLTJ PERC LXTR/PERPH NRV	Y
0442T	ABLTJ PERC PLEX/TRNCL NRV	Y
0444U	ONCOLOGY (SOLID ORGAN NEOPLASIA) TA	Y
0446T	INSJ IMPLTBL GLUCOSE SENSOR	Y
0447T	RMVL IMPLTBL GLUCOSE SENSOR	Y
0448T	REMLV INSJ IMPLTBL GLUC SENS	Y
0449U	CARRIER SCREENING FOR SEVERE INHER	Y
0452U	ONCOLOGY (BLADDER) METHYLATED PEN	Y
0453U	ONCOLOGY (COLORECTAL CANCER) CELL	Y
0454U	RARE DISEASES (CONSTITUTIONAL HERIT	Y
0460U	ONCOLOGY WHOLE BLOOD OR BUCCAL DI	Y
0461U	ONCOLOGY PHARMACOGENOMIC ANALYS	Y
0465U	ONCOLOGY (UROTHELIAL CARCINOMA) DN	Y
0466U	CARDIOLOGY (CORONARY ARTERY DISEAS	Y
0467U	ONCOLOGY (BLADDER) DNA NEXT-GENER	Y
0469U	RARE DISEASES (CONSTITUTIONAL HERIT	Y
0471U	ONCOLOGY (COLORECTAL CANCER) QUAL	Y
0473U	ONCOLOGY (SOLID TUMOR) NEXT-GENERA	Y
0474U	HEREDITARY PAN-CANCER (EG HEREDITA	Y
0475U	HEREDITARY PROSTATE CANCER-RELATE	Y
0476U	DRUG METABOLISM PSYCHIATRY (EG MAJ	Y
0477U	DRUG METABOLISM PSYCHIATRY (EG MAJ	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
0478U	ONCOLOGY (NON-SMALL CELL LUNG CANC	Y
0481U	IDH1 (ISOCITRATE DEHYDROGENASE 1 [NA	Y
0485U	ONCOLOGY (SOLID TUMOR) CELL-FREE DN	Y
0486U	ONCOLOGY (PAN-SOLID TUMOR) NEXT-GE	Y
0487U	ONCOLOGY (SOLID TUMOR) CELL-FREE CI	Y
0488U	OBSTETRICS (FETAL ANTIGEN NONINVASI	Y
0489U	OBSTETRICS (SINGLE-GENE NONINVASIVE	Y
0493U	TRANSPLANTATION MEDICINE QUANTIFICA	Y
0494U	RED BLOOD CELL ANTIGEN (FETAL RHD G	Y
0496U	ONCOLOGY (COLORECTAL) CELL-FREE DN	Y
0497U	ONCOLOGY (PROSTATE) MRNA GENE-EXP	Y
0498U	ONCOLOGY (COLORECTAL) NEXT-GENERA	Y
0499U	ONCOLOGY (COLORECTAL AND LUNG) DN	Y
0500U	AUTOINFLAMMATORY DISEASE (VEXAS SY	Y
0506U	GASTROENTEROLOGY (BARRETT S ESOPH	Y
0507U	ONCOLOGY (OVARIAN) DNA WHOLE-GENO	Y
0508U	TRANSPLANTATION MEDICINE QUANTIFICA	Y
0509U	TRANSPLANTATION MEDICINE QUANTIFICA	Y
0516U	DRUG METABOLISM WHOLE BLOOD PHARI	Y
0523U	ONCOLOGY (SOLID TUMOR) DNA QUALITA	Y
0529U	HEMATOLOGY (VENOUS THROMBOEMBOL	Y
0530U	ONCOLOGY (PAN-SOLID TUMOR) CTDNA U	Y
0532U	RARE DISEASES (CONSTITUTIONAL DISEA	Y
0533U	DRUG METABOLISM (ADVERSE DRUG REA	Y
0534U	ONCOLOGY (PROSTATE) MICRORNA SINGL	Y
0536U	RED BLOOD CELL ANTIGEN (FETAL RHD) P	Y
0537U	ONCOLOGY (COLORECTAL CANCER) ANAL	Y
0538U	ONCOLOGY (SOLID TUMOR) NEXT-GENERA	Y
0539U	ONCOLOGY (SOLID TUMOR) CELL-FREE CI	Y
0540U	TRANSPLANTATION MEDICINE QUANTIFICA	Y
0543U	ONCOLOGY (SOLID TUMOR) NEXT-GENERA	Y
0544U	NEPHROLOGY (TRANSPLANT MONITORING	Y
0549U	ONCOLOGY (UROTHELIAL) DNA QUANTITA	Y
0571T	INSJ/RPLCMT ICDS SS ELTRD	Y
0572T	INSERTION SS DFB ELECTRODE	Y
0573T	REMOVAL SS DFB ELECTRODE	Y
0574T	REPOS PREV SS IMPL DFB ELTRD	Y
0575T	PRGRMG DEV EVAL ICDS SS IP	Y
0580T	RMVL SS IMPL DFB PG ONLY	Y
0581T	ABLTJ MAL BRST TUM PERQ CRTX	Y
0584T	PERQ ISLET CELL TRANSPLANT	Y
0585T	LAPS ISLET CELL TRANSPLANT	Y
0586T	OPEN ISLET CELL TRANSPLANT	Y
0643T	TCAT L VENTR RSTRJ DEV IMPLT	Y
0644T	TCAT RMVL/DBLK ICAR MAS PERQ	Y
0645T	TCAT IMPLTJ C SINS RDCTJ DEV	Y
0646T	TTVI/RPLCMT W/PRSTC VLV PERQ	Y
0652T	EGD FLX TRANSNASAL DX BR/WA	Y
0653T	EGD FLX TRANSNASAL BX 1/MLT	Y
0654T	EGD FLX TRANSNASAL TUBE/CATH	Y
0655T	TPRNL FOCAL ABLTJ MAL PRST8	Y
0686T	HISTOTRIPSY MAL HEPATCEL TIS	Y
0707T	NJX B1 SUB MTRL SBCHDRL DFCT	Y
A0426	ALS 1	Y
A0428	BLS	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
A0430	FIXED WING AIR TRANSPORT	Y
A0434	SPECIALTY CARE TRANSPORT	Y
A0435	FIXED WING AIR MILEAGE	Y
A0999	UNLISTED AMBULANCE SERVICE	Y
A2006	NOVOSORB SYNPATH PER SQ CM	Y
A4100	SKIN SUB FDA CLRD AS DEV NOS	Y
A4290	SACRAL NERVE STIM TEST LEAD	Y
A9508	I131 IODOBENGUATE, DX	Y
A9513	LUTETIUM LU 177 DOTATAT THER	Y
A9515	CHOLINE C-11	Y
A9528	IODINE I-131 IODIDE CAP, DX	Y
A9531	I131 MAX 100UCI	Y
A9543	Y90 IBRITUMOMAB, RX	Y
A9552	F18 FDG	Y
A9580	SODIUM FLUORIDE F-18	Y
A9586	FLORBETAPIR F18	Y
A9587	GALLIUM GA-68	Y
A9588	FLUCICLOVINE F-18	Y
A9590	IODINE I-131 IOBENGUANE 1MCI	Y
A9591	FLUROESTRADIOL F 18	Y
A9592	COPPER CU 64 DOTATATE DIAG	Y
A9593	GALLIUM GA-68 PSMA-11 UCSF	Y
A9594	GALLIUM GA-68 PSMA-11, UCLA	Y
A9595	PIFLU F-18, DIA 1 MILLICURIE	Y
A9596	GALLIUM ILLUCCIX 1 MILLICURE	Y
A9597	PET, DX, FOR TUMOR ID, NOC	Y
A9598	PET DX FOR NON-TUMOR ID, NOC	Y
A9600	SR89 STRONTIUM	Y
A9601	FLORTAUCIPIR INJ 1 MILLICURI	Y
A9602	FLUORODOPA F-18 DIAG PER MCI	Y
A9604	SM 153 LEXIDRONAM	Y
A9606	RADIUM RA223 DICHLORIDE THER	Y
A9607	LUTETIUM LU 177 VIPIVOTIDE	Y
A9608	FLOTUFOLASTAT F 18 DIAGNOSTIC 1 MILLI	Y
A9800	GALLIUM LOCAMETZ 1 MILLICURI	Y
B4103	EF PED FLUID AND ELECTROLYTE	Y
B4105	ENZYME CARTRIDGE ENTERAL NUT	Y
C1062	INTRAVERTEBRAL FX AUG IMPL	Y
C1605	leadless, dual-chamber, rate-responsive pacem	Y
C1721	AICD, DUAL CHAMBER	Y
C1722	AICD, SINGLE CHAMBER	Y
C1734	ORTH/DEVIC/DRUG BN/BN,TIS/BN	Y
C1767	GENERATOR, NEURO NON-RECHARG	Y
C1776	JOINT DEVICE (IMPLANTABLE)	Y
C1778	LEAD, NEUROSTIMULATOR	Y
C1785	PMKR, DUAL, RATE-RESP	Y
C1786	PMKR, SINGLE, RATE-RESP	Y
C1787	PATIENT PROGR, NEUROSTIM	Y
C1813	PROSTHESIS, PENILE, INFLATAB	Y
C1815	PROS, URINARY SPH, IMP	Y
C1816	RECEIVER/TRANSMITTER, NEURO	Y
C1817	SEPTAL DEFECT IMP SYS	Y
C1820	GENERATOR NEURO RECHG BAT SY	Y
C1821	INTERSPINOUS IMPLANT	Y
C1822	GEN, NEURO, HF, RECHG BAT	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
C1823	GEN, NEURO, TRANS SEN/STIM	Y
C1824	GENERATOR, CCM, IMPLANT	Y
C1826	GEN, NEURO, CLO LOOP, RECHG	Y
C1883	ADAPT/EXT, PACING/NEURO LEAD	Y
C1889	IMPLANT/INSERT DEVICE, NOC	Y
C1897	LEAD, NEUROSTIM TEST KIT	Y
C2596	PROBE, ROBOTIC, WATER-JET	Y
C2614	PROBE, PERC LUMB DISC	Y
C2622	PROSTHESIS, PENILE, NON-INF	Y
C2624	WIRELESS PRESSURE SENSOR	Y
C5271	LOW COST SKIN SUBSTITUTE APP	Y
C9003	PALIVIZUMAB-RSV-IGM PER 50 MG	Y
C9047	INJECTION, CAPLACIZUMAB-YHDP	Y
C9110	INJECTION ALEMTUZUMAB PER 10 MG ML	Y
C9117	INJECTION YTTRIUM-90 IBRITUMOMAB TIUX	Y
C9118	INJECTION INDIUM-111 IBRITUMOMAB TIUX	Y
C9126	INJECTION NATALIZUMAB PER 5 MG	Y
C9174	INJECTION DATOPOTAMAB DERUXTECAN-	Y
C9214	INJECTION BEVACIZUMAB PER 10 MG	Y
C9215	INJECTION CETUXIMAB PER 10 MG	Y
C9217	INJECTION OMALIZUMAB PER 5 MG	Y
C9233	INJECTION RANIBIZUMAB 0.5 MG	Y
C9235	INJECTION PANITUMUMAB 10 MG	Y
C9236	INJECTION ECULIZUMAB 10MG D1	Y
C9249	Injection certolizumab pegol 1 mg	Y
C9257	BEVACIZUMAB INJECTION	Y
C9352	NEURAGEN NERVE GUIDE, PER CM	Y
C9359	IMPLNT,BON VOID FILLER-PUTTY	Y
C9362	IMPLNT,BON VOID FILLER-STRIP	Y
C9399	UNCLASSIFIED DRUGS OR BIOLOG	Y
C9757	SPINE/LUMBAR DISK SURGERY	Y
E0194	AIR FLUIDIZED BED	PA ONLY if >\$2000 charge
E0196	GEL PRESSURE MATTRESS	PA ONLY if >\$2000 charge
E0197	AIR PRESSURE PAD FOR MATTRES	PA ONLY if >\$2000 charge
E0198	WATER PRESSURE PAD FOR MATTRESS S	PA ONLY if >\$2000 charge
E0199	DRY PRESSURE PAD FOR MATTRES	PA ONLY if >\$2000 charge
E0277	POWERED PRES-REDU AIR MATTRS	PA ONLY if >\$2000 charge
E0304	HOSP BED XTRA HVY DTY X WIDE	PA ONLY if >\$2000 charge
E0328	PED HOSPITAL BED, MANUAL	PA ONLY if >\$2000 charge
E0329	PED HOSPITAL BED SEMI/ELECT	PA ONLY if >\$2000 charge
E0371	NONPOWER MATTRESS OVERLAY	PA ONLY if >\$2000 charge
E0373	NONPOWERED PRESSURE MATTRESS	PA ONLY if >\$2000 charge
E0446	TOPICAL OX DELIVER SYS, NOS	Y
E0465	HOME VENT INVASIVE INTERFACE	PA ONLY if >\$2000 charge
E0466	HOME VENT NON-INVASIVE INTER	PA ONLY if >\$2000 charge
E0467	HOME VENT MULTI-FUNCTION	PA ONLY if >\$2000 charge
E0468	HOME VENTILATOR DUAL-FUNCTION RESP	PA ONLY if >\$2000 charge
E0469	LUNG EXPANSION AIRWAY CLEARANCE CO	PA ONLY if >\$2000 charge
E0481	INTRPULMNRY PERCUSS VENT SYS	PA ONLY if >\$2000 charge
E0482	COUGH STIMULATING DEVICE	PA ONLY if >\$2000 charge
E0483	HI FREQ CHEST WALL OSCIL SYS	PA ONLY if >\$2000 charge
E0484	NON-ELEC OSCILLATORY PEP DVC	PA ONLY if >\$2000 charge
E0485	ORAL DEVICE/APPLIANCE PREFAB	PA ONLY if >\$2000 charge
E0486	ORAL DEVICE/APPLIANCE CUSFAB	PA ONLY if >\$2000 charge
E0487	ELECTRONIC SPIROMETER	PA ONLY if >\$2000 charge

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
E0617	AUTOMATIC EXT DEFIBRILLATOR	PA ONLY if >\$2000 charge
E0637	COMBINATION SIT TO STAND SYS	PA ONLY if >\$2000 charge
E0638	STANDING FRAME SYS	PA ONLY if >\$2000 charge
E0639	MOVEABLE PATIENT LIFT SYSTEM	PA ONLY if >\$2000 charge
E0640	FIXED PATIENT LIFT SYSTEM	PA ONLY if >\$2000 charge
E0641	MULTI-POSITION STND FRAM SYS	PA ONLY if >\$2000 charge
E0642	DYNAMIC STANDING FRAME	PA ONLY if >\$2000 charge
E0650	PNEUMA COMPRESOR NON-SEGMENT	PA ONLY if >\$2000 charge
E0651	PNEUM COMPRESSOR SEGMENTAL	PA ONLY if >\$2000 charge
E0652	PNEUM COMPRES W/CAL PRESSURE	PA ONLY if >\$2000 charge
E0655	PNEUMATIC APPLIANCE HALF ARM	PA ONLY if >\$2000 charge
E0656	SEGMENTAL PNEUMATIC TRUNK	PA ONLY if >\$2000 charge
E0657	SEGMENTAL PNEUMATIC CHEST	PA ONLY if >\$2000 charge
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE	PA ONLY if >\$2000 charge
E0665	PNEUMATIC APPLIANCE FULL ARM	PA ONLY if >\$2000 charge
E0666	PNEUMATIC APPLIANCE HALF LEG	PA ONLY if >\$2000 charge
E0667	SEG PNEUMATIC APPL FULL LEG	PA ONLY if >\$2000 charge
E0668	SEG PNEUMATIC APPL FULL ARM	PA ONLY if >\$2000 charge
E0669	SEG PNEUMATIC APPLI HALF LEG	PA ONLY if >\$2000 charge
E0670	SEG PNEUM INT LEGS/TRUNK	PA ONLY if >\$2000 charge
E0671	PRESSURE PNEUM APPL FULL LEG	PA ONLY if >\$2000 charge
E0672	SEGMENTAL GRADIENT PRESSURE PNEUM	PA ONLY if >\$2000 charge
E0673	PRESSURE PNEUM APPL HALF LEG	PA ONLY if >\$2000 charge
E0675	PNEUMATIC COMPRESSION DEVICE	PA ONLY if >\$2000 charge
E0676	INTER LIMB COMPRESS DEV NOS	PA ONLY if >\$2000 charge
E0677	NON-PNEUMATIC SEQUENTIAL COMPRESS	PA ONLY if >\$2000 charge
E0678	NON-PNEUMATIC SEQUENTIAL COMPRESS	PA ONLY if >\$2000 charge
E0679	NON-PNEUMATIC SEQUENTIAL COMPRESS	PA ONLY if >\$2000 charge
E0680	NON-PNEUMATIC COMPRESSION CONTRO	PA ONLY if >\$2000 charge
E0681	NON-PNEUMATIC COMPRESSION CONTRO	PA ONLY if >\$2000 charge
E0682	NON-PNEUMATIC SEQUENTIAL COMPRESS	PA ONLY if >\$2000 charge
E0683	NON-PNEUMATIC NON-SEQUENTIAL PERIS	PA ONLY if >\$2000 charge
E0694	UVL MD CABINET SYS 6 FT	PA ONLY if >\$2000 charge
E0739	Rehabilitation system with interactive interface	Y
E0745	NEUROMUSCULAR STIM FOR SHOCK	Y
E0747	ELEC OSTEOGEN STIM NOT SPINE	Y
E0748	ELEC OSTEOGEN STIM SPINAL	Y
E0749	ELEC OSTEOGEN STIM IMPLANTED	Y
E0760	OSTEOGEN ULTRASOUND STIMLTOR	PA ONLY if >\$2000 charge
E0761	NONTHERM ELECTROMGNTC DEVICE	PA ONLY if >\$2000 charge
E0762	TRANS ELEC JT STIM DEV SYS	PA ONLY if >\$2000 charge
E0764	FUNCTIONAL NEUROMUSCULARSTIM	PA ONLY if >\$2000 charge
E0765	NERVE STIMULATOR FOR TX N&V	Y
E0766	ELEC STIM CANCER TREATMENT	Y
E0770	FUNCTIONAL ELECTRIC STIM NOS	Y
E0782	NON-PROGRAMBLE INFUSION PUMP	PA ONLY if >\$2000 charge
E0783	PROGRAMMABLE INFUSION PUMP	PA ONLY if >\$2000 charge
E0784	EXT AMB INFUSN PUMP INSULIN	PA ONLY if >\$2000 charge
E0785	REPLACEMENT IMPL PUMP CATHET	PA ONLY if >\$2000 charge
E0786	IMPLANTABLE PUMP REPLACEMENT	PA ONLY if >\$2000 charge
E0787	CGS DOSE ADJ INSULIN INF PMP	PA ONLY if >\$2000 charge
E0983	ADD PWR JOYSTICK	PA ONLY if >\$2000 charge
E0986	MAN W/C PUSH-RIM POWR SYSTEM	PA ONLY if >\$2000 charge
E1002	PWR SEAT TILT	PA ONLY if >\$2000 charge
E1007	PWR SEAT COMBO W/SHEAR	PA ONLY if >\$2000 charge

