



**BlueCross BlueShield**  
of New Mexico

**Medicare Advantage Benefit Preauthorization Procedure**  
**Code List Effective 7/1/2026**  
**(Updated May 2026)**

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

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

<b>CPT® and HCPCS codes that require authorization</b>	<b>Description of procedure Code</b>	<b>Effective Date</b>
15778	SKIN SUB GRAFT TRNK/ARM/LEG	1/1/2026
15820	REVISION OF LOWER EYELID	effective since before 9/1/2019
15821	REVISION OF LOWER EYELID	effective since before 9/1/2019
15822	REVISION OF UPPER EYELID	effective since before 9/1/2019
15823	REVISION OF UPPER EYELID	effective since before 9/1/2019
15830	EXC SKIN ABD	effective since before 9/1/2019
15832	EXCISE EXCESSIVE SKIN THIGH	effective since before 9/1/2019
15835	EXCISE EXCESSIVE SKIN BUTTCK	effective since before 9/1/2019
15836	EXCISE EXCESSIVE SKIN ARM	effective since before 9/1/2019
15837	EXCISE EXCESS SKIN ARM/HAND	effective since before 9/1/2019
15839	EXCISE EXCESS SKIN & TISSUE	effective since before 9/1/2019
15876	SUCTION LIPECTOMY HEAD&NECK	effective since before 9/1/2019
15877	SUCTION LIPECTOMY TRUNK	effective since before 9/1/2019
15878	SUCTION LIPECTOMY UPR EXTREM	effective since before 9/1/2019
15879	SUCTION LIPECTOMY LWR EXTREM	effective since before 9/1/2019
17999	Unlisted procedure, integumentary system	1/1/2026
19316	SUSPENSION OF BREAST	effective since before 9/1/2019
19318	REDUCTION OF LARGE BREAST	effective since before 9/1/2019
19325	ENLARGE BREAST WITH IMPLANT	effective since before 9/1/2019
19328	REMOVAL OF BREAST IMPLANT	effective since before 9/1/2019
19342	DELAYED BREAST PROSTHESIS	effective since before 9/1/2019
19350	BREAST RECONSTRUCTION	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
19355	CORRECT INVERTED NIPPLE(S)	effective since before 9/1/2019
19499	Unlisted procedure breast	1/1/2026
20999	Unlisted procedure musculoskeletal system general	1/1/2026
21083	PREPARE FACE/ORAL PROSTHESIS	effective since before 9/1/2019
21085	PREPARE FACE/ORAL PROSTHESIS	effective since before 9/1/2019
21089	Unlisted maxillofacial prosthetic procedure	1/1/2026
21208	AUGMENTATION OF FACIAL BONES	effective since before 9/1/2019
21210	FACE BONE GRAFT	effective since before 9/1/2019
21215	LOWER JAW BONE GRAFT	effective since before 9/1/2019
21230	RIB CARTILAGE GRAFT	effective since before 9/1/2019
21248	RECONSTRUCTION OF MANDIBLE	1/1/2026
21249	RECONSTRUCTION OF MANDIBLE	1/1/2026
21299	UNLISTED CRANIO/MAXILLO FACIAL	1/1/2026
21685	Repair, Revision, and/or Reconstruction Procedures on the Neck (Soft Tissues) and Thorax	effective since before 9/1/2019
22586	SPINE FUSION	1/1/2026
22612	LUMBAR SPINE FUSION	effective since before 9/1/2019, Insourced from Evicore 1/1/26
22800	POST FUSION </6 VERT SEG	effective since before 9/1/2019
22802	POST FUSION 7-12 VERT SEG	effective since before 9/1/2019
22804	POST FUSION 13/> VERT SEG	effective since before 9/1/2019
22808	ANT FUSION 2-3 VERT SEG	effective since before 9/1/2019
22810	ANT FUSION 4-7 VERT SEG	effective since before 9/1/2019
22812	ANT FUSION 8/> VERT SEG	effective since before 9/1/2019
22856	ANT Total disc arthroplasty	4/1/2026
22864	REMOVE CERV ARTIF DISC	effective since before 9/1/2019
22865	REMOVE LUMB ARTIF DISC	effective since before 9/1/2019
22899	Unlisted procedure, spine	4/1/2026
23410	REPAIR ROTATOR CUFF ACUTE	effective since before 9/1/2019, Insourced from Evicore 1/1/26
23412	REPAIR ROTATOR CUFF CHRONIC	effective since before 9/1/2019, Insourced from Evicore 1/1/26
23472	RECONSTRUCT SHOULDER JOINT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
23473	REVIS RECONST SHOULDER JOINT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
23474	REVIS RECONST SHOULDER JOINT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27130	TOTAL HIP ARTHROPLASTY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27132	TOTAL HIP ARTHROPLASTY	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
27278	ARTHRODESIS SACROILIAC JOINT	1/1/24, insourced from Evicore 1/1/26
27279	ARTHRODESIS SACROILIAC JOINT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27299	Unlisted procedure, pelvis or hip joint	4/1/2026
27438	REVISE KNEECAP WITH IMPLANT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27440	REVISION OF KNEE JOINT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27441	REVISION OF KNEE JOINT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27442	REVISION OF KNEE JOINT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27443	REVISION OF KNEE JOINT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27445	REVISION OF KNEE JOINT	effective since before 9/1/2019
27446	REVISION OF KNEE JOINT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27447	TOTAL KNEE ARTHROPLASTY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
27557	TREAT KNEE DISLOCATION	effective since before 9/1/2019
27558	TREAT KNEE DISLOCATION	effective since before 9/1/2019
27599	Unlisted procedure, femur or knee	4/1/2026
27899	Unlisted procedure, leg or ankle	4/1/2026
28292	Hallux Valgus correction	1/1/2026
28295	Hallux Valgus correction	1/1/2026
28296	Hallux Valgus correction	1/1/2026
28297	Hallux Valgus correction	1/1/2026
28298	Hallux Valgus correction	1/1/2026
28299	Hallux Valgus correction	1/1/2026
28446	PT TALK EVAL HLTHWKR RE MDD	effective since before 9/1/2019
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	1/1/2026
28890	HI ENRGY ESWT PLANTAR FASCIA	effective since before 9/1/2019
28899	UNLISTED PROCEDURE FOOT OR TOES	1/1/2026
29805	SHOULDER ARTHROSCOPY DX	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29806	SHOULDER ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29807	SHOULDER ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29819	SHOULDER ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29820	SHOULDER ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29821	SHOULDER ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29822	SHOULDER ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29823	SHOULDER ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29824	SHOULDER ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
29825	SHOULDER ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29826	SHOULDER ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29827	ARTHROSCOP ROTATOR CUFF REPR	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29828	ARTHROSCOPY BICEPS TENODESIS	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29870	KNEE ARTHROSCOPY DX	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29871	KNEE ARTHROSCOPY/DRAINAGE	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29873	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29874	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29875	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29876	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29877	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29879	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29880	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29881	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29882	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29883	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29884	KNEE ARTHROSCOPY/SURGERY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
29999	Unlisted procedure, arthroscopy	4/1/2026
30400	RECONSTRUCTION OF NOSE	effective since before 9/1/2019
30410	RECONSTRUCTION OF NOSE	effective since before 9/1/2019
30420	RECONSTRUCTION OF NOSE	effective since before 9/1/2019
30450	REVISION OF NOSE	effective since before 9/1/2019
30469	REPAIR OF NOSE	1/1/2026
30999	UNLISTED PROCEDURE NOSE	1/1/2026
31225	MAXILLECTOMY	1/1/2026
31295	Nasal/sinus endoscopy	1/1/2026
31296	Nasal/sinus endoscopy	1/1/2026
31297	Nasal/sinus endoscopy	1/1/2026
31298	Nasal/sinus endoscopy	1/1/2026
31299	Unlisted sinus procedure	1/1/2026
31370	Excision of Larynx	1/1/2026
31599	Unlisted Larynx procedure	1/1/2026
31781	Excision of Trachea	1/1/2026
32850	DONOR PNEUMONECTOMY	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
32851	LUNG TRANSPLANT SINGLE	effective since before 9/1/2019
32852	LUNG TRANSPLANT WITH BYPASS	effective since before 9/1/2019
32853	LUNG TRANSPLANT DOUBLE	effective since before 9/1/2019
32854	LUNG TRANSPLANT WITH BYPASS	effective since before 9/1/2019
33269	Endoscopic Electrophysiologic Procedure	1/1/2026
33289	implantation of a wireless pulmonary artery pressure sensor	1/1/2026
33340	Surgical Procedure on the Heart	1/1/2026
33363	Surgical Procedure on the Heart	1/1/2026
33364	Surgical Procedure on the Heart	1/1/2026
33365	Surgical Procedure on the Heart	1/1/2026
33366	Surgical Procedure on the Heart	1/1/2026
33405	REPLACEMENT AORTIC VALVE OPN	effective since before 9/1/2019
33406	REPLACEMENT AORTIC VALVE OPN	effective since before 9/1/2019
33411	REPLACEMENT OF AORTIC VALVE	effective since before 9/1/2019
33412	REPLACEMENT OF AORTIC VALVE	effective since before 9/1/2019
33413	REPLACEMENT OF AORTIC VALVE	effective since before 9/1/2019
33418	mitral valve repair	1/1/2026
33420	REVISION OF MITRAL VALVE	effective since before 9/1/2019
33422	REPLACEMENT OF AORTIC VALVE	effective since before 9/1/2019
33427	REPAIR OF MITRAL VALVE	effective since before 9/1/2019
33430	REPLACEMENT OF MITRAL VALVE	effective since before 9/1/2019
33460	REVISION OF TRICUSPID VALVE	effective since before 9/1/2019
33463	VALVULOPLASTY TRICUSPID	effective since before 9/1/2019
33474	REVISION OF PULMONARY VALVE	effective since before 9/1/2019
33475	REPLACEMENT PULMONARY VALVE	effective since before 9/1/2019
33477	IMPLANT TCAT PULM VLV PERQ	effective since before 9/1/2019
33935	TRANSPLANTATION HEART/LUNG	effective since before 9/1/2019
33945	TRANSPLANTATION OF HEART	effective since before 9/1/2019
33999	Unlisted Cardiac surgery	1/1/2026
37236	Stent placement	1/1/2026
37238	Stent placement	1/1/2026
37241	VASC EMBOLIZE/OCCLUDE VENOUS	effective since before 9/1/2019
37242	VASC EMBOLIZE/OCCLUDE VENOUS	1/1/2026
37244	VASC EMBOLIZE/OCCLUDE VENOUS	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
37248	Balloon insertion	1/1/2026
37254	Short description not available at time of posting	replacement code 4/1/2026
37255	Short description not available at time of posting	replacement code 4/1/2026
37256	Short description not available at time of posting	replacement code 4/1/2026
37257	Short description not available at time of posting	replacement code 4/1/2026
37258	Short description not available at time of posting	replacement code 4/1/2026
37259	Short description not available at time of posting	replacement code 4/1/2026
37260	Short description not available at time of posting	replacement code 4/1/2026
37261	Short description not available at time of posting	replacement code 4/1/2026
37262	Short description not available at time of posting	replacement code 4/1/2026
37263	Short description not available at time of posting	replacement code 4/1/2026
37264	Short description not available at time of posting	replacement code 4/1/2026
37265	Short description not available at time of posting	replacement code 4/1/2026
37266	Short description not available at time of posting	replacement code 4/1/2026
37267	Short description not available at time of posting	replacement code 4/1/2026
37268	Short description not available at time of posting	replacement code 4/1/2026
37269	Short description not available at time of posting	replacement code 4/1/2026
37270	Short description not available at time of posting	replacement code 4/1/2026
37271	Short description not available at time of posting	replacement code 4/1/2026
37272	Short description not available at time of posting	replacement code 4/1/2026
37273	Short description not available at time of posting	replacement code 4/1/2026
37274	Short description not available at time of posting	replacement code 4/1/2026
37275	Short description not available at time of posting	replacement code 4/1/2026
37276	Short description not available at time of posting	replacement code 4/1/2026
37277	Short description not available at time of posting	replacement code 4/1/2026
37278	Short description not available at time of posting	replacement code 4/1/2026
37279	Short description not available at time of posting	replacement code 4/1/2026
37280	Short description not available at time of posting	replacement code 4/1/2026
37281	Short description not available at time of posting	replacement code 4/1/2026
37282	Short description not available at time of posting	replacement code 4/1/2026
37283	Short description not available at time of posting	replacement code 4/1/2026
37284	Short description not available at time of posting	replacement code 4/1/2026