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
E1008	PWR SEAT COMBO PWR SHEAR	PA ONLY if >\$2000 charge
E1012	CTR MOUNT PWR ELEV LEG REST	PA ONLY if >\$2000 charge
E1029	W/C VENT TRAY FIXED	PA ONLY if >\$2000 charge
E1161	MANUAL ADULT WC W TILTINSPAC	PA ONLY if >\$2000 charge
E1220	WHLCHR SPECIAL SIZE/CONSTRC	PA ONLY if >\$2000 charge
E1229	PEDIATRIC WHEELCHAIR NOS	Y
E1232	FOLDING PED WC TILT-IN-SPACE	PA ONLY if >\$2000 charge
E1233	RIG PED WC TLTNSPC W/O SEAT	PA ONLY if >\$2000 charge
E1234	FLD PED WC TLTNSPC W/O SEAT	PA ONLY if >\$2000 charge
E1235	RIGID PED WC ADJUSTABLE	PA ONLY if >\$2000 charge
E1237	RGD PED WC ADJSTABL W/O SEAT	PA ONLY if >\$2000 charge
E1238	FLD PED WC ADJSTABL W/O SEAT	PA ONLY if >\$2000 charge
E1239	PED POWER WHEELCHAIR NOS	Y
E1285	WHEELCHAIR HEAVY DUTY FIXED	PA ONLY if >\$2000 charge
E1905	VIRTUAL REALITY COGNITIVE BEHAVIORAL	PA ONLY if >\$2000 charge
E2298	COMPLEX REHABILITATIVE POWER WHEEL	PA ONLY if >\$2000 charge
E2301	PWR STANDING	PA ONLY if >\$2000 charge
E2311	ELECTRO CONNECT BTW 2 SYS	PA ONLY if >\$2000 charge
E2312	MINI-PROP REMOTE JOYSTICK	PA ONLY if >\$2000 charge
E2321	HAND INTERFACE JOYSTICK	PA ONLY if >\$2000 charge
E2328	HEAD/EXTREMITY CONTROL INTER	PA ONLY if >\$2000 charge
E2330	HEAD CONTROL PROXIMITY SWITC	PA ONLY if >\$2000 charge
E2510	SGD W MULTI METHODS MSG/ACCS	PA ONLY if >\$2000 charge
E2599	SGD ACCESSORY NOC	PA ONLY if >\$2000 charge
E2609	CUSTOM FABRICATE W/C CUSHION	PA ONLY if >\$2000 charge
E2617	CUSTOM FAB W/C BACK CUSHION	PA ONLY if >\$2000 charge
E8000	POSTERIOR GAIT TRAINER	PA ONLY if >\$2000 charge
E8001	UPRIGHT GAIT TRAINER	PA ONLY if >\$2000 charge
E8002	ANTERIOR GAIT TRAINER	PA ONLY if >\$2000 charge
G0219	PET IMG WHOLBOD MELANO NONCO	Y
G0235	PET NOT OTHERWISE SPECIFIED	Y
G0252	PET IMAGING INITIAL DX	Y
G0277	HBOT, FULL BODY CHAMBER, 30M	Y
G0289	ARTHRO, LOOSE BODY + CHONDRO	Y
G0339	ROBOT LIN-RADSURG COM, FIRST	Y
G0340	ROBT LIN-RADSURG FRACTX 2-5	Y
G0341	PERCUTANEOUS ISLET CELLTRANS	Y
G0342	LAPAROSCOPY ISLET CELL TRANS	Y
G0343	LAPAROTOMY ISLET CELL TRANSP	Y
G2075	MED TX MEDS NOS	Y
G9143	WARFARIN RESPON GENETIC TEST	Y
H0046	MENTAL HEALTH SERVICE, NOS	Y
J0129	ABATACEPT INJECTION	Y
J0130	ABCIXIMAB INJECTION	Y
J0139	INJECTION ADALIMUMAB 1 MG	Y
J0172	INJ, ADUCANUMAB-AVWA, 2 MG	Y
J0174	Injection, lecanemab-irmb, 1 mg	Y
J0175	Injection, donanemab-azbt, 2 mg	Y
J0177	Injection, aflibercept hd, 1 mg	Y
J0178	AFLIBERCEPT INJECTION	Y
J0179	INJ, BROLUCIZUMAB-DBLL, 1 MG	Y
J0180	AGALSIDASE BETA INJECTION	Y
J0202	INJECTION, ALEMTUZUMAB	Y
J0218	Injection, olipudase alfa-rpcp, 1 mg	Y
J0219	INJ AVAL ALFA-NQPT 4MG	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
J0221	LUMIZYME INJECTION	Y
J0222	INJ., PATISIRAN, 0.1 MG	Y
J0223	INJ GIVOSIRAN 0.5 MG	Y
J0224	INJ. LUMASIRAN, 0.5 MG	Y
J0225	INJ, VUTRISIRAN, 1 MG	Y
J0256	ALPHA 1 PROTEINASE INHIBITOR	Y
J0257	GLASSIA INJECTION	Y
J0401	INJ ARIPIRAZOLE EXT REL 1MG	Y
J0475	BACLOFEN 10 MG INJECTION	Y
J0480	BASILIXIMAB	Y
J0485	BELATACEPT INJECTION	Y
J0490	BELIMUMAB INJECTION	Y
J0491	INJ ANIFROLUMAB-FNIA 1MG	Y
J0517	INJ., BENRALIZUMAB, 1 MG	Y
J0565	INJ, BEZLOTOXUMAB, 10 MG	Y
J0567	INJ., CERLIPONASE ALFA 1 MG	Y
J0584	INJECTION, BUROSUMAB-TWZA 1M	Y
J0585	INJECTION,ONABOTULINUMTOXINA	Y
J0586	ABOBOTULINUMTOXINA	Y
J0587	INJ, RIMABOTULINUMTOXINB	Y
J0588	INCOBOTULINUMTOXIN A	Y
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	Y
J0593	INJ., LANADELUMAB-FLYO, 1 MG	Y
J0598	C-1 ESTERASE, CINRYZE	Y
J0638	CANAKINUMAB INJECTION	Y
J0641	INJ LEVOLEUCOVORIN NOS 0.5MG	Y
J0642	INJECTION, KHAPZORY, 0.5 MG	Y
J0717	CERTOLIZUMAB PEGOL INJ 1MG	Y
J0739	INJECTION, CABOTEGRAVIR 1 MG	Y
J0741	INJ, CABOTE RILPIVIR 2MG 3MG	Y
J0775	COLLAGENASE, CLOST HIST INJ	Y
J0791	INJ CRIZANLIZUMAB-TMCA 5MG	Y
J0870	Injection, imetelstat, 1 mg	Y
J0881	DARBEPOETIN ALFA, NON-ESRD	Y
J0882	DARBEPOETIN ALFA, ESRD USE	Y
J0885	EPOETIN ALFA, NON-ESRD	Y
J0888	EPOETIN BETA NON ESRD	Y
J0894	DECITABINE INJECTION	Y
J0896	INJ LUSPATERCEPT-AAMT 0.25MG	Y
J0897	DENOSUMAB INJECTION	Y
J1190	DEXRAZOXANE HCL INJECTION	Y
J1203	Injection, cipaglucosidase alfa-atga, 5 mg	Y
J1246	Inj, dinutuximab, 0.1 mg	Y
J1290	ECALLANTIDE INJECTION	Y
J1299	Injection, eculizumab, 2 mg	Y
J1301	INJECTION, EDARAVONE, 1 MG	Y
J1302	INJ, SUTIMLIMAB-JOME, 10 MG	Y
J1303	INJ., RAVULIZUMAB-CWVZ 10 MG	Y
J1304	Injection, tofersen, 1 mg	Y
J1305	INJ, EVINACUMAB-DGNB, 5MG	Y
J1306	INJECTION, INCLISIRAN, 1 MG	Y
J1307	Injection, crovalimab-akkz, 10 mg	Y
J1322	ELOSULFASE ALFA, INJECTION	Y
J1323	Injection, elranatamab-bcmm, 1 mg	Y
J1325	EPOPROSTENOL INJECTION	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
J1326	INJECTION ZOLBETUXIMAB-CLZB 2 MG	Y
J1410	INJ ESTROGEN CONJUGATE 25 MG	Y
J1411	Injection, etranacogene dezaparvovec-drlb, per	Y
J1412	Injection, valoctocogene roxaparvovec-rvox, pe	Y
J1413	Injection, delandistrogene moxeparvovec-rokl	Y
J1414	Injection, fidanacogene elaparvovec-dzkt, per t	Y
J1426	INJECTION, CASIMERSEN, 10 MG	Y
J1427	INJ. VILTOLARSEN	Y
J1428	INJ, ETEPLIRSEN, 10 MG	Y
J1429	INJ GOLODIRSEN 10 MG	Y
J1439	INJ FERRIC CARBOXYMALTOS 1MG	Y
J1442	INJ FILGRASTIM EXCL BIOSIMIL	Y
J1447	INJ TBO FILGRASTIM 1 MICROG	Y
J1448	INJECTION, TRILACICLIB, 1MG	Y
J1449	Injection, eflapegrastim-xnst, 0.1 mg	Y
J1458	GALSULFASE INJECTION	Y
J1459	INJ IVIG PRIVIGEN 500 MG	Y
J1551	INJ CUTAQUIG 100 MG	Y
J1552	Injection, immune globulin (alyglo), 500 mg	Y
J1554	INJ. ASCENIV	Y
J1555	INJ CUVITRU, 100 MG	Y
J1556	INJ, IMM GLOB BIVIGAM, 500MG	Y
J1557	GAMMAPLEX INJECTION	Y
J1558	INJ. XEMBIFY, 100 MG	Y
J1559	HIZENTRA INJECTION	Y
J1561	GAMUNEX-C/GAMMAKED	Y
J1562	VIVAGLOBIN, INJ	Y
J1566	IMMUNE GLOBULIN, POWDER	Y
J1568	OCTAGAM INJECTION	Y
J1569	GAMMAGARD LIQUID INJECTION	Y
J1572	FLEBOGAMMA INJECTION	Y
J1573	HEPAGAM B INTRAVENOUS, INJ	Y
J1575	HYQVIA 100MG IMMUNEGLOBULIN	Y
J1576	Injection, immune globulin (panzyga), intravend	Y
J1599	IVIG NON-LYOPHILIZED, NOS	Y
J1602	GOLIMUMAB FOR IV USE 1MG	Y
J1628	INJ., GUSELKUMAB, 1 MG	Y
J1743	IDURSULFASE INJECTION	Y
J1745	INFLIXIMAB NOT BIOSIMIL 10MG	Y
J1746	INJ., IBALIZUMAB-UIYK, 10 MG	Y
J1747	Injection, spesolimab-sbzo, 1 mg	Y
J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	Y
J1786	IMUGLUCERASE INJECTION	Y
J1823	INJ. INEBILIZUMAB-CDON, 1 MG	Y
J1830	INTERFERON BETA-1B / .25 MG	Y
J1930	LANREOTIDE INJECTION	Y
J1931	LARONIDASE INJECTION	Y
J1944	ARIPIPRAZOLE LAUROXIL 1 MG	Y
J1950	LEUPROLIDE ACETATE /3.75 MG	Y
J1951	INJ FENSOLVI 0.25 MG	Y
J1952	LEUPROLIDE INJ, CAMCEVI, 1MG	Y
J1961	Injection, lenacapavir, 1 mg	Y
J2182	INJECTION, MEPOLIZUMAB, 1MG	Y
J2267	Injection, mirikizumab-mrkz, 1 mg	Y
J2278	ZICONOTIDE INJECTION	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
J2323	NATALIZUMAB INJECTION	Y
J2326	INJ, NUSINERSEN, 0.1MG	Y
J2327	INJ RISANKIZUMAB-RZAA 1 MG	Y
J2329	Injection, ublituximab-xiiy, 1mg	Y
J2350	INJECTION, OCRELIZUMAB, 1 MG	Y
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase	Y
J2353	OCTREOTIDE INJECTION, DEPOT	Y
J2354	OCTREOTIDE INJ, NON-DEPOT	Y
J2356	INJ TEZEPELUMAB-EKKO, 1MG	Y
J2357	OMALIZUMAB INJECTION	Y
J2359	Injection, ocrelizumab, 1 mg and hyaluronidase	Y
J2425	PALIFERMIN INJECTION	Y
J2427	Injection, paliperidone palmitate extended relea	Y
J2428	Injection, paliperidone palmitate extended relea	Y
J2502	INJ, PASIREOTIDE LONG ACTING	Y
J2506	INJ PEGFILGRAST EX BIO 0.5MG	Y
J2507	PEGLOTICASE INJECTION	Y
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	Y
J2562	PLERIXAFOR INJECTION	Y
J2777	INJ, FARICIMAB-SVOA, 0.1MG	Y
J2778	RANIBIZUMAB INJECTION	Y
J2779	INJ, SUSVIMO 0.1 MG	Y
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	Y
J2782	Injection, avacincaptad pegol, 0.1 mg	Y
J2783	RASBURICASE	Y
J2786	INJECTION, RESLIZUMAB, 1MG	Y
J2792	RHO(D) IMMUNE GLOBULIN H, SD	Y
J2798	INJ., PERSERIS, 0.5 MG	Y
J2802	Injection, romiplostim, 1 microgram	Y
J2820	SARGRAMOSTIM INJECTION	Y
J2840	INJ SEBELIPASE ALFA 1 MG	Y
J2860	INJECTION, SILTUXIMAB	Y
J2941	SOMATROPIN INJECTION	Y
J2993	RETEPLASE INJECTION	Y
J2998	INJ PLASMINOGEN TVMH 1MG	Y
J3031	INJ., FREMANEZUMAB-VFRM 1 MG	Y
J3032	INJ. EPTINEZUMAB-JJMR 1 MG	Y
J3055	Injection, talquetamab-tgvs, 0.25 mg	Y
J3060	INJ, TALIGLUCERASE ALFA 10 U	Y
J3111	INJ. ROMOSUZUMAB-AQQG 1 MG	Y
J3145	TESTOSTERONE UNDECANOATE 1MG	Y
J3241	INJ. TEPROTUMUMAB-TRBW 10 MG	Y
J3245	INJ., TILDRAKIZUMAB, 1 MG	Y
J3247	Injection, secukinumab, intravenous, 1 mg	Y
J3262	TOCILIZUMAB INJECTION	Y
J3263	Injection, toripalimab-tpzi, 1 mg	Y
J3285	TREPROSTINIL INJECTION	Y
J3299	INJ XIPERE 1 MG	Y
J3316	INJ., TRIPTORELIN XR 3.75 MG	Y
J3357	USTEKINUMAB SUB CU INJ, 1 MG	Y
J3358	USTEKINUMAB, IV INJECT, 1 MG	Y
J3380	INJECTION, VEDOLIZUMAB	Y
J3385	VELAGLUCERASE ALFA	Y
J3392	Injection, exagamglogene autotemcel, per treat	Y
J3393	betibeglogene autotemcel	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
J3394	Injection, lovotibeglogene autotemcel, per treat	Y
J3396	VERTEPORFIN INJECTION	Y
J3397	INJ., VESTRONIDASE ALFA-VJBK	Y
J3398	INJ LUXTURNA 1 BILLION VEC G	Y
J3399	INJ ONASE ABEPAR-XIOI TREAT	Y
J3401	Beremagene geperpavec-svdt for topical admin	Y
J3490	DRUGS UNCLASSIFIED INJECTION	Y
J3590	UNCLASSIFIED BIOLOGICS	Y
J7168	PROTHROMBIN COMPLEX KCENTRA	Y
J7169	INJ ANDEXXA, 10 MG	Y
J7170	INJ., EMICIZUMAB-KXWH 0.5 MG	Y
J7171	Injection, adams13, recombinant-krhn, 10 iu	Y
J7172	INJECTION MARSTACIMAB-HNCQ 0.5 MG	Y
J7179	VONVENDI INJ 1 IU VWF:RCO	Y
J7180	FACTOR XIII ANTI-HEM FACTOR	Y
J7182	FACTOR VIII RECOMB NOVOEIGHT	Y
J7183	WILATE INJECTION	Y
J7185	XYNTHA INJ	Y
J7187	HUMATE-P, INJ	Y
J7189	FACTOR VIIA RECOMB NOVOSEVEN	Y
J7190	FACTOR VIII	Y
J7192	FACTOR VIII RECOMBINANT NOS	Y
J7195	FACTOR IX RECOMBINANT NOS	Y
J7200	FACTOR IX RECOMBINAN RIXUBIS	Y
J7201	FACTOR IX ALPROLIX RECOMB	Y
J7205	FACTOR VIII FC FUSION RECOMB	Y
J7207	FACTOR VIII PEGYLATED RECOMB	Y
J7208	INJ. JIVI 1 IU	Y
J7211	INJ, KOVALTRY, 1 I.U.	Y
J7213	Injection, coagulation factor ix (recombinant), ix	Y
J7214	Injection, factor viii/von willebrand factor comple	Y
J7313	INJ., ILUVIEN, 0.01 MG	Y
J7314	INJ., YUTIQ, 0.01 MG	Y
J7327	MONOVISC INJ PER DOSE	Y
J7330	CULTURED CHONDROCYTES IMPLNT	Y
J7340	CARBIDOPA LEVODOPA ENT 100ML	Y
J7352	AFAMELANOTIDE IMPLANT, 1 MG	Y
J7402	MOMETASONE SINUS SINUVA	Y
J7504	LYMPHOCYTE IMMUNE GLOBULIN	Y
J7505	MONOCLONAL ANTIBODIES	Y
J7511	ANTITHYMOCYTE GLOBULN RABBIT	Y
J7513	DACLIZUMAB, PARENTERAL	Y
J7599	IMMUNOSUPPRESSIVE DRUG NOC	Y
J8700	TEMOZOLOMIDE	Y
J9017	ARSENIC TRIOXIDE INJECTION	Y
J9019	ERWINAZE INJECTION	Y
J9021	INJ, ASPARA, RYLAZE, 0.1 MG	Y
J9022	INJ, ATEZOLIZUMAB,10 MG	Y
J9023	INJECTION, AVELUMAB, 10 MG	Y
J9024	Injection, atezolizumab, 5 mg and hyaluronidas	Y
J9026	Injection, tarlatamab-dlle, 1 mg	Y
J9027	CLOFARABINE INJECTION	Y
J9028	Injection, nogapendekin alfa inbakicept-pmln, fo	Y
J9029	Intravesical instillation, nadofaragene firadenov	Y
J9032	INJECTION, BELINOSTAT, 10MG	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
J9033	INJ., TREANDA 1 MG	Y
J9034	INJ., BENDEKA 1 MG	Y
J9035	BEVACIZUMAB INJECTION	Y
J9036	INJ. BELRAPZO/BENDAMUSTINE	Y
J9038	INJECTION AXATILIMAB-CSFR 0.1 MG	Y
J9039	INJECTION, BLINATUMOMAB	Y
J9041	INJECTION, BORTEZOMIB, 0.1MG	Y
J9042	BRENTUXIMAB VEDOTIN INJ	Y
J9043	CABAZITAXEL INJECTION	Y
J9047	INJECTION, CARFILZOMIB, 1 MG	Y
J9050	CARMUSTINE INJECTION	Y
J9055	CETUXIMAB INJECTION	Y
J9061	INJ, AMIVANTAMAB-VMJW	Y
J9063	Injection, mirvetuximab soravtansine-gynx, 1 m	Y
J9064	Injection, cabazitaxel (sandoz), not therapeutic	Y
J9118	INJ. CALASPARGASE PEGOL-MKNL	Y
J9119	INJ., CEMIPILIMAB-RWLC, 1 MG	Y
J9120	DACTINOMYCIN INJECTION	Y
J9144	DARATUMUMAB, HYALURONIDASE	Y
J9145	INJECTION, DARATUMUMAB 10 MG	Y
J9153	INJ DAUNORUBICIN, CYTARABINE	Y
J9155	DEGARELIX INJECTION	Y
J9161	Injection, denileukin diftitox-cxdl, 1 mcg	Y
J9171	DOCETAXEL INJECTION	Y
J9173	INJ., DURVALUMAB, 10 MG	Y
J9176	INJECTION, ELOTUZUMAB, 1MG	Y
J9177	INJ ENFORT VEDO-EJFV 0.25MG	Y
J9179	ERIBULIN MESYLATE INJECTION	Y
J9200	FLOXURIDINE INJECTION	Y
J9202	GOSERELIN ACETATE IMPLANT	Y
J9203	GEMTUZUMAB OZOGAMICIN 0.1 MG	Y
J9204	INJ MOGAMULIZUMAB-KPKC, 1 MG	Y
J9205	INJ IRINOTECAN LIPOSOME 1 MG	Y
J9207	IXABEPILONE INJECTION	Y
J9210	INJ., EMAPALUMAB-LZSG, 1 MG	Y
J9216	INTERFERON GAMMA 1-B INJ	Y
J9217	LEUPROLIDE ACETATE SUSPNSION	Y
J9223	INJ. LURBINECTEDIN, 0.1 MG	Y
J9226	SUPPRELIN LA IMPLANT	Y
J9227	INJ. ISATUXIMAB-IRFC 10 MG	Y
J9228	IPILIMUMAB INJECTION	Y
J9229	INJ INOTUZUMAB OZOGAM 0.1 MG	Y
J9245	INJ MELPHA HYDROCH NOS 50 MG	Y
J9263	OXALIPLATIN	Y
J9264	PACLITAXEL PROTEIN BOUND	Y
J9266	PEGASPARGASE INJECTION	Y
J9268	PENTOSTATIN INJECTION	Y
J9269	INJ. TAGRAXOFUSP-ERZS 10 MCG	Y
J9271	INJ PEMBROLIZUMAB	Y
J9272	INJ, DOSTARLIMAB-GXLY, 10 MG	Y
J9273	INJ TISOTU VEDOTIN-TFTV, 1MG	Y
J9274	INJ, TEBENTAFUSP-TEBN, 1 MCG	Y
J9275	Injection, cosibelimab-ipdl, 2 mg	Y
J9276	Injection, zanidatamab-hrii, 2 mg	Y
J9281	MITOMYCIN INSTILLATION	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
J9285	INJ, OLARATUMAB, 10 MG	Y
J9286	Injection, glofitamab-gxhm, 2.5 mg	Y
J9289	INJECTION NIVOLUMAB 2 MG AND HYALUR	Y
J9295	INJECTION, NECITUMUMAB, 1 MG	Y
J9298	INJ NIVOL RELATLIMAB 3MG/1MG	Y
J9299	INJECTION, NIVOLUMAB	Y
J9301	OBINUTUZUMAB INJ	Y
J9302	OFATUMUMAB INJECTION	Y
J9303	PANITUMUMAB INJECTION	Y
J9304	INJ. PEMETREXED, 10 MG	Y
J9305	INJ. PEMETREXED NOS 10MG	Y
J9306	INJECTION, PERTUZUMAB, 1 MG	Y
J9307	PRALATREXATE INJECTION	Y
J9308	INJECTION, RAMUCIRUMAB	Y
J9309	INJ, POLATUZUMAB VEDOTIN 1MG	Y
J9311	INJ RITUXIMAB, HYALURONIDASE	Y
J9312	INJ., RITUXIMAB, 10 MG	Y
J9314	INJ PEMETREXED (TEVA) 10MG	Y
J9316	PERTUZU, TRASTUZU, 10 MG	Y
J9317	SACITUZUMAB GOVITECAN-HZIY	Y
J9321	Injection, epcoritamab-bysp, 0.16 mg	Y
J9325	INJ TALIMOGENE LAHERPAREPVEC	Y
J9328	TEMOZOLOMIDE INJECTION	Y
J9329	Injection, tislelizumab-jsgr, 1mg	Y
J9330	TEMSIROLIMUS INJECTION	Y
J9331	INJ SIROLIMUS PROT PART 1 MG	Y
J9332	INJ EFGARTIGIMOD 2MG	Y
J9333	Injection, rozanolixizumab-noli, 1 mg	Y
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase	Y
J9345	Injection, retifanlimab-dlwr, 1 mg	Y
J9347	Injection, tremelimumab-actl, 1 mg	Y
J9348	INJ. NAXITAMAB-GQGK, 1 MG	Y
J9349	INJ., TAFASITAMAB-CXIX	Y
J9350	Injection, mosunetuzumab-axgb, 1 mg	Y
J9352	INJECTION TRABECTEDIN 0.1MG	Y
J9353	INJ. MARGETUXIMAB-CMKB, 5 MG	Y
J9354	INJ, ADO-TRASTUZUMAB EMT 1MG	Y
J9355	INJ TRASTUZUMAB EXCL BIOSIMI	Y
J9356	INJ. HERCEPTIN HYLECTA, 10MG	Y
J9358	INJ FAM-TRASTU DERU-NXKI 1MG	Y
J9359	INJ LON TESIRIN-LPYL 0.075MG	Y
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Y
J9376	Injection, pozelimab-bbfg, 1 mg	Y
J9380	Injection, teclistamab-cqyv, 0.5 mg	Y
J9381	Injection, teplizumab-mzwv, 5 mcg	Y
J9382	INJECTION ZENOCUTUZUMAB-ZBCO 1 MG	Y
J9395	INJECTION, FULVESTRANT	Y
J9400	INJ, ZIV-AFLIBERCEPT, 1MG	Y
J9600	PORFIMER SODIUM INJECTION	Y
J9999	CHEMOTHERAPY DRUG	Y
K0002	STND HEMI (LOW SEAT) WHLCHR	PA ONLY if >\$2000 charge
K0003	LIGHTWEIGHT WHEELCHAIR	PA ONLY if >\$2000 charge
K0004	HIGH STRENGTH LTWT WHLCHR	PA ONLY if >\$2000 charge
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	PA ONLY if >\$2000 charge
K0006	HEAVY DUTY WHEELCHAIR	PA ONLY if >\$2000 charge