37285	Short description not available at time of posting	replacement code 4/1/2026
37286	Short description not available at time of posting	replacement code 4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
37287	Short description not available at time of posting	replacement code 4/1/2026
37288	Short description not available at time of posting	replacement code 4/1/2026
37289	Short description not available at time of posting	replacement code 4/1/2026
37290	Short description not available at time of posting	replacement code 4/1/2026
37291	Short description not available at time of posting	replacement code 4/1/2026
37292	Short description not available at time of posting	replacement code 4/1/2026
37293	Short description not available at time of posting	replacement code 4/1/2026
37294	Short description not available at time of posting	replacement code 4/1/2026
37295	Short description not available at time of posting	replacement code 4/1/2026
37296	Short description not available at time of posting	replacement code 4/1/2026
37297	Short description not available at time of posting	replacement code 4/1/2026
37298	Short description not available at time of posting	replacement code 4/1/2026
37299	Short description not available at time of posting	replacement code 4/1/2026
37700	REVISE LEG VEIN	effective since before 9/1/2019
37718	LIGATE/STRIP SHORT LEG VEIN	effective since before 9/1/2019
37722	LIGATE/STRIP LONG LEG VEIN	effective since before 9/1/2019
37735	REMOVAL OF LEG VEINS/LESION	effective since before 9/1/2019
37760	LIGATE LEG VEINS RADICAL	effective since before 9/1/2019
37761	LIGATE LEG VEINS OPEN	effective since before 9/1/2019
37780	REVISION OF LEG VEIN	effective since before 9/1/2019
37785	LIGATE/DIVIDE/EXCISE VEIN	effective since before 9/1/2019
38129	unlisted procedure for laparoscopic surgery on the spleen	1/1/2026
38225	Harvesting blood-derived T lymphocytes	1/1/2026
38226	Preparation of blood-derived T lymphocytes	1/1/2026
38227	receipt and preparation of CAR-T cells for administration	1/1/2026
38228	CAR-T cell administration, autologous	1/1/2026
38240	TRANSPLT ALLO HCT/DONOR	effective since before 9/1/2019
38241	TRANSPLT AUTOL HCT/DONOR	effective since before 9/1/2019
38589	Laparoscopic lymphatic system	1/1/2026
38999	Unlisted Hemic or lymphatic system	1/1/2026
39499	Unlisted procedures in the mediastinum	1/1/2026
39599	Unlisted procedures on the diaphragm	1/1/2026
41512	Procedure on tongue	1/1/2026
41530	Procedure on tongue	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
41874	Alveoloplasty	1/1/2026
41899	unlisted procedure code for dental procedures related to dentoalveolar structures	1/1/2026
42145	Surgical repair palate, pharynx, uvula	1/1/2026
43289	laparoscopic approach to the esophagus	1/1/2026
43497	Endoscopic myotomy	1/1/2026
43633	REMOVAL OF STOMACH PARTIAL	effective since before 9/1/2019
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	effective since before 9/1/2019
43645	LAP GASTR BYPASS INCL SMLL I	effective since before 9/1/2019
43659	laparoscopic procedure involving the stomach	1/1/2026
43770	LAP PLACE GASTR ADJ DEVICE	effective since before 9/1/2019
43771	LAP REVISE GASTR ADJ DEVICE	effective since before 9/1/2019
43772	LAP RMVL GASTR ADJ DEVICE	effective since before 9/1/2019
43773	LAP REPLACE GASTR ADJ DEVICE	effective since before 9/1/2019
43775	LAP SLEEVE GASTRECTOMY	effective since before 9/1/2019
43800	RECONSTRUCTION OF PYLORUS	effective since before 9/1/2019
43843	GASTROPLASTY W/O V-BAND	effective since before 9/1/2019
43845	GASTROPLASTY DUODENAL SWITCH	effective since before 9/1/2019
43846	GASTRIC BYPASS FOR OBESITY	effective since before 9/1/2019
43847	GASTRIC BYPASS INCL SMALL I	effective since before 9/1/2019
43848	REVISION GASTROPLASTY	effective since before 9/1/2019
43886	REVISE GASTRIC PORT OPEN	effective since before 9/1/2019
43888	CHANGE GASTRIC PORT OPEN	effective since before 9/1/2019
43999	STOMACH SURGERY PROCEDURE	effective since before 9/1/2019
44135	INTESTINE TRANSPLNT CADAVER	effective since before 9/1/2019
44136	INTESTINE TRANSPLANT LIVE	effective since before 9/1/2019
44238	Unlisted laparoscopic procedures on the intestine	1/1/2026
44899	unlisted procedure related to Meckel's diverticulum	1/1/2026
44979	Laparoscopic Procedures on the Appendix	1/1/2026
46999	Unlisted procedure for the anus	1/1/2026
47122	EXTENSIVE REMOVAL OF LIVER	effective since before 9/1/2019
47125	PARTIAL REMOVAL OF LIVER	effective since before 9/1/2019
47130	PARTIAL REMOVAL OF LIVER	effective since before 9/1/2019
47133	REMOVAL OF DONOR LIVER	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
47135	TRANSPLANTATION OF LIVER	effective since before 9/1/2019
47140	PARTIAL REMOVAL DONOR LIVER	effective since before 9/1/2019
47141	PARTIAL REMOVAL DONOR LIVER	effective since before 9/1/2019
47142	PARTIAL REMOVAL DONOR LIVER	effective since before 9/1/2019
47379	Unlisted laparoscopic procedure performed on the liver	1/1/2026
47579	unlisted laparoscopic procedure for biliary tract	1/1/2026
48554	TRANSPL ALLOGRAFT PANCREAS	effective since before 9/1/2019
48556	REMOVAL ALLOGRAFT PANCREAS	effective since before 9/1/2019
49329	unlisted laparoscopic procedure performed on the abdomen, peritoneum, and omentum	1/1/2026
49659	Unlisted laparoscopic procedure related to hernia repair	1/1/2026
50300	REMOVE CADAVER DONOR KIDNEY	effective since before 9/1/2019
50320	REMOVE KIDNEY LIVING DONOR	effective since before 9/1/2019
50340	REMOVAL OF KIDNEY	effective since before 9/1/2019
50360	Renal allotransplantation	4/1/2026
50365	TRANSPLANTATION OF KIDNEY	effective since before 9/1/2019
50370	REMOVE TRANSPLANTED KIDNEY	effective since before 9/1/2019
50547	MYOCARDIAL IMAGING MCG I&R	effective since before 9/1/2019
50949	Laparoscopic Procedures on the Ureter	1/1/2026
53430	RECONSTRUCTION OF URETHRA	effective since before 9/1/2019
53860	TRANSURETHRAL RF TREATMENT	effective since before 9/1/2019
53899	Unlisted procedure on the urinary system	1/1/2026
54125	REMOVAL OF PENIS	effective since before 9/1/2019
54699	unlisted laparoscopy procedure for the testis	1/1/2026
55881	Transurethral ultrasound ablation	1/1/2026
55882	Transurethral ultrasound ablation	1/1/2026
55899	Unlisted procedure in the male genital system	1/1/2026
55970	SEX TRANSFORMATION M TO F	effective since before 9/1/2019
55980	SEX TRANSFORMATION F TO M	effective since before 9/1/2019