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
K0007	EXTRA HEAVY DUTY WHEELCHAIR	PA ONLY if >\$2000 charge
K0009	OTHER MANUAL WHEELCHAIR/BASE	PA ONLY if >\$2000 charge
K0012	LTWT PORTBL POWER WHLCHR	PA ONLY if >\$2000 charge
K0013	CUSTOM POWER WHLCHR BASE	PA ONLY if >\$2000 charge
K0015	DETACH NON-ADJ HT ARMST REP	PA ONLY if >\$2000 charge
K0017	DETACH ADJUST ARMREST BASE	PA ONLY if >\$2000 charge
K0018	DETACH ADJUST ARMST UPPER	PA ONLY if >\$2000 charge
K0019	ARM PAD REPL, EACH	PA ONLY if >\$2000 charge
K0020	FIXED ADJUST ARMREST PAIR	PA ONLY if >\$2000 charge
K0037	HI MOUNT FLIP-UP FOOTREST EA	PA ONLY if >\$2000 charge
K0038	LEG STRAP EACH	PA ONLY if >\$2000 charge
K0039	LEG STRAP H STYLE EACH	PA ONLY if >\$2000 charge
K0040	ADJUSTABLE ANGLE FOOTPLATE	PA ONLY if >\$2000 charge
K0041	LARGE SIZE FOOTPLATE EACH	PA ONLY if >\$2000 charge
K0042	STANDARD SIZE FTPLATE REP EA	PA ONLY if >\$2000 charge
K0043	FTRST LOWR EXTEN TUBE REP EA	PA ONLY if >\$2000 charge
K0044	FTRST UPR HANGER BRAC REP EA	PA ONLY if >\$2000 charge
K0045	FTRST COMPL ASSEMBLY REPL EA	PA ONLY if >\$2000 charge
K0046	ELEV LGRST LWR EXTEN REPL EA	PA ONLY if >\$2000 charge
K0047	ELEV LEGRST UPR HANGR REP EA	PA ONLY if >\$2000 charge
K0051	CAM REL ASM FT/LEGRST REP EA	PA ONLY if >\$2000 charge
K0052	SWINGAWAY DETACH FTREST REPL	PA ONLY if >\$2000 charge
K0053	ELEVATE FOOTREST ARTICULATE	PA ONLY if >\$2000 charge
K0056	SEAT HT <17 OR >=21 LTWT WC	PA ONLY if >\$2000 charge
K0065	SPOKE PROTECTORS	PA ONLY if >\$2000 charge
K0069	RR WHL COMPL SOL TIRE REP EA	PA ONLY if >\$2000 charge
K0070	RR WHL COMPL PNE TIRE REP EA	PA ONLY if >\$2000 charge
K0071	FR CSTR COMP PNE TIRE REP EA	PA ONLY if >\$2000 charge
K0072	FR CSTR SEMI-PNE TIRE REP EA	PA ONLY if >\$2000 charge
K0073	CASTER PIN LOCK EACH	PA ONLY if >\$2000 charge
K0077	FR CSTR ASMB SOL TIRE REP EA	PA ONLY if >\$2000 charge
K0105	IV HANGER	PA ONLY if >\$2000 charge
K0108	W/C COMPONENT-ACCESSORY NOS	PA ONLY if >\$2000 charge
K0124	MONOCLONAL ANTIBODIES PARENTERAL	Y
K0195	ELEVATING WHLCHAIR LEG RESTS	PA ONLY if >\$2000 charge
K0455	PUMP UNINTERRUPTED INFUSION	PA ONLY if >\$2000 charge
K0462	TEMPORARY REPLACEMENT EQPMNT	PA ONLY if >\$2000 charge
K0552	SUP/EXT NON-INS INF PUMP SYR	PA ONLY if >\$2000 charge
K0603	REPL BATT ALKALINE 1.5 V	PA ONLY if >\$2000 charge
K0606	AED GARMENT W ELEC ANALYSIS	PA ONLY if >\$2000 charge
K0609	REPL ELECTRODE FOR AED	PA ONLY if >\$2000 charge
K0669	SEAT/BACK CUS NO DMEPDAC VER	PA ONLY if >\$2000 charge
K0672	REMOVABLE SOFT INTERFACE LE	PA ONLY if >\$2000 charge
K0730	CTRL DOSE INH DRUG DELIV SYS	PA ONLY if >\$2000 charge
K0733	12-24HR SEALED LEAD ACID	PA ONLY if >\$2000 charge
K0738	PORTABLE GAS OXYGEN SYSTEM	PA ONLY if >\$2000 charge
K0739	REPAIR/SVC DME NON-OXYGEN EQ	PA ONLY if >\$2000 charge
K0740	REPAIR/SVC OXYGEN EQUIPMENT	PA ONLY if >\$2000 charge
K0800	POV GROUP 1 STD UP TO 300LBS	PA ONLY if >\$2000 charge
K0801	POV GROUP 1 HD 301-450 LBS	PA ONLY if >\$2000 charge
K0806	POV GROUP 2 STD UP TO 300LBS	PA ONLY if >\$2000 charge
K0807	POV GROUP 2 HD 301-450 LBS	PA ONLY if >\$2000 charge
K0808	POV GROUP 2 VHD 451-600 LBS	PA ONLY if >\$2000 charge
K0812	POWER OPERATED VEHICLE NOC	PA ONLY if >\$2000 charge
K0813	PWC GP 1 STD PORT SEAT/BACK	PA ONLY if >\$2000 charge

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
K0814	PWC GP 1 STD PORT CAP CHAIR	PA ONLY if >\$2000 charge
K0815	PWC GP 1 STD SEAT/BACK	PA ONLY if >\$2000 charge
K0821	PWC GP 2 STD PORT CAP CHAIR	PA ONLY if >\$2000 charge
K0822	PWC GP 2 STD SEAT/BACK	PA ONLY if >\$2000 charge
K0823	PWC GP 2 STD CAP CHAIR	PA ONLY if >\$2000 charge
K0824	PWC GP 2 HD SEAT/BACK	PA ONLY if >\$2000 charge
K0825	PWC GP 2 HD CAP CHAIR	PA ONLY if >\$2000 charge
K0827	PWC GP VHD CAP CHAIR	PA ONLY if >\$2000 charge
K0830	PWC GP2 STD SEAT ELEVATE S/B	PA ONLY if >\$2000 charge
K0831	PWC GP2 STD SEAT ELEVATE CAP	PA ONLY if >\$2000 charge
K0835	PWC GP2 STD SING POW OPT S/B	PA ONLY if >\$2000 charge
K0836	PWC GP2 STD SING POW OPT CAP	PA ONLY if >\$2000 charge
K0837	PWC GP 2 HD SING POW OPT S/B	PA ONLY if >\$2000 charge
K0838	PWC GP 2 HD SING POW OPT CAP	PA ONLY if >\$2000 charge
K0839	PWC GP2 VHD SING POW OPT S/B	PA ONLY if >\$2000 charge
K0841	PWC GP2 STD MULT POW OPT S/B	PA ONLY if >\$2000 charge
K0842	PWC GP2 STD MULT POW OPT CAP	PA ONLY if >\$2000 charge
K0843	PWC GP2 HD MULT POW OPT S/B	PA ONLY if >\$2000 charge
K0848	PWC GP 3 STD SEAT/BACK	PA ONLY if >\$2000 charge
K0849	PWC GP 3 STD CAP CHAIR	PA ONLY if >\$2000 charge
K0850	PWC GP 3 HD SEAT/BACK	PA ONLY if >\$2000 charge
K0852	PWC GP 3 VHD SEAT/BACK	PA ONLY if >\$2000 charge
K0856	PWC GP3 STD SING POW OPT S/B	PA ONLY if >\$2000 charge
K0857	PWC GP3 STD SING POW OPT CAP	PA ONLY if >\$2000 charge
K0858	PWC GP3 HD SING POW OPT S/B	PA ONLY if >\$2000 charge
K0861	PWC GP3 STD MULT POW OPT S/B	PA ONLY if >\$2000 charge
K0862	PWC GP3 HD MULT POW OPT S/B	PA ONLY if >\$2000 charge
K0863	PWC GP3 VHD MULT POW OPT S/B	PA ONLY if >\$2000 charge
K0884	PWC GP4 STD MULT POW OPT S/B	PA ONLY if >\$2000 charge
K0898	POWER WHEELCHAIR NOC	PA ONLY if >\$2000 charge
K0899	POW MOBIL DEV NO DMEPDAC	PA ONLY if >\$2000 charge
K0900	CSTM DME OTHER THAN WHEELCHR	PA ONLY if >\$2000 charge
K1027	ORAL DEV WITHOUT FIX MECH	PA ONLY if >\$2000 charge
L0112	CRANIAL CERVICAL ORTHOSIS	PA ONLY if >\$2000 charge
L0113	CRANIAL CERVICAL TORTICOLLIS	PA ONLY if >\$2000 charge
L0120	CERV FLEX N/ADJ FOAM PRE OTS	PA ONLY if >\$2000 charge
L0130	FLEX THERMOPLASTIC COLLAR MO	PA ONLY if >\$2000 charge
L0140	CERVICAL SEMI-RIGID ADJUSTAB	PA ONLY if >\$2000 charge
L0150	CERV SEMI-RIG ADJ MOLDED CHN	PA ONLY if >\$2000 charge
L0160	CERV SR WIRE OCC/MAN PRE OTS	PA ONLY if >\$2000 charge
L0170	CERVICAL COLLAR MOLDED TO PT	PA ONLY if >\$2000 charge
L0172	CERV COL SR FOAM 2PC PRE OTS	PA ONLY if >\$2000 charge
L0174	CERV SR 2PC THOR EXT PRE OTS	PA ONLY if >\$2000 charge
L0180	CER POST COL OCC/MAN SUP ADJ	PA ONLY if >\$2000 charge
L0190	CERV COLLAR SUPP ADJ CERV BA	PA ONLY if >\$2000 charge
L0200	CERV COL SUPP ADJ BAR & THOR	PA ONLY if >\$2000 charge
L0220	THOR RIB BELT CUSTOM FABRICA	PA ONLY if >\$2000 charge
L0450	TLSO FLEX TRUNK/THOR PRE OTS	PA ONLY if >\$2000 charge
L0452	TLSO FLEX CUSTOM FAB THORACI	PA ONLY if >\$2000 charge
L0454	TLSO TRNK SJ-T9 PRE CST	PA ONLY if >\$2000 charge
L0455	TLSO FLEX TRNK SJ-T9 PRE OTS	PA ONLY if >\$2000 charge
L0456	TLSO FLEX TRNK SJ-SS PRE CST	PA ONLY if >\$2000 charge
L0457	TLSO FLEX TRNK SJ-SS PRE OTS	PA ONLY if >\$2000 charge
L0458	TLSO 2MOD SYMPHIS-XIPHO PRE	PA ONLY if >\$2000 charge
L0460	TLSO 2 SHL SYMPHYS-STERN CST	PA ONLY if >\$2000 charge

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
L0462	TLISO 3MOD SACRO-SCAP PRE	PA ONLY if >\$2000 charge
L0464	TLISO 4MOD SACRO-SCAP PRE	PA ONLY if >\$2000 charge
L0467	TLISO R FRAM SOFT PRE OTS	PA ONLY if >\$2000 charge
L0469	TLISO RIG FRAM PELVIC PRE OTS	PA ONLY if >\$2000 charge
L0472	TLISO RIGID FRAME HYPEREX PRE	PA ONLY if >\$2000 charge
L0480	TLISO RIGID PLASTIC CUSTOM FA	PA ONLY if >\$2000 charge
L0482	TLISO RIGID LINED CUSTOM FAB	PA ONLY if >\$2000 charge
L0484	TLISO RIGID PLASTIC CUST FAB	PA ONLY if >\$2000 charge
L0486	TLISO RIGIDLINED CUST FAB TWO	PA ONLY if >\$2000 charge
L0621	SIO FLEX PELVIC/SACR PRE OTS	PA ONLY if >\$2000 charge
L0622	SIO FLEX PELVISACRAL CUSTOM	PA ONLY if >\$2000 charge
L0623	SIO RIG PNL PELV/SAC PRE OTS	PA ONLY if >\$2000 charge
L0625	LO FLEX L1-BELOW L5 PRE OTS	PA ONLY if >\$2000 charge
L0626	LO SAG RIG PNL STAYS PRE CST	PA ONLY if >\$2000 charge
L0627	LO SAG RI AN/POS PNL PRE CST	PA ONLY if >\$2000 charge
L0628	LSO FLEX NO RI STAYS PRE OTS	PA ONLY if >\$2000 charge
L0630	LSO R POST PNL SJ-T9 PRE CST	PA ONLY if >\$2000 charge
L0631	LSO SAG R AN/POS PNL PRE CST	PA ONLY if >\$2000 charge
L0632	LSO SAG RIGID FRAME CUST	PA ONLY if >\$2000 charge
L0633	LSO SC R POS/LAT PNL PRE CST	PA ONLY if >\$2000 charge
L0634	LSO FLEXION CONTROL CUSTOM	PA ONLY if >\$2000 charge
L0635	LSO SAGIT RIGID PANEL PREFAB	PA ONLY if >\$2000 charge
L0636	LSO SAGITTAL RIGID PANEL CUS	PA ONLY if >\$2000 charge
L0637	LSO SC R ANT/POS PNL PRE CST	PA ONLY if >\$2000 charge
L0638	LSO SAG-CORONAL PANEL CUSTOM	PA ONLY if >\$2000 charge
L0639	LSO S/C SHELL/PANEL PREFAB	PA ONLY if >\$2000 charge
L0640	LSO S/C SHELL/PANEL CUSTOM	PA ONLY if >\$2000 charge
L0641	LO RIG POS PNL L1-L5 PRE OTS	PA ONLY if >\$2000 charge
L0642	LO SAG RI AN/POS PNL PRE OTS	PA ONLY if >\$2000 charge
L0643	LSO SAG CTR RIGI POS PRE OTS	PA ONLY if >\$2000 charge
L0648	LSO SAG R AN/POS PNL PRE OTS	PA ONLY if >\$2000 charge
L0649	LSO SC R POS/LAT PNL PRE OTS	PA ONLY if >\$2000 charge
L0650	LSO SC R ANT/POS PNL PRE OTS	PA ONLY if >\$2000 charge
L0651	LSO SAG-CO SHELL PNL PRE OTS	PA ONLY if >\$2000 charge
L0710	CTLISO A-P-L CONTROL W/ INTER	PA ONLY if >\$2000 charge
L0810	HALO CERVICAL INTO JCKT VEST	PA ONLY if >\$2000 charge
L0859	MRI COMPATIBLE SYSTEM	PA ONLY if >\$2000 charge
L0861	HALO REPL LINER/INTERFACE	PA ONLY if >\$2000 charge
L0970	TLISO CORSET FRONT	PA ONLY if >\$2000 charge
L0972	LSO CORSET FRONT	PA ONLY if >\$2000 charge
L0976	LSO FULL CORSET	PA ONLY if >\$2000 charge
L0980	PERONEAL STRAPS PAIR PRE OTS	PA ONLY if >\$2000 charge
L0984	PROTECT BODY SOCK EA PRE OTS	PA ONLY if >\$2000 charge
L0999	ADD TO SPINAL ORTHOSIS NOS	PA ONLY if >\$2000 charge
L1000	CTLISO MILWAUKE INITIAL MODEL	PA ONLY if >\$2000 charge
L1005	TENSION BASED SCOLIOSIS ORTH	PA ONLY if >\$2000 charge
L1010	CTLISO AXILLA SLING	PA ONLY if >\$2000 charge
L1020	KYPHOSIS PAD	PA ONLY if >\$2000 charge
L1025	KYPHOSIS PAD FLOATING	PA ONLY if >\$2000 charge
L1030	LUMBAR BOLSTER PAD	PA ONLY if >\$2000 charge
L1040	LUMBAR OR LUMBAR RIB PAD	PA ONLY if >\$2000 charge
L1060	THORACIC PAD	PA ONLY if >\$2000 charge
L1080	OUTRIGGER	PA ONLY if >\$2000 charge
L1085	OUTRIGGER BIL W/ VERT EXTENS	PA ONLY if >\$2000 charge
L1200	FURNISH INITIAL ORTHOSIS ONLY	PA ONLY if >\$2000 charge

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
L1210	LATERAL THORACIC EXTENSION	PA ONLY if >\$2000 charge
L1220	ANTERIOR THORACIC EXTENSION	PA ONLY if >\$2000 charge
L1240	LUMBAR DEROTATION PAD	PA ONLY if >\$2000 charge
L1250	ANTERIOR ASIS PAD	PA ONLY if >\$2000 charge
L1260	ANTERIOR THORACIC DEROTATION	PA ONLY if >\$2000 charge
L1270	ABDOMINAL PAD	PA ONLY if >\$2000 charge
L1280	RIB GUSSET (ELASTIC) EACH	PA ONLY if >\$2000 charge
L1290	LATERAL TROCHANTERIC PAD	PA ONLY if >\$2000 charge
L1300	BODY JACKET MOLD TO PATIENT	PA ONLY if >\$2000 charge
L1320	THORACIC PECTUS CARINATUM ORTHOSIS	PA ONLY if >\$2000 charge
L1499	SPINAL ORTHOSIS NOS	PA ONLY if >\$2000 charge
L1600	HO FLEX FREJKA W/COV PRE CST	PA ONLY if >\$2000 charge
L1620	HO FLEX PAVLIK HARNS PRE CST	PA ONLY if >\$2000 charge
L1640	PELV BAND/SPREAD BAR THIGH C	PA ONLY if >\$2000 charge
L1650	HO ABDUCTION HIP ADJUSTABLE	PA ONLY if >\$2000 charge
L1652	HO BI THIGHCUFFS W SPRDR BAR	PA ONLY if >\$2000 charge
L1660	HO ABDUCTION STATIC PLASTIC	PA ONLY if >\$2000 charge
L1680	PELVIC & HIP CONTROL THIGH C	PA ONLY if >\$2000 charge
L1681	HIP ORTHOSIS BILATERAL HIP JOINTS AND	PA ONLY if >\$2000 charge
L1686	HO POST-OP HIP ABDUCTION	PA ONLY if >\$2000 charge
L1690	COMBINATION BILATERAL HO	PA ONLY if >\$2000 charge
L1810	KO ELASTIC WITH JOINTS	PA ONLY if >\$2000 charge
L1812	KO ELASTIC W/JOINTS PRE OTS	PA ONLY if >\$2000 charge
L1820	KO ELAS W/ CONDYLE PADS & JO	PA ONLY if >\$2000 charge
L1821	KNEE ORTHOSIS ELASTIC WITH CONDYLAR	PA ONLY if >\$2000 charge
L1830	KO IMMOB CANVAS LONG PRE OTS	PA ONLY if >\$2000 charge
L1831	KNEE ORTH POS LOCKING JOINT	PA ONLY if >\$2000 charge
L1832	KO ADJ JNT POS R SUP PRE CST	PA ONLY if >\$2000 charge
L1833	KO ADJ JNT POS R SUP PRE OTS	PA ONLY if >\$2000 charge
L1834	KO W/O JOINT RIGID MOLDED TO	PA ONLY if >\$2000 charge
L1836	KO RIGID W/O JOINTS PRE OTS	PA ONLY if >\$2000 charge
L1840	KO DEROT ANT CRUCIATE CUSTOM	PA ONLY if >\$2000 charge
L1843	KO SINGLE UPRIGHT PRE CST	PA ONLY if >\$2000 charge
L1844	KO W/ADJ JT ROT CNTRL MOLDED	PA ONLY if >\$2000 charge
L1845	KO DOUBLE UPRIGHT PRE CST	PA ONLY if >\$2000 charge
L1846	KO W ADJ FLEX/EXT ROTAT MOLD	PA ONLY if >\$2000 charge
L1847	KO DBL UPRIGHT W/AIR PRE CST	PA ONLY if >\$2000 charge
L1848	KO DBL UPRIGHT W/AIR PRE OTS	PA ONLY if >\$2000 charge
L1850	KO SWEDISH TYPE PRE OTS	PA ONLY if >\$2000 charge
L1851	KO SINGLE UPRIGHT PREFAB OTS	PA ONLY if >\$2000 charge
L1852	KO DOUBLE UPRIGHT PREFAB OTS	PA ONLY if >\$2000 charge
L1860	KO SUPRACONDYLAR SOCKET MOLD	PA ONLY if >\$2000 charge
L1900	AFO SPRNG WIR DRSFLX CALF BD	PA ONLY if >\$2000 charge
L1902	AFO ANKLE GAUNTLET PRE OTS	PA ONLY if >\$2000 charge
L1904	AFO MOLDED ANKLE GAUNTLET	PA ONLY if >\$2000 charge
L1906	AFO MULTILIG ANK SUP PRE OTS	PA ONLY if >\$2000 charge
L1907	AFO SUPRAMALLEOLAR CUSTOM	PA ONLY if >\$2000 charge
L1910	AFO SING BAR CLASP ATTACH SH	PA ONLY if >\$2000 charge
L1920	AFO SING UPRIGHT W/ ADJUST S	PA ONLY if >\$2000 charge
L1930	AFO PLASTIC	PA ONLY if >\$2000 charge
L1932	AFO RIG ANT TIB PREFAB TCF/=	PA ONLY if >\$2000 charge
L1940	AFO MOLDED TO PATIENT PLASTI	PA ONLY if >\$2000 charge
L1945	AFO MOLDED PLAS RIG ANT TIB	PA ONLY if >\$2000 charge
L1950	AFO SPIRAL MOLDED TO PT PLAS	PA ONLY if >\$2000 charge
L1951	AFO SPIRAL PREFABRICATED	PA ONLY if >\$2000 charge