57111	REMOVE VAGINA TISSUE COMPL	effective since before 9/1/2019
57296	REVISE VAG GRAFT OPEN ABD	effective since before 9/1/2019
58180	PARTIAL HYSTERECTOMY	effective since before 9/1/2019
58285	EXTENSIVE HYSTERECTOMY	effective since before 9/1/2019
58578	Unlisted laparoscopic procedures on the uterus	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
58760	FIMBRIOPLASTY	effective since before 9/1/2019
59850	ABORTION	effective since before 9/1/2019
59851	ABORTION	effective since before 9/1/2019
59852	ABORTION	effective since before 9/1/2019
59855	ABORTION	effective since before 9/1/2019
59856	ABORTION	effective since before 9/1/2019
59857	ABORTION	effective since before 9/1/2019
60505	Parathyroidectomy	1/1/2026
60699	Unlisted procedure within the endocrine system	1/1/2026
61885	Insertion or replacement cranial neurostimulator	1/1/2026
61886	Insertion or replacement cranial neurostimulator	1/1/2026
62320	NJX INTERLAMINAR CRV/THRC	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62321	NJX INTERLAMINAR CRV/THRC	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62322	NJX INTERLAMINAR LMBR/SAC	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62323	NJX INTERLAMINAR LMBR/SAC	effective since before 9/1/2019, Insourced from Evicore 1/1/26
22207	Osteotomy Procedures on the Spine	1/1/2026
22214	Osteotomy Procedures on the Lumbar Spine	1/1/2026
62326	NJX INTERLAMINAR LMBR/SAC	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62327	NJX INTERLAMINAR LMBR/SAC	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62360	INSERT SPINE INFUSION DEVICE	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62361	IMPLANT SPINE INFUSION PUMP	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62362	IMPLANT SPINE INFUSION PUMP	effective since before 9/1/2019, Insourced from Evicore 1/1/26
63650	IMPLANT NEUROELECTRODES	11/1/2019, Insourced from Evicore 1/1/26
63685	INSRT/REDO SPINE N GENERATOR	11/1/2019, Insourced from Evicore 1/1/26
64451	NJX AA&/STRD NRV NRV TG SI JT	9/1/2020, Insourced from Evicore 1/1/26
64479	INJ FORAMEN EPIDURAL C/T	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64483	INJ FORAMEN EPIDURAL L/S	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64484	INJ FORAMEN EPIDURAL ADD-ON	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64490	INJ PARAVERT F JNT C/T 1 LEV	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64491	INJ PARAVERT F JNT C/T 2 LEV	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64492	INJ PARAVERT F JNT C/T 3 LEV	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64493	INJ PARAVERT F JNT L/S 1 LEV	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64494	INJ PARAVERT F JNT L/S 2 LEV	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64495	INJ PARAVERT F JNT L/S 3 LEV	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
64510	N BLOCK STELLATE GANGLION	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64520	N BLOCK LUMBAR/THORACIC	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64555	IMPLANT NEUROELECTRODES	effective since before 9/1/2019
64561	IMPLANT NEUROELECTRODES	effective since before 9/1/2019
64568	IMPLANT NEUROELECTRODES	1/1/2026
64575	IMPLANT NEUROELECTRODES	1/1/2026
64582	IMPLANT NEUROELECTRODES	1/1/2026
64590	IMPLANT NEUROELECTRODES	1/1/2026
64624	Genicular Nerve ablation	1/1/2026
64625	RF ABLTJ NRV NRV TG SI JT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64628	Thermal Destruction BVN	1/1/2026
64633	DESTROY CERV/THOR FACET JNT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64634	DESTROY C/TH FACET JNT ADDL	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64635	DESTROY LUMB/SAC FACET JNT	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64636	DESTROY L/S FACET JNT ADDL	effective since before 9/1/2019, Insourced from Evicore 1/1/26
64999	Unlisted procedure, nervous system	4/1/2026
65710	CORNEAL TRANSPLANT	effective since before 9/1/2019
65730	CORNEAL TRANSPLANT	effective since before 9/1/2019
65750	CORNEAL TRANSPLANT	effective since before 9/1/2019
65755	CORNEAL TRANSPLANT	effective since before 9/1/2019
66183	Insertion, drainage device	1/1/2026
66999	Unspecified, anterior eye procedures	1/1/2026
67900	REPAIR BROW DEFECT	effective since before 9/1/2019
67901	REPAIR EYELID DEFECT	effective since before 9/1/2019
67902	REPAIR EYELID DEFECT	effective since before 9/1/2019
67903	REPAIR EYELID DEFECT	effective since before 9/1/2019
67904	REPAIR EYELID DEFECT	effective since before 9/1/2019
67906	REPAIR EYELID DEFECT	effective since before 9/1/2019
67908	REPAIR EYELID DEFECT	effective since before 9/1/2019
67909	REVISE EYELID DEFECT	effective since before 9/1/2019
67911	REVISE EYELID DEFECT	effective since before 9/1/2019
67999	Unlisted procedures related to the eyelids	1/1/2026
69714	IMPLANT TEMPLE BONE W/STIMUL	effective since before 9/1/2019
69717	TEMPLE BONE IMPLANT REVISION	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
69930	IMPLANT COCHLEAR DEVICE	effective since before 9/1/2019
76497	CT PROCEDURE	effective since before 9/1/2019, Insourced from Evicore 1/1/26
76498	MRI PROCEDURE	effective since before 9/1/2019, Insourced from Evicore 1/1/26
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	4/1/2026
77499	Unlisted procedure, therapeutic radiology treatment management	4/1/2026
77520	PROTON TRMT SIMPLE W/O COMP	10/1/2025
77522	PROTON TRMT SIMPLE W/COMP	10/1/2025
77523	PROTON TRMT INTERMEDIATE	10/1/2025
77525	PROTON TREATMENT COMPLEX	10/1/2025
77799	Unlisted Clinical Brachytherapy	1/1/2026
22513	PERQ VERTEBRAL AUGMENTATION	effective since before 9/1/2019, Insourced from Evicore 1/1/26
22514	PERQ VERTEBRAL AUGMENTATION	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62324	NJX INTERLAMINAR CRV/THRC	effective since before 9/1/2019, Insourced from Evicore 1/1/26
62325	NJX INTERLAMINAR CRV/THRC	effective since before 9/1/2019, Insourced from Evicore 1/1/26
78608	BRAIN IMAGING (PET)	effective since before 9/1/2019, Insourced from Evicore 1/1/26
78813	PET IMAGE FULL BODY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
78814	PET IMAGE W/CT LMTD	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81120	IDH1	1/1/2026
81121	IDH2	1/1/2026
81161	DMD	1/1/2026
81162	BRCA1&2 GEN FULL SEQ DUP/DEL	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81170	ABL1	1/1/2026
81176	ASXL1	1/1/2026
81177	ATN1	1/1/2026
81178	ATXN1	1/1/2026