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
L1960	AFO POS SOLID ANK PLASTIC MO	PA ONLY if >\$2000 charge
L1970	AFO PLASTIC MOLDED W/ANKLE J	PA ONLY if >\$2000 charge
L1971	AFO W/ANKLE JOINT, PREFAB	PA ONLY if >\$2000 charge
L1980	AFO SING SOLID STIRRUP CALF	PA ONLY if >\$2000 charge
L1990	AFO DOUB SOLID STIRRUP CALF	PA ONLY if >\$2000 charge
L2000	KAFO SING FRE STIRR THI/CALF	PA ONLY if >\$2000 charge
L2005	KAFO SNG/DBL MECHANICAL ACT	PA ONLY if >\$2000 charge
L2006	KAF SNG/DBL SWG/STN MCPR CUS	PA ONLY if >\$2000 charge
L2020	KAFO DBL SOLID STIRRUP BAND/	PA ONLY if >\$2000 charge
L2036	KAFO PLAS DOUB FREE KNEE MOL	PA ONLY if >\$2000 charge
L2037	KAFO PLAS SING FREE KNEE MOL	PA ONLY if >\$2000 charge
L2040	HKAFO TORSION BIL ROT STRAPS	PA ONLY if >\$2000 charge
L2050	HKAFO TORSION CABLE HIP PELV	PA ONLY if >\$2000 charge
L2060	HKAFO TORSION BALL BEARING J	PA ONLY if >\$2000 charge
L2070	HKAFO TORSION UNILAT ROT STR	PA ONLY if >\$2000 charge
L2106	AFO TIB FX CAST PLASTER MOLD	PA ONLY if >\$2000 charge
L2108	AFO TIB FX CAST MOLDED TO PT	PA ONLY if >\$2000 charge
L2112	AFO TIBIAL FRACTURE SOFT	PA ONLY if >\$2000 charge
L2114	AFO TIB FX SEMI-RIGID	PA ONLY if >\$2000 charge
L2116	AFO TIBIAL FRACTURE RIGID	PA ONLY if >\$2000 charge
L2128	KAFO FEM FX CAST MOLDED TO P	PA ONLY if >\$2000 charge
L2134	KAFO FEM FX CAST SEMI-RIGID	PA ONLY if >\$2000 charge
L2136	KAFO FEMORAL FX CAST RIGID	PA ONLY if >\$2000 charge
L2180	PLAS SHOE INSERT W ANK JOINT	PA ONLY if >\$2000 charge
L2182	DROP LOCK KNEE	PA ONLY if >\$2000 charge
L2184	LIMITED MOTION KNEE JOINT	PA ONLY if >\$2000 charge
L2186	ADJ MOTION KNEE JNT LERMAN T	PA ONLY if >\$2000 charge
L2190	WAIST BELT	PA ONLY if >\$2000 charge
L2192	PELVIC BAND & BELT THIGH FLA	PA ONLY if >\$2000 charge
L2200	LIMITED ANKLE MOTION EA JNT	PA ONLY if >\$2000 charge
L2210	DORSIFLEXION ASSIST EACH JOI	PA ONLY if >\$2000 charge
L2220	DORSI & PLANTAR FLEX ASS/RES	PA ONLY if >\$2000 charge
L2230	SPLIT FLAT CALIPER STIRR & P	PA ONLY if >\$2000 charge
L2232	ROCKER BOTTOM, CONTACT AFO	PA ONLY if >\$2000 charge
L2240	ROUND CALIPER AND PLATE ATTA	PA ONLY if >\$2000 charge
L2250	FOOT PLATE MOLDED STIRRUP AT	PA ONLY if >\$2000 charge
L2265	LONG TONGUE STIRRUP	PA ONLY if >\$2000 charge
L2270	VARUS/VALGUS STRAP PADDED/LI	PA ONLY if >\$2000 charge
L2275	PLASTIC MOD LOW EXT PAD/LINE	PA ONLY if >\$2000 charge
L2280	MOLDED INNER BOOT	PA ONLY if >\$2000 charge
L2300	ABDUCTION BAR JOINTED ADJUST	PA ONLY if >\$2000 charge
L2310	ABDUCTION BAR-STRAIGHT	PA ONLY if >\$2000 charge
L2320	NON-MOLDED LACER	PA ONLY if >\$2000 charge
L2330	LACER MOLDED TO PATIENT MODE	PA ONLY if >\$2000 charge
L2335	ANTERIOR SWING BAND	PA ONLY if >\$2000 charge
L2340	PRE-TIBIAL SHELL MOLDED TO P	PA ONLY if >\$2000 charge
L2350	PROSTHETIC TYPE SOCKET MOLDE	PA ONLY if >\$2000 charge
L2360	EXTENDED STEEL SHANK	PA ONLY if >\$2000 charge
L2375	TORSION ANK & HALF SOLID STI	PA ONLY if >\$2000 charge
L2380	TORSION STRAIGHT KNEE JOINT	PA ONLY if >\$2000 charge
L2385	STRAIGHT KNEE JOINT HEAVY DU	PA ONLY if >\$2000 charge
L2387	ADD LE POLY KNEE CUSTOM KAFO	PA ONLY if >\$2000 charge
L2390	OFFSET KNEE JOINT EACH	PA ONLY if >\$2000 charge
L2395	OFFSET KNEE JOINT HEAVY DUTY	PA ONLY if >\$2000 charge
L2397	SUSPENSION SLEEVE LOWER EXT	PA ONLY if >\$2000 charge

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
L2405	KNEE JOINT DROP LOCK EA JNT	PA ONLY if >\$2000 charge
L2415	KNEE JOINT CAM LOCK EACH JOI	PA ONLY if >\$2000 charge
L2425	KNEE DISC/DIAL LOCK/ADJ FLEX	PA ONLY if >\$2000 charge
L2430	KNEE JNT RATCHET LOCK EA JNT	PA ONLY if >\$2000 charge
L2492	KNEE LIFT LOOP DROP LOCK RIN	PA ONLY if >\$2000 charge
L2510	TH/WGHT BEAR QUAD-LAT BRIM M	PA ONLY if >\$2000 charge
L2525	TH/WGHT BEAR NAR M-L BRIM MO	PA ONLY if >\$2000 charge
L2530	THIGH/WGHT BEAR LACER NON-MO	PA ONLY if >\$2000 charge
L2540	THIGH/WGHT BEAR LACER MOLDED	PA ONLY if >\$2000 charge
L2550	THIGH/WGHT BEAR HIGH ROLL CU	PA ONLY if >\$2000 charge
L2570	HIP CLEVIS TYPE 2 POSIT JNT	PA ONLY if >\$2000 charge
L2580	PELVIC CONTROL PELVIC SLING	PA ONLY if >\$2000 charge
L2610	HIP CLEVIS/THRUST BEARING LO	PA ONLY if >\$2000 charge
L2620	PELVIC CONTROL HIP HEAVY DUT	PA ONLY if >\$2000 charge
L2622	HIP JOINT ADJUSTABLE FLEXION	PA ONLY if >\$2000 charge
L2624	HIP ADJ FLEX EXT ABDUCT CONT	PA ONLY if >\$2000 charge
L2628	METAL FRAME RECIPRO HIP & CA	PA ONLY if >\$2000 charge
L2630	PELVIC CONTROL BAND & BELT U	PA ONLY if >\$2000 charge
L2640	PELVIC CONTROL BAND & BELT B	PA ONLY if >\$2000 charge
L2660	THORACIC CONTROL THORACIC BA	PA ONLY if >\$2000 charge
L2670	THORAC CONT PARASPINAL UPRIG	PA ONLY if >\$2000 charge
L2750	PLATING CHROME/NICKEL PR BAR	PA ONLY if >\$2000 charge
L2755	CARBON GRAPHITE LAMINATION	PA ONLY if >\$2000 charge
L2760	EXTENSION PER EXTENSION PER	PA ONLY if >\$2000 charge
L2768	ORTHO SIDEBAR DISCONNECT	PA ONLY if >\$2000 charge
L2780	NON-CORROSIVE FINISH	PA ONLY if >\$2000 charge
L2785	DROP LOCK RETAINER EACH	PA ONLY if >\$2000 charge
L2795	KNEE CONTROL FULL KNEECAP	PA ONLY if >\$2000 charge
L2800	KNEE CAP MEDIAL OR LATERAL P	PA ONLY if >\$2000 charge
L2810	KNEE CONTROL CONDYLAR PAD	PA ONLY if >\$2000 charge
L2820	SOFT INTERFACE BELOW KNEE SE	PA ONLY if >\$2000 charge
L2830	SOFT INTERFACE ABOVE KNEE SE	PA ONLY if >\$2000 charge
L2840	TIBIAL LENGTH SOCK FX OR EQU	PA ONLY if >\$2000 charge
L2850	FEMORAL LGTH SOCK FX OR EQUA	PA ONLY if >\$2000 charge
L2861	TORSION MECHANISM KNEE/ANKLE	PA ONLY if >\$2000 charge
L2999	LOWER EXTREMITY ORTHOSIS NOS	PA ONLY if >\$2000 charge
L3000	FT INSERT UCB BERKELEY SHELL	PA ONLY if >\$2000 charge
L3001	FOOT INSERT REMOV MOLDED SPE	PA ONLY if >\$2000 charge
L3002	FOOT INSERT PLASTAZOTE OR EQ	PA ONLY if >\$2000 charge
L3003	FOOT INSERT SILICONE GEL EAC	PA ONLY if >\$2000 charge
L3010	FOOT LONGITUDINAL ARCH SUPPO	PA ONLY if >\$2000 charge
L3020	FOOT LONGITUD/METATARSAL SUP	PA ONLY if >\$2000 charge
L3030	FOOT ARCH SUPPORT REMOV PREM	PA ONLY if >\$2000 charge
L3031	FOOT LAMIN/PREPREG COMPOSITE	PA ONLY if >\$2000 charge
L3040	FT ARCH SUPRT PREMOLD LONGIT	PA ONLY if >\$2000 charge
L3050	FOOT ARCH SUPP PREMOLD METAT	PA ONLY if >\$2000 charge
L3060	FOOT ARCH SUPP LONGITUD/META	PA ONLY if >\$2000 charge
L3070	ARCH SUPRT ATT TO SHO LONGIT	PA ONLY if >\$2000 charge
L3080	ARCH SUPP ATT TO SHOE METATA	PA ONLY if >\$2000 charge
L3100	HALLUS-VALGUS NT DYN PRE OTS	PA ONLY if >\$2000 charge
L3150	ABDUCT ROTATION BAR W/O SHOE	PA ONLY if >\$2000 charge
L3160	SHOE STYLED POSITIONING DEV	PA ONLY if >\$2000 charge
L3170	FOOT PLAS HEEL STABI PRE OTS	PA ONLY if >\$2000 charge
L3201	OXFORD W SUPINAT/PRONAT INF	PA ONLY if >\$2000 charge
L3202	OXFORD W/ SUPINAT/PRONATOR C	PA ONLY if >\$2000 charge

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
L3204	HIGHTOP W/ SUPP/PRONATOR INF	PA ONLY if >\$2000 charge
L3206	HIGHTOP W/ SUPP/PRONATOR CHI	PA ONLY if >\$2000 charge
L3208	SURGICAL BOOT EACH INFANT	PA ONLY if >\$2000 charge
L3209	SURGICAL BOOT EACH CHILD	PA ONLY if >\$2000 charge
L3211	SURGICAL BOOT EACH JUNIOR	PA ONLY if >\$2000 charge
L3215	ORTHOPEDIC FTWEAR LADIES OXF	PA ONLY if >\$2000 charge
L3216	ORTHOPED LADIES SHOES DPTH I	PA ONLY if >\$2000 charge
L3217	LADIES SHOES HIGHTOP DEPTH I	PA ONLY if >\$2000 charge
L3219	ORTHOPEDIC MENS SHOES OXFORD	PA ONLY if >\$2000 charge
L3221	ORTHOPEDIC MENS SHOES DPTH I	PA ONLY if >\$2000 charge
L3222	MENS SHOES HIGHTOP DEPTH INL	PA ONLY if >\$2000 charge
L3224	WOMAN'S SHOE OXFORD BRACE	PA ONLY if >\$2000 charge
L3225	MAN'S SHOE OXFORD BRACE	PA ONLY if >\$2000 charge
L3230	CUSTOM SHOES DEPTH INLAY	PA ONLY if >\$2000 charge
L3250	CUSTOM MOLD SHOE REMOV PROST	PA ONLY if >\$2000 charge
L3252	SHOE MOLDED PLASTAZOTE CUST	PA ONLY if >\$2000 charge
L3257	ORTH FOOT ADD CHARGE SPLIT S	PA ONLY if >\$2000 charge
L3260	AMBULATORY SURGICAL BOOT EAC	PA ONLY if >\$2000 charge
L3265	PLASTAZOTE SANDAL EACH	PA ONLY if >\$2000 charge
L3300	SHO LIFT TAPER TO METATARSAL	PA ONLY if >\$2000 charge
L3310	SHOE LIFT ELEV HEEL/SOLE NEO	PA ONLY if >\$2000 charge
L3320	SHOE LIFT ELEV HEEL/SOLE COR	PA ONLY if >\$2000 charge
L3332	SHOE LIFTS TAPERED TO ONE-HA	PA ONLY if >\$2000 charge
L3334	SHOE LIFTS ELEVATION HEEL /I	PA ONLY if >\$2000 charge
L3340	SHOE WEDGE SACH	PA ONLY if >\$2000 charge
L3350	SHOE HEEL WEDGE	PA ONLY if >\$2000 charge
L3360	SHOE SOLE WEDGE OUTSIDE SOLE	PA ONLY if >\$2000 charge
L3370	SHOE SOLE WEDGE BETWEEN SOLE	PA ONLY if >\$2000 charge
L3380	SHOE CLUBFOOT WEDGE	PA ONLY if >\$2000 charge
L3390	SHOE OUTFLARE WEDGE	PA ONLY if >\$2000 charge
L3400	SHOE METATARSAL BAR WEDGE RO	PA ONLY if >\$2000 charge
L3410	SHOE METATARSAL BAR BETWEEN	PA ONLY if >\$2000 charge
L3420	FULL SOLE/HEEL WEDGE BTWEEN	PA ONLY if >\$2000 charge
L3450	SHOE HEEL SACH CUSHION TYPE	PA ONLY if >\$2000 charge
L3460	SHOE HEEL NEW RUBBER STANDAR	PA ONLY if >\$2000 charge
L3465	SHOE HEEL THOMAS WITH WEDGE	PA ONLY if >\$2000 charge
L3480	SHOE HEEL PAD & DEPRESS FOR	PA ONLY if >\$2000 charge
L3485	SHOE HEEL PAD REMOVABLE FOR	PA ONLY if >\$2000 charge
L3510	ORTHOPEDIC SHOE ADD RUB INSL	PA ONLY if >\$2000 charge
L3540	ORTHO SHOE ADD FULL SOLE	PA ONLY if >\$2000 charge
L3580	O SHOE ADD INSTEP VELCRO CLO	PA ONLY if >\$2000 charge
L3595	ORTHO SHOE ADD MARCH BAR	PA ONLY if >\$2000 charge
L3600	TRANS SHOE CALIP PLATE EXIST	PA ONLY if >\$2000 charge
L3610	TRANS SHOE CALIPER PLATE NEW	PA ONLY if >\$2000 charge
L3620	TRANS SHOE SOLID STIRRUP EXI	PA ONLY if >\$2000 charge
L3630	TRANS SHOE SOLID STIRRUP NEW	PA ONLY if >\$2000 charge
L3649	ORTHOPEDIC SHOE MODIFICA NOS	PA ONLY if >\$2000 charge
L3650	SO 8 ABD RESTRAINT PRE OTS	PA ONLY if >\$2000 charge
L3660	SO 8 AB RSTR CAN/WEB PRE OTS	PA ONLY if >\$2000 charge
L3670	SO ACRO/CLAV CAN WEB PRE OTS	PA ONLY if >\$2000 charge
L3671	SO CAP DESIGN W/O JNTS CF	PA ONLY if >\$2000 charge
L3674	SO AIRPLANE W/WO JOINT CF	PA ONLY if >\$2000 charge
L3675	SO VEST CANVAS/WEB PRE OTS	PA ONLY if >\$2000 charge
L3677	SO HARD PLAS STABILI PRE CST	PA ONLY if >\$2000 charge
L3678	SO HARD PLAS STABILI PRE OTS	PA ONLY if >\$2000 charge

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
L3702	EO W/O JOINTS CF	PA ONLY if >\$2000 charge
L3710	EO ELAS W/METAL JNTS PRE OTS	PA ONLY if >\$2000 charge
L3720	FOREARM/ARM CUFFS FREE MOTIO	PA ONLY if >\$2000 charge
L3730	FOREARM/ARM CUFFS EXT/FLEX A	PA ONLY if >\$2000 charge
L3740	CUFFS ADJ LOCK W/ ACTIVE CON	PA ONLY if >\$2000 charge
L3760	EO ADJ JT PREFAB CUSTOM FIT	PA ONLY if >\$2000 charge
L3761	EO, ADJ LOCK JOINT PREFAB OT	PA ONLY if >\$2000 charge
L3762	EO RIGID W/O JOINTS PRE OTS	PA ONLY if >\$2000 charge
L3763	EWHO RIGID W/O JNTS CF	PA ONLY if >\$2000 charge
L3764	EWHO W/JOINT(S) CF	PA ONLY if >\$2000 charge
L3765	EWHFO RIGID W/O JNTS CF	PA ONLY if >\$2000 charge
L3766	EWHFO W/JOINT(S) CF	PA ONLY if >\$2000 charge
L3806	WHFO W/JOINT(S) CUSTOM FAB	PA ONLY if >\$2000 charge
L3807	WHFO W/O JOINTS PRE CST	PA ONLY if >\$2000 charge
L3808	WHFO, RIGID W/O JOINTS	PA ONLY if >\$2000 charge
L3809	WHFO W/O JOINTS PRE OTS	PA ONLY if >\$2000 charge
L3891	TORSION MECHANISM WRIST/ELBO	PA ONLY if >\$2000 charge
L3900	HINGE EXTENSION/FLEX WRIST/F	PA ONLY if >\$2000 charge
L3901	HINGE EXT/FLEX WRIST FINGER	PA ONLY if >\$2000 charge
L3905	WHO W/NONTORSION JNT(S) CF	PA ONLY if >\$2000 charge
L3906	WHO W/O JOINTS CF	PA ONLY if >\$2000 charge
L3907	WRIST HAND FINGER ORTHOSIS WRIST G	PA ONLY if >\$2000 charge
L3908	WHO COCK-UP NONMOLDE PRE OTS	PA ONLY if >\$2000 charge
L3912	HFO FLEXION GLOVE PRE OTS	PA ONLY if >\$2000 charge
L3913	HFO W/O JOINTS CF	PA ONLY if >\$2000 charge
L3915	WHO NONTORSION JNTS PRE CST	PA ONLY if >\$2000 charge
L3916	WHO NONTORSION JNTS PRE OTS	PA ONLY if >\$2000 charge
L3917	METACARP FX ORTHOSIS PRE CST	PA ONLY if >\$2000 charge
L3918	METACARP FX ORTHOSIS PRE OTS	PA ONLY if >\$2000 charge
L3919	HO W/O JOINTS CF	PA ONLY if >\$2000 charge
L3921	HFO W/JOINT(S) CF	PA ONLY if >\$2000 charge
L3923	HFO WITHOUT JOINTS PRE CST	PA ONLY if >\$2000 charge
L3924	HFO WITHOUT JOINTS PRE OTS	PA ONLY if >\$2000 charge
L3925	FO PIP DIP JNT/SPRNG PRE OTS	PA ONLY if >\$2000 charge
L3927	FO PIP DIP NO JT SPR PRE OTS	PA ONLY if >\$2000 charge
L3929	HFO NONTORSION JNTS PRE CST	PA ONLY if >\$2000 charge
L3930	HFO NONTORSION JNTS PRE OTS	PA ONLY if >\$2000 charge
L3931	WHFO NONTORSION JOINT PREFAB	PA ONLY if >\$2000 charge
L3933	FO W/O JOINTS CF	PA ONLY if >\$2000 charge
L3935	FO NONTORSION JOINT CF	PA ONLY if >\$2000 charge
L3956	ADD JOINT UPPER EXT ORTHOSIS	PA ONLY if >\$2000 charge
L3960	SEWHO AIRPLAN DESIG ABDU POS	PA ONLY if >\$2000 charge
L3961	SEWHO CAP DESIGN W/O JNTS CF	PA ONLY if >\$2000 charge
L3962	SEWHO ERBS PALSEY DESIGN ABD	PA ONLY if >\$2000 charge
L3973	SEWHO AIRPLANE W/JNT(S) CF	PA ONLY if >\$2000 charge
L3980	UP EXT FX ORTHOS HUMERAL NOS	PA ONLY if >\$2000 charge
L3981	UE FX ORTH SHOUL CAP FOREARM	PA ONLY if >\$2000 charge
L3982	UPPER EXT FX ORTHOSIS RAD/UL	PA ONLY if >\$2000 charge
L3984	UPPER EXT FX ORTHOSIS WRIST	PA ONLY if >\$2000 charge
L3995	SOCK FRACTURE OR EQUAL EACH	PA ONLY if >\$2000 charge
L3999	UPPER LIMB ORTHOSIS NOS	PA ONLY if >\$2000 charge
L4002	REPLACE STRAP, ANY ORTHOSIS	PA ONLY if >\$2000 charge
L4045	REPLACE NON-MOLDED THIGH LAC	PA ONLY if >\$2000 charge
L4050	REPLACE MOLDED CALF LACER	PA ONLY if >\$2000 charge
L4070	REPLACE PROX & DIST UPRIGHT	PA ONLY if >\$2000 charge

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
L4100	REPL LEATH CUFF KAFO PROX TH	PA ONLY if >\$2000 charge
L4110	REPL LEATH CUFF KAFO-AFO CAL	PA ONLY if >\$2000 charge
L4130	REPLACE PRETIBIAL SHELL	PA ONLY if >\$2000 charge
L4205	ORTHO DVC REPAIR PER 15 MIN	PA ONLY if >\$2000 charge
L4210	ORTH DEV REPAIR/REPL MINOR P	PA ONLY if >\$2000 charge
L4350	ANKLE CONTROL ORTHO PRE OTS	PA ONLY if >\$2000 charge
L4360	PNEUMAT WALKING BOOT PRE CST	PA ONLY if >\$2000 charge
L4361	PNEUMA/VAC WALK BOOT PRE OTS	PA ONLY if >\$2000 charge
L4370	PNEUM FULL LEG SPLNT PRE OTS	PA ONLY if >\$2000 charge
L4386	NON-PNEUM WALK BOOT PRE CST	PA ONLY if >\$2000 charge
L4387	NON-PNEUM WALK BOOT PRE OTS	PA ONLY if >\$2000 charge
L4392	REPLACE AFO SOFT INTERFACE	PA ONLY if >\$2000 charge
L4396	STATIC OR DYNAMI AFO PRE CST	PA ONLY if >\$2000 charge
L4397	STATIC OR DYNAMI AFO PRE OTS	PA ONLY if >\$2000 charge
L4398	FOOT DROP SPLINT PRE OTS	PA ONLY if >\$2000 charge
L4631	AFO, WALK BOOT TYPE, CUS FAB	PA ONLY if >\$2000 charge
L5000	SHO INSERT W ARCH TOE FILLER	PA ONLY if >\$2000 charge
L5010	MOLD SOCKET ANK HGT W/ TOE F	PA ONLY if >\$2000 charge
L5020	TIBIAL TUBERCLE HGT W/ TOE F	PA ONLY if >\$2000 charge
L5050	ANK SYMES MOLD SCKT SACH FT	PA ONLY if >\$2000 charge
L5060	SYMES MET FR LEATH SOCKET AR	PA ONLY if >\$2000 charge
L5100	MOLDED SOCKET SHIN SACH FOOT	PA ONLY if >\$2000 charge
L5200	KNE SING AXIS FRIC SHIN SACH	PA ONLY if >\$2000 charge
L5210	NO KNEE/ANKLE JOINTS W/ FT B	PA ONLY if >\$2000 charge
L5220	NO KNEE JOINT WITH ARTIC ALI	PA ONLY if >\$2000 charge
L5230	FEM FOCAL DEFIC CONSTANT FRI	PA ONLY if >\$2000 charge
L5250	HIP CANAD SING AXI CONS FRIC	PA ONLY if >\$2000 charge
L5301	BK MOLD SOCKET SACH FT ENDO	PA ONLY if >\$2000 charge
L5312	KNEE DISART, SACH FT, ENDO	PA ONLY if >\$2000 charge
L5321	AK OPEN END SACH	PA ONLY if >\$2000 charge
L5331	HIP DISART CANADIAN SACH FT	PA ONLY if >\$2000 charge
L5341	HEMIPELVECTOMY CANADIAN SACH	PA ONLY if >\$2000 charge
L5420	POSTOP DSG & 1 CAST CHG AK/D	PA ONLY if >\$2000 charge
L5450	POSTOP APP NON-WGT BEAR DSG	PA ONLY if >\$2000 charge
L5500	INIT BK PTB PLASTER DIRECT	PA ONLY if >\$2000 charge
L5520	PERP BK PTB THERMOPLS DIRECT	PA ONLY if >\$2000 charge
L5540	PREP BK PTB LAMINATED SOCKET	PA ONLY if >\$2000 charge
L5580	PREP AK ISCHIAL THERMO MOLD	PA ONLY if >\$2000 charge
L5585	PREP AK ISCHIAL OPEN END	PA ONLY if >\$2000 charge
L5590	PREP AK ISCHIAL LAMINATED	PA ONLY if >\$2000 charge
L5611	AK 4 BAR LINK W/FRIC SWING	PA ONLY if >\$2000 charge
L5613	AK 4 BAR LING W/HYDRAUL SWIG	PA ONLY if >\$2000 charge
L5615	an addition to a lower extremity prosthesis, spe	PA ONLY if >\$2000 charge
L5616	AK UNIV MULTIPLEX SYS FRICT	PA ONLY if >\$2000 charge
L5617	AK/BK SELF-ALIGNING UNIT EA	PA ONLY if >\$2000 charge
L5618	TEST SOCKET SYMES	PA ONLY if >\$2000 charge
L5620	TEST SOCKET BELOW KNEE	PA ONLY if >\$2000 charge
L5622	TEST SOCKET KNEE DISARTICULA	PA ONLY if >\$2000 charge
L5624	TEST SOCKET ABOVE KNEE	PA ONLY if >\$2000 charge
L5626	TEST SOCKET HIP DISARTICULAT	PA ONLY if >\$2000 charge
L5628	TEST SOCKET HEMIPELVECTOMY	PA ONLY if >\$2000 charge
L5629	BELOW KNEE ACRYLIC SOCKET	PA ONLY if >\$2000 charge
L5630	SYME TYP EXPANDABL WALL SCKT	PA ONLY if >\$2000 charge
L5631	AK/KNEE DISARTIC ACRYLIC SOC	PA ONLY if >\$2000 charge
L5632	SYMES TYPE PTB BRIM DESIGN S	PA ONLY if >\$2000 charge

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
L5634	SYMES TYPE POSTER OPENING SO	PA ONLY if >\$2000 charge
L5636	SYMES TYPE MEDIAL OPENING SO	PA ONLY if >\$2000 charge
L5637	BELOW KNEE TOTAL CONTACT	PA ONLY if >\$2000 charge
L5638	BELOW KNEE LEATHER SOCKET	PA ONLY if >\$2000 charge
L5643	HIP FLEX INNER SOCKET EXT FR	PA ONLY if >\$2000 charge
L5645	BK FLEX INNER SOCKET EXT FRA	PA ONLY if >\$2000 charge
L5646	BELOW KNEE CUSHION SOCKET	PA ONLY if >\$2000 charge
L5647	BELOW KNEE SUCTION SOCKET	PA ONLY if >\$2000 charge
L5648	ABOVE KNEE CUSHION SOCKET	PA ONLY if >\$2000 charge
L5649	ISCH CONTAINMT/NARROW M-L SO	PA ONLY if >\$2000 charge
L5650	TOT CONTACT AK/KNEE DISART S	PA ONLY if >\$2000 charge
L5651	AK FLEX INNER SOCKET EXT FRA	PA ONLY if >\$2000 charge
L5652	SUCTION SUSP AK/KNEE DISART	PA ONLY if >\$2000 charge
L5653	KNEE DISART EXPAND WALL SOCK	PA ONLY if >\$2000 charge
L5654	SOCKET INSERT SYMES	PA ONLY if >\$2000 charge
L5655	SOCKET INSERT BELOW KNEE	PA ONLY if >\$2000 charge
L5656	SOCKET INSERT KNEE ARTICULAT	PA ONLY if >\$2000 charge
L5658	SOCKET INSERT ABOVE KNEE	PA ONLY if >\$2000 charge
L5661	MULTI-DUROMETER SYMES	PA ONLY if >\$2000 charge
L5665	MULTI-DUROMETER BELOW KNEE	PA ONLY if >\$2000 charge
L5666	BELOW KNEE CUFF SUSPENSION	PA ONLY if >\$2000 charge
L5668	BK MOLDED DISTAL CUSHION	PA ONLY if >\$2000 charge
L5670	BK MOLDED SUPRACONDYLAR SUSP	PA ONLY if >\$2000 charge
L5671	BK/AK LOCKING MECHANISM	PA ONLY if >\$2000 charge
L5673	SOCKET INSERT W LOCK MECH	PA ONLY if >\$2000 charge
L5676	BK KNEE JOINTS SINGLE AXIS P	PA ONLY if >\$2000 charge
L5677	BK KNEE JOINTS POLYCENTRIC P	PA ONLY if >\$2000 charge
L5678	BK JOINT COVERS PAIR	PA ONLY if >\$2000 charge
L5679	SOCKET INSERT W/O LOCK MECH	PA ONLY if >\$2000 charge
L5680	BK THIGH LACER NON-MOLDED	PA ONLY if >\$2000 charge
L5681	INTL CUSTM CONG/LATYP INSERT	PA ONLY if >\$2000 charge
L5682	BK THIGH LACER GLUT/ISCHIA M	PA ONLY if >\$2000 charge
L5683	INITIAL CUSTOM SOCKET INSERT	PA ONLY if >\$2000 charge
L5684	BK FORK STRAP	PA ONLY if >\$2000 charge
L5685	BELOW KNEE SUS/SEAL SLEEVE	PA ONLY if >\$2000 charge
L5686	BK BACK CHECK	PA ONLY if >\$2000 charge
L5688	BK WAIST BELT WEBBING	PA ONLY if >\$2000 charge
L5692	AK PELVIC CONTROL BELT LIGHT	PA ONLY if >\$2000 charge
L5694	AK PELVIC CONTROL BELT PAD/L	PA ONLY if >\$2000 charge
L5695	AK SLEEVE SUSP NEOPRENE/EQUA	PA ONLY if >\$2000 charge
L5696	AK/KNEE DISARTIC PELVIC JOIN	PA ONLY if >\$2000 charge
L5697	AK/KNEE DISARTIC PELVIC BAND	PA ONLY if >\$2000 charge
L5698	AK/KNEE DISARTIC SILESIA BA	PA ONLY if >\$2000 charge
L5699	SHOULDER HARNESS	PA ONLY if >\$2000 charge
L5700	REPLACE SOCKET BELOW KNEE	PA ONLY if >\$2000 charge
L5701	REPLACE SOCKET ABOVE KNEE	PA ONLY if >\$2000 charge
L5702	REPLACE SOCKET HIP	PA ONLY if >\$2000 charge
L5703	SYMES ANKLE W/O (SACH) FOOT	PA ONLY if >\$2000 charge
L5704	CUSTOM SHAPE COVER BK	PA ONLY if >\$2000 charge
L5705	CUSTOM SHAPE COVER AK	PA ONLY if >\$2000 charge
L5706	CUSTOM SHAPE CVR KNEE DISART	PA ONLY if >\$2000 charge
L5707	CUSTOM SHAPE CVR HIP DISART	PA ONLY if >\$2000 charge
L5781	LOWER LIMB PROS VACUUM PUMP	PA ONLY if >\$2000 charge
L5782	HD LOW LIMB PROS VACUUM PUMP	PA ONLY if >\$2000 charge
L5783	ADDITION TO LOWER EXTREMITY USER AD	PA ONLY if >\$2000 charge

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
L5785	EXOSKELETAL BK ULTRALT MATER	PA ONLY if >\$2000 charge
L5790	EXOSKELETAL AK ULTRA-LIGHT M	PA ONLY if >\$2000 charge
L5795	EXOSKEL HIP ULTRA-LIGHT MATE	PA ONLY if >\$2000 charge
L5810	ENDOSKEL KNEE-SHIN MNL LOCK	PA ONLY if >\$2000 charge
L5811	ENDO KNEE-SHIN MNL LCK ULTRA	PA ONLY if >\$2000 charge
L5812	ENDO KNEE-SHIN FRCT SWG & ST	PA ONLY if >\$2000 charge
L5814	ENDO KNEE-SHIN HYDRAL SWG PH	PA ONLY if >\$2000 charge
L5818	ENDO KNEE-SHIN FRCT SWG & ST	PA ONLY if >\$2000 charge
L5822	ENDO KNEE-SHIN PNEUM SWG FRC	PA ONLY if >\$2000 charge
L5826	MINIATURE KNEE JOINT	PA ONLY if >\$2000 charge
L5828	ENDO KNEE-SHIN FLUID SWG/STA	PA ONLY if >\$2000 charge
L5830	ENDO KNEE-SHIN PNEUM/SWG PHA	PA ONLY if >\$2000 charge
L5840	MULTI-AXIAL KNEE/SHIN SYSTEM	PA ONLY if >\$2000 charge
L5845	KNEE-SHIN SYS STANCE FLEXION	PA ONLY if >\$2000 charge
L5848	KNEE-SHIN SYS HYDRAUL STANCE	PA ONLY if >\$2000 charge
L5850	ENDO AK/HIP KNEE EXTENS ASSI	PA ONLY if >\$2000 charge
L5855	MECH HIP EXTENSION ASSIST	PA ONLY if >\$2000 charge
L5856	ELEC KNEE-SHIN SWING/STANCE	PA ONLY if >\$2000 charge
L5858	STANCE PHASE ONLY	PA ONLY if >\$2000 charge
L5859	KNEE-SHIN PRO FLEX/EXT CONT	PA ONLY if >\$2000 charge
L5910	ENDO BELOW KNEE ALIGNABLE SY	PA ONLY if >\$2000 charge
L5920	ENDO AK/HIP ALIGNABLE SYSTEM	PA ONLY if >\$2000 charge
L5925	ABOVE KNEE MANUAL LOCK	PA ONLY if >\$2000 charge
L5926	ADDITION TO LOWER EXTREMITY PROSTH	PA ONLY if >\$2000 charge
L5930	HIGH ACTIVITY KNEE FRAME	PA ONLY if >\$2000 charge
L5940	ENDO BK ULTRA-LIGHT MATERIAL	PA ONLY if >\$2000 charge
L5950	ENDO AK ULTRA-LIGHT MATERIAL	PA ONLY if >\$2000 charge
L5960	ENDO HIP ULTRA-LIGHT MATERIA	PA ONLY if >\$2000 charge
L5961	ENDO POLY HIP, PNEU/HYD/ROT	PA ONLY if >\$2000 charge
L5962	BELOW KNEE FLEX COVER SYSTEM	PA ONLY if >\$2000 charge
L5964	ABOVE KNEE FLEX COVER SYSTEM	PA ONLY if >\$2000 charge
L5966	HIP FLEXIBLE COVER SYSTEM	PA ONLY if >\$2000 charge
L5968	MULTIAXIAL ANKLE W DORSIFLEX	PA ONLY if >\$2000 charge
L5970	FOOT EXTERNAL KEEL SACH FOOT	PA ONLY if >\$2000 charge
L5971	SACH FOOT, REPLACEMENT	PA ONLY if >\$2000 charge
L5972	FLEXIBLE KEEL FOOT	PA ONLY if >\$2000 charge
L5973	ANK-FOOT SYS DORS-PLANT FLEX	PA ONLY if >\$2000 charge
L5974	FOOT SINGLE AXIS ANKLE/FOOT	PA ONLY if >\$2000 charge
L5975	COMBO ANKLE/FOOT PROSTHESIS	PA ONLY if >\$2000 charge
L5976	ENERGY STORING FOOT	PA ONLY if >\$2000 charge
L5978	FT PROSTH MULTIAXIAL ANKL/FT	PA ONLY if >\$2000 charge
L5979	MULTI-AXIAL ANKLE/FT PROSTH	PA ONLY if >\$2000 charge
L5980	FLEX FOOT SYSTEM	PA ONLY if >\$2000 charge
L5981	FLEX-WALK SYS LOW EXT PROSTH	PA ONLY if >\$2000 charge
L5982	EXOSKELETAL AXIAL ROTATION U	PA ONLY if >\$2000 charge
L5984	ENDOSKELETAL AXIAL ROTATION	PA ONLY if >\$2000 charge
L5985	LWR EXT DYNAMIC PROSTH PYLON	PA ONLY if >\$2000 charge
L5986	MULTI-AXIAL ROTATION UNIT	PA ONLY if >\$2000 charge
L5987	SHANK FT W VERT LOAD PYLON	PA ONLY if >\$2000 charge
L5988	VERTICAL SHOCK REDUCING PYLO	PA ONLY if >\$2000 charge
L5990	USER ADJUSTABLE HEEL HEIGHT	PA ONLY if >\$2000 charge
L5999	LOWR EXTREMITY PROSTHES NOS	PA ONLY if >\$2000 charge
L6000	PART HAND THUMB REM	PA ONLY if >\$2000 charge
L6010	PART HAND LITTLE/RING	PA ONLY if >\$2000 charge
L6020	PART HAND NO FINGERS	PA ONLY if >\$2000 charge