81179	ATXN2	1/1/2026
81180	ATXN3	1/1/2026
81183	ATXN10	1/1/2026
81184	CACNA1A	1/1/2026
81191	NTRK1	1/1/2026
81206	BCR/ABL1	1/1/2026
81207	BCR/ABL1	1/1/2026
81208	BCR/ABL1	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
81210	BRAF	1/1/2026
81218	CEBPA	1/1/2026
81219	CALR	1/1/2026
81420	Fetal Aneuploidy	1/1/2026
81432	HRDTRY BRST CA-RLATD DSORDRS	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81435	HEREDITARY COLON CA DSORDRS	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81450	TARGETED GENOMIC SEQ ANALYS	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81451	Tgsap hl neo 5-50 rna alys	4/1/2023, Insourced from Evicore 1/1/26
81455	TARGETED GENOMIC SEQ ANALYS	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81456	Tgsap so/hl 51/< rna alys	4/1/2023, Insourced from Evicore 1/1/26
81457	GENOMIC SEQ ANALYS	1/1/2026
81458	GENOMIC SEQ ANALYS	1/1/2026
81459	GENOMIC SEQ ANALYS	1/1/2026
81462	GENOMIC SEQ ANALYS	1/1/2026
81463	GENOMIC SEQ ANALYS	1/1/2026
81464	Liquid Biopsy	1/1/2026
81479	UNLISTED MOLECULAR PATHOLOGY	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81518	ONCOLOGY BREAST MRNA	1/1/2020, Insourced from Evicore 1/1/26
81521	ONC BREAST MRNA 70 GENES	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81539	ONCOLOGY PROSTATE PROB SCORE	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81551	ONC PROSTATE 3 GENES	effective since before 9/1/2019, Insourced from Evicore 1/1/26
81558	Short description not available at time of posting	4/1/2025, Insourced from Evicore 1/1/26
81599	UNLISTED MAAA	effective since before 9/1/2019, Insourced from Evicore 1/1/26
86849	Unlisted immunology procedure	1/1/2026
87467	Hepatitis B surface antigen	1/1/2026
91110	Capsule Endoscopy	1/1/2026
91111	ESOPHAGEAL CAPSULE ENDOSCOPY	effective since before 9/1/2019
91112	GI WIRELESS CAPSULE MEASURE	effective since before 9/1/2019
93619	Electrophysiology Evaluation	1/1/2026
93799	Unlisted Cardiovascular procedures	1/1/2026
95999	Unlisted Neuro procedure	1/1/2026
0008U	Hpylori detcj abx rstnc dna	1/1/2026
0010U	Nfct ds strn typ whl gen seq	1/1/2026
0037U	TRGT GEN SEQ DNA 324 GENES	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0068U	Candida species pnt amp prb	1/1/2026
0080U	Onc lng 5 clin rsk factr alg	1/1/2026
0087U	CRD HRT TRNSPL MRNA 1283 GEN	1/1/2020, Insourced from Evicore 1/1/26
0088U	TRNSPLJ KDN ALGRFT REJ 1494	1/1/2020, Insourced from Evicore 1/1/27
0108U	Gi barrett esoph 9 prtn bmrk	1/1/2026
0152U	Nfct bct fng prst dna >1000	1/1/2026
0211U	ONC PAN-TUM DNA&RNA GNRJ SEQ	1/1/2021, Insourced from Evicore 1/1/26
0295U	ONC IHC DCIS 7	1/1/2026
0315U	Onc cutan sq cll ca mrna 40	4/1/2022, Insourced from Evicore 1/1/26
0326U	TRGT GEN SEQ ALYS PNL 83+	7/1/2022, Insourced from Evicore 1/1/26
0338U	CTC-HER2	1/1/2026
0340U	Onc pan ca alys mrd plasma	4/1/2023, Insourced from Evicore 1/1/26
0344U	OWLiver	1/1/2026
0358U	ONC Amyloid	1/1/2026
0359U	ONC PSA	1/1/2026
0364U	Onc hl neo gen seq alys alg	4/1/2023, Insourced from Evicore 1/1/26
0463U	Onc crvx mrna genxprsn 14bmk	1/1/2026
0471U	CRCdx® RAS Mutation Detection Kit	1/1/2026
0473U	ONC SLD TUM BLD/SLV 648 GENE	10/1/2024, Insourced from Evicore on 1/1/26
0490U	CMC	1/1/2026
0491U	CTC-ER	1/1/2026
0492U	CTC-PD-L1	1/1/2026
0493U	TRNSPL MED QUAN DD-CFDNA NGS	1/1/2025, Insourced from Evicore 1/1/26
0500U	UBA 1	1/1/2026
0503U	AD2	1/1/2026
0511U	PARIS	1/1/2026
0556U	NFCT DS P-S DNA&RNA 12 TRGTS	1/1/2026
0557U	NFCT DS BV DNA MRK VAG FLUID	1/1/2026
0563U	NFCT DS PTHGN®SNA 11VIR&4B	1/1/2026
0564U	NFCT DS PTHGN®SNA 10VIR&4BC	1/1/2026
0568U	NEUROL DEMENTIA BAMYL PTAU	1/1/2026
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	effective since before 9/1/2019
A0431	Rotary wing air transport	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	effective since before 9/1/2019
A0999	Unlisted ambulance service	1/1/2026
A2001	Innovamatrix ac per square centimeter	1/1/2026
A2002	Mirragen advanced wound matrix per square centimeter	1/1/2026
A2005	Microlyte matrix per square centimeter	1/1/2026
A2006	Novosorb synpath dermal matrix per square centimeter	1/1/2026
A2007	Restrata per square centimeter	1/1/2026
A2008	Theragenesis per square centimeter	1/1/2026
A2009	Symphony per square centimeter	1/1/2026
A2010	Apis per square centimeter	1/1/2026
A2011	Supra sdrm, per sq cm	1/1/2026
A2012	Suprathel, per sq cm	1/1/2026
A2013	Innovamatrix fs, per sq cm	1/1/2026
A2014	Omeza collagen matrix, per 100 mg	1/1/2026
A2015	Phoenix wound matrix per square centimeter	1/1/2026
A2016	Permeaderm b per square centimeter	1/1/2026
A2017	Permeaderm glove each	1/1/2026
A2018	Permeaderm c per square centimeter	1/1/2026
A2019	Kerecis omega3 marigen shield per square centimeter	1/1/2026
A2020	Ac5 advanced wound system (ac5)	1/1/2026
A2021	Neomatrix per sq cm	1/1/2026
A2022	Innovabr/innovamatx xl sqcm	1/1/2026
A2024	Resolve or xenopatch sq cm	1/1/2026
A2025	Miro3d per cubic cm	1/1/2026
A2027	Matriderm per sq cm	1/1/2026
A2028	Micromatrix flex per mg	1/1/2026
A2029	Mirotract matrix sheet	1/1/2026
A9543	Yttrium y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	4/1/2026
C1762	Connective tissue human (includes fascia lata)	1/1/2026
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	1/1/2027

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
C1826	Generator neurostimulator (implantable) includes closed feedback loop leads and all implantable components with rechargeable battery and charging system	1/1/2028
C1827	Generator neurostimulator (implantable) non-rechargeable with implantable stimulation lead and external paired stimulation controller	1/1/2029
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	effective since before 9/1/2019, Insourced from Evicore 1/1/26
C9257	Injection, bevacizumab, 0.25 mg	4/1/2026
C9363	Skin substitute Integra Meshed Bilayer Wound Matrix per square centimeter	1/1/2026
C9399	Unclassified drugs or biologicals, Non Oncology	effective since before 9/1/2019, Insourced from Evicore 1/1/26
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	10/1/2025
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	4/1/2026
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	4/1/2026
E0616	Implantable cardiac event recorder with memory, activator and programmer	1/1/2026
E0635	Patient lift, electric with seat or sling	effective since before 9/1/2019
E0650	Pneumatic compressor, non-segmental home model	effective since before 9/1/2019
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	effective since before 9/1/2019
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	effective since before 9/1/2019
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	4/1/2026
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	effective since before 9/1/2019
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	effective since before 9/1/2019
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	effective since before 9/1/2019
E0673	Segmental gradient pressure pneumatic appliance, half leg	effective since before 9/1/2019
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	effective since before 9/1/2019
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	effective since before 9/1/2019
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	effective since before 9/1/2019
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	effective since before 9/1/2019
E0732	Cranial electrotherapy stimulation (ces) system, any type	4/1/2026
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	4/1/2026
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	4/1/2026
E0735	Non-invasive vagus nerve stimulator	4/1/2026
E0736	Transcutaneous tibial nerve stimulator	4/1/2026
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories	4/1/2026
E0739	Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	4/1/2026
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	effective since before 9/1/2019
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	effective since before 9/1/2019, Insourced from Evicore 1/1/26
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	effective since before 9/1/2019
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	effective since before 9/1/2019
E0767	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	4/1/2026
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	effective since before 9/1/2019
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	effective since before 9/1/2019
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	effective since before 9/1/2019
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	effective since before 9/1/2019
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	effective since before 9/1/2019
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	effective since before 9/1/2019
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	effective since before 9/1/2019
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	effective since before 9/1/2019
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	effective since before 9/1/2019
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	effective since before 9/1/2019
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	effective since before 9/1/2019
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	effective since before 9/1/2019
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	effective since before 9/1/2019
E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number	effective since before 9/1/2019
E1239	Power wheelchair, pediatric size, not otherwise specified	effective since before 9/1/2019
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	4/1/2026
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	4/1/2026
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	effective since before 9/1/2019
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	effective since before 9/1/2019
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	effective since before 9/1/2019
E2599	Accessory for speech generating device, not otherwise classified	effective since before 9/1/2019
E2609	Custom fabricated wheelchair seat cushion, any size	effective since before 9/1/2019
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	effective since before 9/1/2019
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	effective since before 9/1/2019
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	effective since before 9/1/2019
E3200	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only	4/1/2026
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minute	effective since before 9/1/2019
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	effective since before 9/1/2019
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	effective since before 9/1/2019
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	effective since before 9/1/2019
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	effective since before 9/1/2019
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	effective since before 9/1/2019
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	effective since before 9/1/2019
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	effective since before 9/1/2019
G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)	effective since before 9/1/2019
G0277	Hyperbaric oxygen under pressure full body chamber per 30 minute interval	1/1/2026
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	effective since before 9/1/2019
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	effective since before 9/1/2019
G0379	Direct admission of patient for hospital observation care	1/1/2026
G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization or intensive outpatient setting, approximately 45 to 50 minutes	1/1/2026
G0411	Interactive group psychotherapy, in a partial hospitalization or intensive outpatient setting, approximately 45 to 50 minutes	1/1/2026
G0422	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION	effective since before 9/1/2019
G0423	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING; WITHOUT EXERCISE, PER SESSION	effective since before 9/1/2019
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation	1/1/2026
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation	1/1/2026
J0129	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	9/1/2020, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J0174	Leqembi (Injection, lecanemab-irmb, 1mg).	4/1/24
J0175	Injection, donanemab-azbt, 2 mg	4/1/2025, Insourced from Evicore 1/1/26
J0177	Injection, aflibercept hd, 1 mg	4/1/2024, Insourced from Evicore 1/1/26
J0178	Injection, aflibercept, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0179	Injection, brolocuzumab-dblb, 1 mg	9/1/2020, Insourced from Evicore 1/1/26