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
L6050	WRST MLD SCK FLX HNG TRI PAD	PA ONLY if >\$2000 charge
L6100	ELB MOLD SOCK FLEX HINGE PAD	PA ONLY if >\$2000 charge
L6110	ELBOW MOLD SOCK SUSPENSION T	PA ONLY if >\$2000 charge
L6120	ELBOW MOLD DOUB SPLT SOC STE	PA ONLY if >\$2000 charge
L6200	ELBOW MOLD OUTSID LOCK HINGE	PA ONLY if >\$2000 charge
L6205	ELBOW MOLDED W/ EXPAND INTER	PA ONLY if >\$2000 charge
L6250	ELBOW INTER LOC ELBOW FORARM	PA ONLY if >\$2000 charge
L6500	ABOVE ELBOW PROSTH TISS SHAP	PA ONLY if >\$2000 charge
L6600	POLYCENTRIC HINGE PAIR	PA ONLY if >\$2000 charge
L6605	SINGLE PIVOT HINGE PAIR	PA ONLY if >\$2000 charge
L6611	ADDITIONAL SWITCH, EXT POWER	PA ONLY if >\$2000 charge
L6615	DISCONNECT LOCKING WRIST UNI	PA ONLY if >\$2000 charge
L6616	DISCONNECT INSERT LOCKING WR	PA ONLY if >\$2000 charge
L6620	FLEXION/EXTENSION WRIST UNIT	PA ONLY if >\$2000 charge
L6621	FLEX/EXT WRIST W/WO FRICTION	PA ONLY if >\$2000 charge
L6624	FLEX/EXT/ROTATION WRIST UNIT	PA ONLY if >\$2000 charge
L6628	QUICK DISCONN HOOK ADAPTER O	PA ONLY if >\$2000 charge
L6629	LAMINATION COLLAR W/ COUPLIN	PA ONLY if >\$2000 charge
L6630	STAINLESS STEEL ANY WRIST	PA ONLY if >\$2000 charge
L6635	LIFT ASSIST FOR ELBOW	PA ONLY if >\$2000 charge
L6637	NUDGE CONTROL ELBOW LOCK	PA ONLY if >\$2000 charge
L6638	ELEC LOCK ON MANUAL PW ELBOW	PA ONLY if >\$2000 charge
L6641	EXCURSION AMPLIFIER PULLEY T	PA ONLY if >\$2000 charge
L6655	STANDARD CONTROL CABLE EXTRA	PA ONLY if >\$2000 charge
L6660	HEAVY DUTY CONTROL CABLE	PA ONLY if >\$2000 charge
L6665	TEFLON OR EQUAL CABLE LINING	PA ONLY if >\$2000 charge
L6670	HOOK TO HAND CABLE ADAPTER	PA ONLY if >\$2000 charge
L6672	HARNESS CHEST/SHLDER SADDLE	PA ONLY if >\$2000 charge
L6675	HARNESS FIGURE OF 8 SING CON	PA ONLY if >\$2000 charge
L6676	HARNESS FIGURE OF 8 DUAL CON	PA ONLY if >\$2000 charge
L6680	TEST SOCK WRIST DISART/BEL E	PA ONLY if >\$2000 charge
L6682	TEST SOCK ELBW DISART/ABOVE	PA ONLY if >\$2000 charge
L6686	SUCTION SOCKET	PA ONLY if >\$2000 charge
L6687	FRAME TYP SOCKET BEL ELBOW/W	PA ONLY if >\$2000 charge
L6688	FRAME TYP SOCK ABOVE ELB/DIS	PA ONLY if >\$2000 charge
L6691	REMOVABLE INSERT EACH	PA ONLY if >\$2000 charge
L6692	SILICONE GEL INSERT OR EQUAL	PA ONLY if >\$2000 charge
L6693	LOCKINGELBOW FOREARM CNTRBAL	PA ONLY if >\$2000 charge
L6694	ELBOW SOCKET INS USE W/LOCK	PA ONLY if >\$2000 charge
L6695	ELBOW SOCKET INS USE W/O LCK	PA ONLY if >\$2000 charge
L6696	CUS ELBO SKT IN FOR CON/ATYP	PA ONLY if >\$2000 charge
L6698	BELOW/ABOVE ELBOW LOCK MECH	PA ONLY if >\$2000 charge
L6703	TERM DEV, PASSIVE HAND MITT	PA ONLY if >\$2000 charge
L6704	TERM DEV, SPORT/REC/WORK ATT	PA ONLY if >\$2000 charge
L6706	TERM DEV MECH HOOK VOL OPEN	PA ONLY if >\$2000 charge
L6708	TERM DEV MECH HAND VOL OPEN	PA ONLY if >\$2000 charge
L6721	HOOK/HAND, HVY DTY, VOL OPEN	PA ONLY if >\$2000 charge
L6880	ELEC HAND IND ART DIGITS	PA ONLY if >\$2000 charge
L6881	TERM DEV AUTO GRASP FEATURE	PA ONLY if >\$2000 charge
L6882	MICROPROCESSOR CONTROL UPLMB	PA ONLY if >\$2000 charge
L6883	REPLC SOCKT BELOW E/W DISA	PA ONLY if >\$2000 charge
L6890	PREFAB GLOVE FOR TERM DEVICE	PA ONLY if >\$2000 charge
L6895	CUSTOM GLOVE FOR TERM DEVICE	PA ONLY if >\$2000 charge
L6900	HAND RESTORAT THUMB/1 FINGER	PA ONLY if >\$2000 charge
L6905	HAND RESTORATION MULTIPLE FI	PA ONLY if >\$2000 charge

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
L6910	HAND RESTORATION NO FINGERS	PA ONLY if >\$2000 charge
L6925	WRIST DISART MYOELECTRONIC C	PA ONLY if >\$2000 charge
L6935	BELOW ELBOW MYOELECTRONIC CT	PA ONLY if >\$2000 charge
L6955	ABOVE ELBOW MYOELECTRONIC CT	PA ONLY if >\$2000 charge
L7007	ADULT ELECTRIC HAND	PA ONLY if >\$2000 charge
L7009	ADULT ELECTRIC HOOK	PA ONLY if >\$2000 charge
L7180	ELECTRONIC ELBOW SEQUENTIAL	PA ONLY if >\$2000 charge
L7190	ELBOW ADOLESCENT MYOELECTRON	PA ONLY if >\$2000 charge
L7259	ELECTRONIC WRIST ROTATOR ANY	PA ONLY if >\$2000 charge
L7362	BATTERY CHRGR SIX VOLT OTTO	PA ONLY if >\$2000 charge
L7364	TWELVE VOLT BATTERY UTAH/EQU	PA ONLY if >\$2000 charge
L7366	BATTERY CHRGR 12 VOLT UTAH/E	PA ONLY if >\$2000 charge
L7367	REPLACEMNT LITHIUM IONBATTER	PA ONLY if >\$2000 charge
L7368	LITHIUM ION BATTERY CHARGER	PA ONLY if >\$2000 charge
L7400	ADD UE PROST BE/WD, ULTLITE	PA ONLY if >\$2000 charge
L7401	ADD UE PROST A/E ULTLITE MAT	PA ONLY if >\$2000 charge
L7403	ADD UE PROST B/E ACRYLIC	PA ONLY if >\$2000 charge
L7404	ADD UE PROST A/E ACRYLIC	PA ONLY if >\$2000 charge
L7499	UPPER EXTREMITY PROSTHES NOS	PA ONLY if >\$2000 charge
L7510	PROSTHETIC DEVICE REPAIR REP	PA ONLY if >\$2000 charge
L7520	REPAIR PROSTHESIS PER 15 MIN	PA ONLY if >\$2000 charge
L7600	PROSTHETIC DONNING SLEEVE	PA ONLY if >\$2000 charge
L7700	PROS SOC INSERT GASKET/SEAL	PA ONLY if >\$2000 charge
L7900	MALE VACUUM ERECTION SYSTEM	PA ONLY if >\$2000 charge
L7902	TENSION RING, VAC ERECT DEV	PA ONLY if >\$2000 charge
L8000	MASTECTOMY BRA	PA ONLY if >\$2000 charge
L8001	BREAST PROSTHESIS BRA & FORM	PA ONLY if >\$2000 charge
L8002	BRST PRSTH BRA & BILAT FORM	PA ONLY if >\$2000 charge
L8010	MASTECTOMY SLEEVE	PA ONLY if >\$2000 charge
L8015	EXT BREASTPROSTHESIS GARMENT	PA ONLY if >\$2000 charge
L8020	MASTECTOMY FORM	PA ONLY if >\$2000 charge
L8030	BREAST PROSTHES W/O ADHESIVE	PA ONLY if >\$2000 charge
L8032	REUSABLE NIPPLE PROSTHESIS	PA ONLY if >\$2000 charge
L8035	CUSTOM BREAST PROSTHESIS	PA ONLY if >\$2000 charge
L8039	BREAST PROSTHESIS NOS	PA ONLY if >\$2000 charge
L8040	NASAL PROSTHESIS	PA ONLY if >\$2000 charge
L8043	UPPER FACIAL PROSTHESIS	PA ONLY if >\$2000 charge
L8045	AURICULAR PROSTHESIS	PA ONLY if >\$2000 charge
L8047	NASAL SEPTAL PROSTHESIS	PA ONLY if >\$2000 charge
L8048	UNSPEC MAXILLOFACIAL PROSTH	PA ONLY if >\$2000 charge
L8300	TRUSS SINGLE W/ STANDARD PAD	PA ONLY if >\$2000 charge
L8310	TRUSS DOUBLE W/ STANDARD PAD	PA ONLY if >\$2000 charge
L8330	TRUSS ADD TO STD PAD SCROTAL	PA ONLY if >\$2000 charge
L8400	SHEATH BELOW KNEE	PA ONLY if >\$2000 charge
L8410	SHEATH ABOVE KNEE	PA ONLY if >\$2000 charge
L8415	SHEATH UPPER LIMB	PA ONLY if >\$2000 charge
L8417	PROS SHEATH/SOCK W GEL CUSHN	PA ONLY if >\$2000 charge
L8420	PROSTHETIC SOCK MULTI PLY BK	PA ONLY if >\$2000 charge
L8430	PROSTHETIC SOCK MULTI PLY AK	PA ONLY if >\$2000 charge
L8435	PROS SOCK MULTI PLY UPPER LM	PA ONLY if >\$2000 charge
L8440	SHRINKER BELOW KNEE	PA ONLY if >\$2000 charge
L8460	SHRINKER ABOVE KNEE	PA ONLY if >\$2000 charge
L8465	SHRINKER UPPER LIMB	PA ONLY if >\$2000 charge
L8470	PROS SOCK SINGLE PLY BK	PA ONLY if >\$2000 charge
L8480	PROS SOCK SINGLE PLY AK	PA ONLY if >\$2000 charge

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
L8485	PROS SOCK SINGLE PLY UPPER L	PA ONLY if >\$2000 charge
L8499	UNLISTED MISC PROSTHETIC SER	PA ONLY if >\$2000 charge
L8500	ARTIFICIAL LARYNX	PA ONLY if >\$2000 charge
L8501	TRACHEOSTOMY SPEAKING VALVE	PA ONLY if >\$2000 charge
L8505	ARTIFICIAL LARYNX, ACCESSORY	PA ONLY if >\$2000 charge
L8507	TRACH-ESOPH VOICE PROS PT IN	PA ONLY if >\$2000 charge
L8509	TRACH-ESOPH VOICE PROS MD IN	PA ONLY if >\$2000 charge
L8511	INDWELLING TRACH INSERT	PA ONLY if >\$2000 charge
L8513	TRACH PROS CLEANING DEVICE	PA ONLY if >\$2000 charge
L8600	IMPLANT BREAST SILICONE/EQ	Y
L8603	COLLAGEN IMP URINARY 2.5 ML	PA ONLY if >\$2000 charge
L8604	DEXTRANOMER/HYALURONIC ACID	PA ONLY if >\$2000 charge
L8606	SYNTHETIC IMPLNT URINARY 1ML	PA ONLY if >\$2000 charge
L8607	INJ VOCAL CORD BULKING AGENT	PA ONLY if >\$2000 charge
L8608	ARG II EXT COM/SUP/ACC MISC	PA ONLY if >\$2000 charge
L8614	COCHLEAR DEVICE	Y
L8615	COCH IMPLANT HEADSET REPLACE	Y
L8616	COCH IMPLANT MICROPHONE REPL	Y
L8617	COCH IMPLANT TRANS COIL REPL	Y
L8618	COCH IMPLANT TRAN CABLE REPL	Y
L8619	COCH IMP EXT PROC/CONTR RPLC	Y
L8621	REPL ZINC AIR BATTERY	Y
L8622	REPL ALKALINE BATTERY	Y
L8623	LITH ION BATT CID, NON-EARLVL	Y
L8624	LITH ION BATT CID, EAR LEVEL	Y
L8625	CHARGER COCH IMPL/AOI BATTERY	PA ONLY if >\$2000 charge
L8627	CID EXT SPEECH PROCESS REPL	Y
L8628	CID EXT CONTROLLER REPL	Y
L8629	CID TRANSMIT COIL AND CABLE	Y
L8679	IMP NEUROSTI PLS GN ANY TYPE	Y
L8680	IMPLT NEUROSTIM ELCTR EACH	Y
L8682	IMPLT NEUROSTIM RADIOFQ REC	Y
L8685	IMPLT NROSTM PLS GEN SNG REC	Y
L8686	IMPLT NROSTM PLS GEN SNG NON	Y
L8687	IMPLT NROSTM PLS GEN DUA REC	Y
L8688	IMPLT NROSTM PLS GEN DUA NON	Y
L8690	AUD OSSEO DEV, INT/EXT COMP	Y
L8691	AOI SND PROC REPL EXCL ACTUA	Y
L8693	AUD OSSEO DEV, ABUTMENT	Y
L8699	PROSTHETIC IMPLANT NOS	Y
L8702	EWHF S/D UPRT MICRO SENSOR	Y
M0075	CELLULAR THERAPY	Y
M0076	PROLOTHERAPY	Y
M0248	SOTROVIMAB INF, HOME ADMIN	Y
M0250	INTRAVENOUS INFUSION TOCILIZUMAB FO	Y
Q0224	Injection, pemivibart, for the pre-exposure prophylaxis of COVID-19	Y
Q0249	TOCILIZUMAB FOR COVID-19	Y
Q0477	PWR MODULE PT CABLE LVAD RPL	Y
Q0478	POWER ADAPTER, COMBO VAD	Y
Q0479	POWER MODULE COMBO VAD, REP	Y
Q0481	MICROPRCSR CU ELEC VAD, REP	Y
Q0482	MICROPRCSR CU COMBO VAD, REP	Y
Q0486	MON CABLE ELEC/PNEUM VAD REP	Y
Q0489	PWR PCK BASE COMBO VAD, REP	Y
Q0491	EMR PWR SOURCE COMBO VAD REP	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
Q0495	CHARGER ELEC/COMBO VAD, REP	Y
Q0496	BATTERY ELEC/COMBO VAD, REP	Y
Q0497	BAT CLPS ELEC/COMB VAD, REP	Y
Q0498	HOLSTER ELEC/COMBO VAD, REP	Y
Q0499	BELT/VEST ELEC/COMBO VAD REP	Y
Q0501	SHWR COV ELEC/COMBO VAD, REP	Y
Q0506	LITH-ION BATT ELEC/PNEUM VAD	Y
Q0507	MISC SUP/ACC EXT VAD	Y
Q0508	MIS SUP/ACC IMP VAD	Y
Q0509	MIS SUP/AC IMP VAD NOPAY MED	Y
Q2024	INJECTION BEVACIZUMAB 0.25 MG D1	Y
Q2026	RADIESSE INJECTION	Y
Q2041	AXICABTAGENE CILOLEUCEL CAR+	Y
Q2042	TISAGENLEUCLEUCEL CAR-POS T	Y
Q2043	SIPULEUCEL-T AUTO CD54+	Y
Q2050	DOXORUBICIN INJ 10MG	Y
Q2053	BREXUCABTAGENE CAR POS T	Y
Q2054	LISOCABTAGENE MARA CAR POS T	Y
Q2055	IDECABTAGENE VICLEUCEL CAR	Y
Q2056	CILTACABTAGENE CAR-POS T	Y
Q2057	Afamitresgene autoleucel, including leukapheresis	Y
Q3001	BRACHYTHERAPY RADIOELEMENTS	Y
Q4079	INJECTION NATALIZUMAB 1 MG	Y
Q4081	EPOETIN ALFA, 100 UNITS ESRD	Y
Q4100	SKIN SUBSTITUTE, NOS	Y
Q4101	APLIGRAF	Y
Q4102	OASIS WOUND MATRIX	Y
Q4104	INTEGRA BMWED	Y
Q4105	INTEGRA DRT OR OMNIGRAFT	Y
Q4107	GRAFTJACKET	Y
Q4108	INTEGRA MATRIX	Y
Q4116	ALLODERM	Y
Q4118	MATRISTEM MICROMATRIX	Y
Q4121	THERASKIN	Y
Q4122	DERMACELL, AWM, POROUS SQ CM	Y
Q4128	FLEXHD/ALLOPATCHHD/SQ CM	Y
Q4132	GRAFIX CORE, GRAFIXPL CORE	Y
Q4133	GRAFIX STRAVIX PRIME PL SQCM	Y
Q4137	AMNIOEXCEL BIODEXCEL 1SQ CM	Y
Q4140	BIODFENCE 1CM	Y
Q4148	NEOX NEOX RT OR CLARIX CORD	Y
Q4151	AMNIOBAND, GUARDIAN 1 SQ CM	Y
Q4152	DERMAPURE 1 SQUARE CM	Y
Q4154	BIOVANCE 1 SQUARE CM	Y
Q4158	KERECIS OMEGA3, PER SQ CM	Y
Q4159	AFFINITY1 SQUARE CM	Y
Q4160	NUSHIELD 1 SQUARE CM	Y
Q4170	CYGNUS, PER SQ CM	Y
Q4174	PALINGEN OR PROMATRX	Y
Q4178	FLOWERAMNIOPATCH, PER SQ CM	Y
Q4186	EPIFIX 1 SQ CM	Y
Q4187	EPICORD 1 SQ CM	Y
Q4191	RESTORIGIN 1 SQ CM	Y
Q4194	NOVACHOR 1 SQ CM	Y
Q4196	PURAPLY AM 1 SQ CM	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
Q4197	PURAPLY XT 1 SQ CM	Y
Q4204	XWRAP 1 SQ CM	Y
Q4205	MEMBRANE GRAFT OR WRAP SQ CM	Y
Q4206	FLUID FLOW OR FLUID GF 1 CC	Y
Q4211	AMNION BIO OR AXOBIO SQ CM	Y
Q4238	DERM-MAXX, PER SQ CM	Y
Q4265	Neostim tl, per square centimeter	Y
Q4267	Neostim dl, per square centimeter	Y
Q5098	INJECTION USTEKINUMAB-SRLF (IMULDOS	Y
Q5099	INJECTION USTEKINUMAB-STBA (STEQEYM	Y
Q5100	INJECTION USTEKINUMAB-KFCE (YESINTE	Y
Q5101	INJECTION, ZARXIO	Y
Q5103	INJECTION INFLIXIMAB-DYYB BIOSIMILAR (	Y
Q5104	INJECTION, RENFLEXIS	Y
Q5105	INJ RETACRIT ESRD ON DIALYSI	Y
Q5106	INJ RETACRIT NON-ESRD USE	Y
Q5107	INJ MVASI 10 MG	Y
Q5108	INJECTION, FULPHILA	Y
Q5109	INJECTION, IXIFI, 10 MG	Y
Q5110	NIVESTYM	Y
Q5111	INJECTION, UDENYCA 0.5 MG	Y
Q5112	INJ ONTRUZANT 10 MG	Y
Q5113	INJ HERZUMA 10 MG	Y
Q5114	INJ OGIVRI 10 MG	Y
Q5115	INJ TRUXIMA 10 MG	Y
Q5116	INJ., TRAZIMERA, 10 MG	Y
Q5117	INJ., KANJINTI, 10 MG	Y
Q5118	INJ., ZIRABEV, 10 MG	Y
Q5119	INJ RUXIENCE, 10 MG	Y
Q5120	INJ PEGFILGRASTIM-BMEZ 0.5MG	Y
Q5121	INJ. AVSOLA, 10 MG	Y
Q5122	INJ, NYVEPRIA	Y
Q5123	INJ. RIABNI, 10 MG	Y
Q5125	INJ, RELEUKO 1 MCG	Y
Q5126	INJ ALYMSYS 10 MG	Y
Q5127	INJECTION PEGFILGRASTIM-FPGK (STIMUP	Y
Q5128	INJECTION RANIBIZUMAB-EQRN (CIMERLI)	Y
Q5129	INJECTION BEVACIZUMAB-ADCD (VEGZELN	Y
Q5130	INJECTION PEGFILGRASTIM-PBBK (FYLNET	Y
Q5133	INJECTION TOCILIZUMAB-BAVI (TOFIDENC	Y
Q5134	INJECTION NATALIZUMAB-SZTN (TYRUKO)	Y
Q5135	INJECTION TOCILIZUMAB-AAZG (TYENNE) I	Y
Q5136	INJECTION DENOSUMAB-BBDZ (JUBBONTI	Y
Q5137	INJECTION USTEKINUMAB-AUUB (WEZLAN	Y
Q5138	INJECTION USTEKINUMAB-AUUB (WEZLAN	Y
Q5140	INJECTION ADALIMUMAB-FKJP BIOSIMILAR	Y
Q5141	INJECTION ADALIMUMAB-AATY BIOSIMILAR	Y
Q5142	INJECTION ADALIMUMAB-RYVK BIOSIMILAR	Y
Q5143	INJECTION ADALIMUMAB-ADB M BIOSIMILAR	Y
Q5144	INJECTION ADALIMUMAB-AACF (IDACIO) BI	Y
Q5145	INJECTION ADALIMUMAB-AFZB (ABRILADA)	Y
Q5146	INJECTION TRASTUZUMAB-STRF (HERCES	Y
Q5147	INJECTION AFLIBERCEPT-AYYH (PAVBLU) I	Y
Q5148	INJECTION FILGRASTIM-TXID (NYPOZI) BIO	Y
Q5149	INJECTION AFLIBERCEPT-ABZV (ENZEEVU	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
Q5150	INJECTION AFLIBERCEPT-MRBB (AHZANTIN	Y
Q5151	INJECTION ECULIZUMAB-AAGH (EPYSQLI) I	Y
Q5152	INJECTION ECULIZUMAB-AEEB (BKEMV) BI	Y
Q5153	INJECTION AFLIBERCEPT-YSZY (OPUVIZ) B	Y
Q9982	FLUTEMETAMOL F18 DIAGNOSTIC	Y
Q9983	FLORBETABEN F18 DIAGNOSTIC	Y
Q9996	INJECTION USTEKINUMAB-TTWE (PYZCHIV	Y
Q9997	INJECTION USTEKINUMAB-TTWE (PYZCHIV	Y
Q9998	INJECTION USTEKINUMAB-AEKN (SELARSD	Y
Q9999	INJECTION USTEKINUMAB-AAUZ (OTULFI) B	Y
S0087	ALEMTUZUMAB INJECTION 30 MG	Y
S2053	TRANSPLANTATION OF SMALL INT	Y
S2054	TRANSPLANTATION OF MULTIVISC	Y
S2060	LOBAR LUNG TRANSPLANTATION	Y
S2065	SIMULT PANC KIDN TRANS	Y
S2066	BREAST GAP FLAP RECONST	Y
S2067	BREAST "STACKED" DIEP/GAP	Y
S2068	BREAST DIEP OR SIEA FLAP	Y
S2095	TRANSCATH EMBOLIZ MICROSPHER	Y
S2102	ISLET CELL TISSUE TRANSPLANT	Y
S2112	KNEE ARTHROSCP HARV	Y
S2140	CORD BLOOD HARVESTING	Y
S2142	CORD BLOOD-DERIVED STEM-CELL	Y
S2150	BMT HARV/TRANSPL 28D PKG	Y
S2404	FETAL SURG MYELOMENINGO	Y
S2411	FETOSCP LASER THER TTTS	Y
S3800	GENETIC TESTING ALS	Y
S3840	DNA ANALYSIS RET-ONCOGENE	Y
S3841	GENE TEST RETINOBLASTOMA	Y
S3842	GENE TEST HIPPEL-LINDAU	Y
S3844	DNA ANALYSIS DEAFNESS	Y
S3845	GENE TEST ALPHA-THALASSEMIA	Y
S3846	GENE TEST BETA-THALASSEMIA	Y
S3849	GENE TEST NIEMANN-PICK	Y
S3850	GENE TEST SICKLE CELL	Y
S3852	DNA ANALYSIS APOE ALZHEIMER	Y
S3853	GENE TEST MYO MUSCLR DYST	Y
S3854	GENE PROFILE PANEL BREAST	Y
S3861	GENETIC TEST BRUGADA	Y
S3865	COMP GENET TEST HYP CARDIOMY	Y
S3866	SPEC GENE TEST HYP CARDIOMY	Y
S3870	CGH TEST DEVELOPMENTAL DELAY	Y
S4011	IVF PACKAGE Frozen Oocyte Thaw, Fertilizati	Y
S4013	COMPL GIFT CASE RATE Complete cycle, ga	Y
S4014	COMPL ZIFT CASE RATE zygote intrafallopian	Y
S4015	COMPLETE IVF NOS CASE RATE Traditional	Y
S4016	FROZEN IVF CASE RATE Freeze Only Cycle -	Y
S4017	Incomplete cycle, treatment canceled prior to st	Y
S4018	Frozen embryo transfer procedure canceled be	Y
S4020	In vitro fertilization procedure canceled before a	Y
S4021	IVF CANC P ASPIR CASE RATE	Y
S4022	ASST OOCYTE FERT CASE RATE	Y
S4023	Donor egg cycle, incomplete, case rate	Y
S4025	Donor services for in vitro fertilization (sperm o	Y
S4026	Procurement of donor sperm from sperm bank	Y

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
S4027	Storage of previously frozen embryos	Y
S4028	MICROSURG EPI SPERM ASP	Y
S4030	Sperm procurement and cryopreservation servi	Y
S4031	Sperm procurement and cryopreservation servi	Y
S4035	STIMULATED IUI CASE RATE	Y
S4037	CRYO EMBRYO TRANSF CASE RATE	Y
S4040	Monitoring and storage of cryopreserved embry	Y
S4042	OVULATION MGMT PER CYCLE Management	Y
S5501	HIT COMPLEX CATH CARE	Y
S5502	HIT INTERIM CATH CARE	Y
S8030	TANTALUM RING APPLICATION	Y
S9208	HOME MGMT PRETERM LABOR	Y
S9209	HOME MGMT PPROM	Y
S9211	HOME MGMT GEST HYPERTENSION	Y
S9212	HM POSTPAR HYPER PER DIEM	Y
S9213	HM PREECLAMP PER DIEM	Y
S9214	HM GEST DM PER DIEM	Y
S9325	HIT PAIN MGMT PER DIEM	Y
S9357	HIT ENZYME REPLACE DIEM	Y
S9359	HIT ANTI-TNF PER DIEM	Y
S9363	HIT ANTI-SPASMOTIC DIEM	Y
S9372	HT INJ ANTICOAG DIEM	Y
S9373	HIT HYDRA TOTAL DIEM	Y
S9375	HIT HYDRA 2 LITER DIEM	Y
S9376	HIT HYDRA 3 LITER DIEM	Y
S9494	HIT ANTIBIOTIC TOTAL DIEM	Y
S9497	HIT ANTIBIOTIC Q3H DIEM	Y
S9500	HIT ANTIBIOTIC Q24H DIEM	Y
S9501	HIT ANTIBIOTIC Q12H DIEM	Y
S9502	HIT ANTIBIOTIC Q8H DIEM	Y
S9562	HT INJ PALIVIZUMAB DIEM	Y
S9590	HT IRRIGATION DIEM	Y
S9810	HT PHARM PER HOUR	Y
S9960	AIR AMBULANC NONEMERG FIXED	Y
S9988	SERV PART OF PHASE I TRIAL	Y
S9990	SERVICES PROVIDED AS PART OF	Y
S9991	SERVICES PROVIDED AS PART OF	Y
T1000	PRIVATE DUTY/INDEPENDENT NSG	Y
T1003	LPN/LVN SERVICES UP TO 15MIN	Y
T2025	WAIVER SERVICES NOT OTHERWISE SPEC	Y
T2028	SPECIAL SUPPLY, NOS WAIVER	Y
T2029	SPECIAL MED EQUIP, NOSWAIVER	Y
T2032	RESIDENTIAL CARE NOT OTHERWISE SPE	Y
T2033	RES, NOS WAIVER PER DIEM	Y
T2048	BH LTC RES R&B, PER DIEM	Y
T5999	SUPPLY, NOS	Y
V2790	AMNIOTIC MEMBRANE	Y
V5030	BODY-WORN HEARING AID AIR	PA only if >\$2000 charge
V5040	HEARING AID MONAURAL BODY WORN BO	PA only if >\$2000 charge
V5050	HEARING AID MONAURAL IN EAR	PA only if >\$2000 charge
V5060	BEHIND EAR HEARING AID	PA only if >\$2000 charge
V5120	BODY-WORN BINAUR HEARING AID	PA only if >\$2000 charge
V5130	IN EAR BINAURAL HEARING AID	PA only if >\$2000 charge
V5140	BEHIND EAR BINAUR HEARING AI	PA only if >\$2000 charge
V5150	BINAURAL GLASSES	PA only if >\$2000 charge

List Effective Date: 11/18/2025		
Procedure Code	Code Description	PA Required
V5171	HEARING AID CONTRALATERAL ROUTING	PA only if >\$2000 charge
V5172	HEARING AID CONTRALATERAL ROUTING	PA only if >\$2000 charge
V5181	HEARING AID MONAURAL BTE	PA only if >\$2000 charge
V5190	HEARING AID CONTRALATERAL ROUTING	PA only if >\$2000 charge
V5210	HEARING AID BICROS IN THE EAR	PA only if >\$2000 charge
V5211	HEARING AID CONTRALATERAL ROUTING	PA only if >\$2000 charge
V5212	HEARING AID CONTRALATERAL ROUTING	PA only if >\$2000 charge
V5213	HEARING AID CONTRALATERAL ROUTING	PA only if >\$2000 charge
V5214	HEARING AID BINAURAL ITC/ITC	PA only if >\$2000 charge
V5215	HEARING AID CONTRALATERAL ROUTING	PA only if >\$2000 charge
V5221	HEARING AID BINAURAL BTE/BTE	PA only if >\$2000 charge
V5230	HEARING AID CONTRALATERAL ROUTING	PA only if >\$2000 charge
V5242	HEARING AID ANALOG MONAURAL CIC (CO	PA only if >\$2000 charge
V5243	HEARING AID ANALOG MONAURAL ITC (IN	PA only if >\$2000 charge
V5244	HEARING AID DIGITALLY PROGRAMMABLE	PA only if >\$2000 charge
V5245	HEARING AID DIGITALLY PROGRAMMABLE	PA only if >\$2000 charge
V5246	HEARING AID DIGITALLY PROGRAMMABLE	PA only if >\$2000 charge
V5247	HEARING AID, PROG, MON, BTE	PA only if >\$2000 charge
V5248	HEARING AID ANALOG BINAURAL CIC	PA only if >\$2000 charge
V5249	HEARING AID, BINAURAL, ITC	PA only if >\$2000 charge
V5250	HEARING AID, PROG, BIN, CIC	PA only if >\$2000 charge
V5251	HEARING AID, PROG, BIN, ITC	PA only if >\$2000 charge
V5252	HEARING AID, PROG, BIN, ITE	PA only if >\$2000 charge
V5253	HEARING AID, PROG, BIN, BTE	PA only if >\$2000 charge
V5254	HEARING ID, DIGIT, MON, CIC	PA only if >\$2000 charge
V5255	HEARING AID, DIGIT, MON, ITC	PA only if >\$2000 charge
V5256	HEARING AID, DIGIT, MON, ITE	PA only if >\$2000 charge
V5257	HEARING AID, DIGIT, MON, BTE	PA only if >\$2000 charge
V5258	HEARING AID, DIGIT, BIN, CIC	PA only if >\$2000 charge
V5259	HEARING AID, DIGIT, BIN, ITC	PA only if >\$2000 charge
V5260	HEARING AID, DIGIT, BIN, ITE	PA only if >\$2000 charge
V5261	HEARING AID, DIGIT, BIN, BTE	PA only if >\$2000 charge
V5262	HEARING AID, DISP, MONAURAL	PA only if >\$2000 charge
V5263	HEARING AID, DISP, BINAURAL	PA only if >\$2000 charge
V5298	HEARING AID NOC	PA only if >\$2000 charge