J0180	Injection, agalsidase beta, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0185	Injection, aprepitant, 1 mg	4/1/2026
J0202	Injection, alemtuzumab, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0222	Onpattro	10/1/2019, Insourced from Evicore 1/1/26
J0223	Givosiran	1/1/2021, Insourced from Evicore 1/1/26
J0224	Inj. lumasiran, 0.5 mg	7/1/2022, Insourced from Evicore 1/1/26
J0225	Injection, vutrisiran, 1 mg	11/1/2022, Insourced from Evicore 1/1/26
J0490	Injection, belimumab, 10 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0491	Injection, anifrolumab-fnia, 1 mg	4/1/2022, Insourced from Evicore 1/1/26
J0517	Fasenra	1/1/2020, Insourced from Evicore 1/1/26
J0584	Crysvita	1/1/2025
J0585	Injection, onabotulinumtoxin A, 1 unit	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0586	Injection, abobotulinumtoxin A, 5 units	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0587	Injection, rimabotulinumtoxin B, 100 units	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0588	Injection, incobotulinumtoxin A, 1 unit	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0589	Injection, daxibotulinumtoxin A-lanm	4/1/2024, Insourced from Evicore 1/1/26
J0640	Injection, leucovorin calcium, per 50 mg	4/1/2026
J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	4/1/2026
J0642	Injection, levoleucovorin (khapsory), 0.5 mg	4/1/2026
J0717	Injection certolizumab pegol 1 mg	1/1/2026
J0801	INJECTION DARBEPOETIN ALFA 1 MICROGRAM (NON-ESRD USE)	1/1/2026
J0881	Injection, darbepoetin alfa, 1 microgram (for non-esrd)	1/1/2025
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units	1/1/2025
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J0893	Injection, decitabine (sun pharma), not therapeutically equivalent to j0894, 1 mg	4/1/2026
J0894	Injection, decitabine, 1 mg	4/1/2026
J0896	Injection, luspatercept-aamt, 0.25 mg	1/1/2025

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J0897	Injection, denosumab, 1 mg	1/1/2025
J1072	Injection, testosterone cypionate (azmiro), 1 mg	1/1/2026
J1073	Testosterone pellet, implant, 75 mg	4/1/2026
J1299	Inj, eculizumab, 2 mg	10/1/2025, insourced from Evicore 1/1/26
J1303	Ultomiris	10/1/2019, Insourced from Evicore 1/1/26
J1306	Injection, inclisiran, 1 mg	10/1/2023, Insouced from Evicore 1/1/26
J1307	Injection crovalimab-akkz 10 mg	1/1/2026
J1323	Injection, elranatamab-bcmm, 1 mg	4/1/2026
J1326	Injection, zolbetuximab-clzb, 2 mg	4/1/2026
J1411	Hemmens	7/1/2024
J1412	Roctavian	7/1/2024
J1413	Elevidys	7/1/2024
J1434	Injection, fosaprepitant (focinvez), 1 mg	4/1/2026
J1437	Injection, ferric derisomaltose, 10 mg	1/1/2026
J1438	Injection etanercept 25 mg	1/1/2026
J1439	Injection, ferric carboxymaltose, 1 mg	1/1/2026
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	1/1/2025
J1447	Injection, tbo-filgrastim, 1 microgram	4/1/2026
J1449	Injection, eflapegrastim-xnst, 0.1 mg	4/1/2026
J1453	Injection, fosaprepitant, 1 mg	4/1/2026
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	4/1/2026
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1551	Inj cutaquig 100 mg	10/1/2023, Insourced from Evicore 1/1/26
J1552	Injection, immune globulin (alyglo), 500 mg	1/1/2026
J1554	Asceniv	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1555	Injection, immune globulin, 100 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1556	Injection, immune globulin (bivigam), 500 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1557	Injection, immune globulin, (gammappleX), intravenous, non- lyophilized (e.g., liquid), 500 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1558	Inj. xembify, 100 mg	10/1/2023, Insourced from Evicore 1/1/26
J1559	Injection, immune globulin (hizentra), 100 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J1562	Injection, immune globulin (Vivaglobin), 100 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	1/1/2026
J1595	Injection glatiramer acetate 20 mg	1/1/2026
J1599	Immune Globulin, not otherwise , specified, Panzyga	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1602	Injection, golimumab, 1 mg, for intravenous use	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1627	Injection, granisetron, extended-release, 0.1 mg	4/1/2026
J1628	Tremfya	7/1/2025, Insourced from Evicore 1/1/26
J1640	Injection, hemin, 1 mg	1/1/2026
J1745	Injection infliximab, 10 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J1748	Injection infliximab-dyyb (zymfentra) 10 mg	1/1/2026
J1823	Uplizna	10/1/2021, Insourced from Evicore 1/1/26
J1930	Injection, lanreotide, 1 mg	1/1/2025
J1932	Injection, lanreotide, (cipl), 1 mg	1/1/2025
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	1/1/2025
J1952	Leuprolide injectable, camcevi, 1 mg	4/1/2026
J1954	Injection, leuprolide acetate for depot suspension (cipl), 7.5 mg	4/1/2026
J2182	100 MG SOLR J2182 Injection, mepolizumab, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J2267	Omvo	10/1/2024, Insourced from Evicore on 1/1/26
J2323	Injection, natalizumab, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J2327	Inj risankizumab-rzaa 1 mg	10/1/2023, Insourced from Evicore 1/1/26
J2329	Injection, ublituximab-xiiy, 1mg	7/1/2023, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J2350	300 MG/10ML SOLN J2350 Injection, ocrelizumab, 1 mg. New code effective 1/1/18 previously coded J3590 Go live was 11/1/17	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J2351	Injection ocrelizumab 1 mg and hyaluronidase-ocsq	1/1/2026
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	1/1/2025
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	1/1/2025
J2356	Inj, nusinersen, 0.1mg	10/1/2023, Insourced from Evicore 1/1/26
J2357	Injection, omalizumab, 5 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J2468	Injection, palonosetron hydrochloride (posfrea), 25 micrograms	4/1/2026
J2469	Injection, palonosetron hcl, 25 mcg	4/1/2026
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	1/1/2025
J2508	Pegunigalsidase alfa-iwxj, 1 mg	1/1/2024, Insourced from Evicore 1/1/26
J2777	faricimab-svoa, 0.1 mg	4/1/24
J2778	Injection, ranibizumab, 0.1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J2779	Injection, ranibizumab via intravitreal implant (susvimo), 0.1 mg	7/1/2022, Insourced from Evicore 1/1/26
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	10/1/2023. Insourced from Evicore 1/1/26
J2786	100 MG/10ML SOLN J2786 Injection, reslizumab, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J2802	Injection, romiplostim, 1 microgram	4/1/2026
J2860	Injection, siltuximab, 10 mg	4/1/2026
J3032	Eptinezumab-jjmr (Vyepti)	1/1/2021, Insourced from Evicore 1/1/26
J3055	Injection, talquetamab-tgvs, 0.25 mg	4/1/2026
J3145	Injection, testosterone undecanoate, 1 mg	1/1/2026
J3245	llumya	1/1/2020, Insourced from Evicore 1/1/26
J3247	Cosentyx	10/1/2024, Insourced from Evicore on 1/1/26
J3262	Injection, tocilizumab, 1 mg	1/1/2025
J3263	Injection, toripalimab-tpzi, 1 mg	4/1/2026
J3299	Injection triamcinolone acetonide (xipere) 1 mg	1/1/2026
J3304	Zilretta	1/1/2020, Insourced from Evicore 1/1/26
J3315	Injection, triptorelin pamoate, 3.75 mg	4/1/2026
J3357	Stelara 45 MG/0.5ML SOLN J3357 Ustekinumab, for subcutaneous injection, 1 mg and Stelara 90 MG/ML SOSY J3357 Ustekinumab, for subcutaneous injection, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J3358	Stelara 130 MG/26ML SOLN J3358 Ustekinumab, for intravenous injection, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J3380	Injection, vedolizumab, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J3401	Vyjuvek	7/1/2024
J3490	Unclassified drugs, Non Oncology	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J3590	Unclassified biologics, Non Oncology, Piasky, Yimmugo, Steqeyma, Yesintek	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	effective since before 9/1/2019
J7190	Factor VIII (antihemophilic factor, human) per IU	effective since before 9/1/2019
J7191	Factor VIII (antihemophilic factor (porcine)), per IU	effective since before 9/1/2019
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	effective since before 9/1/2019
J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	effective since before 9/1/2019
J7194	Factor IX complex, per IU	effective since before 9/1/2019
J7195	Injection, factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	effective since before 9/1/2019
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	1/1/2026
J7313	Injection, fluocinolone acetonide, intravitreal implant (iluvien), 0.01 mg	1/1/2026
J7314	Injection, fluocinolone acetonide, intravitreal implant (yutiq), 0.01 mg	1/1/2026
J7318	Durolane	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	1/1/2020, Insourced from Evicore 1/1/26
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7322	24 MG/3ML SOSY J7322 Hyaluronan or derivative, for intra-articular injection, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	9/1/2020, Insourced from Evicore 1/1/26
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7328	Hyaluronan or derivative, for intra-articular injection, 0.1 mg	effective since before 9/1/2019, Insourced from Evicore 1/1/26
J7329	TriVisc	1/1/2020, Insourced from Evicore 1/1/26
J7331	Synjoynnt	10/1/2019, Insourced from Evicore 1/1/26
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	9/1/2020, Insourced from Evicore 1/1/26
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	1/1/2022, Insourced from Evicore 1/1/26
J7999	Compounded drug, not otherwise classified	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J8560	Etoposide; oral, 50 mg	4/1/2026
J8700	Temozolomide, oral, 5 mg	4/1/2026
J8999	Prescription drug, oral, chemotherapeutic, nos	4/1/2026
J9000	Injection, doxorubicin hydrochloride, 10 mg	4/1/2026
J9015	Injection, aldesleukin, per single use vial	4/1/2026
J9017	Injection, arsenic trioxide, 1 mg	4/1/2026
J9019	Injection, asparaginase (erwinaze), 1,000 iu	4/1/2026
J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	4/1/2026
J9022	atezolizumab, 10 mg	1/1/2025
J9023	Injection, avelumab, 10 mg	4/1/2026
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	4/1/2026
J9025	Injection, azacitidine, 1 mg	4/1/2026
J9027	Injection, clofarabine, 1 mg	4/1/2026
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	1/1/2026
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	4/1/2026
J9032	Injection, belinostat, 10 mg	4/1/2026
J9033	Injection, bendamustine hydrochloride, 1 mg	4/1/2026
J9034	Injection, bendamustine hcl (bendeka), 1 mg	4/1/2026
J9035	Injection, bevacizumab, 10 mg	4/1/2026
J9036	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg	4/1/2026
J9039	Injection, blinatumomab, 1 microgram	4/1/2026
J9040	Injection, bleomycin sulfate, 15 units	4/1/2026
J9041	Injection, bortezomib, 0.1 mg	4/1/2026
J9042	Injection, brentuximab vedotin, 1 mg	4/1/2026
J9043	Injection, cabazitaxel, 1 mg	4/1/2026
J9045	Injection, carboplatin, 50 mg	4/1/2026
J9046	Injection, bortezomib (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg	4/1/2026
J9047	Injection, carfilzomib, 1 mg	1/1/2025
J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J9049	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg	4/1/2026
J9050	Injection, carmustine, 100 mg	4/1/2026
J9052	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg	4/1/2026
J9054	Injection, bortezomib (boruzu), 0.1 mg	4/1/2026
J9055	Injection, cetuximab, 10 mg	1/1/2025
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	4/1/2026
J9057	Injection, copanlisib, 1 mg	4/1/2026
J9060	Injection, cisplatin, powder or solution, 10 mg	4/1/2026
J9061	Injection, amivantamab-vmjw, 2 mg	4/1/2026
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	4/1/2026
J9065	Injection, cladribine, per 1 mg	4/1/2026
J9071	Injection, cyclophosphamide (auromedics), 5 mg	4/1/2026
J9072	Injection, cyclophosphamide (avyxa), 5 mg	4/1/2026
J9098	Injection, cytarabine liposome, 10 mg	4/1/2026
J9100	Injection, cytarabine, 100 mg	4/1/2026
J9119	Injection, cemiplimab-rwlc, 1 mg	4/1/2026
J9120	Injection, dactinomycin, 0.5 mg	4/1/2026
J9130	Dacarbazine, 100 mg	4/1/2026
J9144	DARZALEX	1/1/2025
J9145	DARZALEX	1/1/2025
J9150	Injection, daunorubicin, 10 mg	4/1/2026
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	4/1/2026
J9155	Injection, degarelix, 1 mg	4/1/2026
J9161	Injection, denileukin diftitox-cxdl, 1 mcg	4/1/2026
J9171	Injection, docetaxel, 1 mg	4/1/2026
J9172	Injection, docetaxel (docivyx), 1 mg	4/1/2026
J9173	IMFINZI	1/1/2025
J9174	Injection, docetaxel (beizray), 1 mg	4/1/2026
J9176	Injection, elotuzumab, 1 mg	4/1/2026
J9177	PADCEV	1/1/2025
J9178	Injection, epirubicin hcl, 2 mg	4/1/2026
J9179	Injection, eribulin mesylate, 0.1 mg	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J9181	Injection, etoposide, 10 mg	4/1/2026
J9185	Injection, fludarabine phosphate, 50 mg	4/1/2026
J9190	Injection, fluorouracil, 500 mg	4/1/2026
J9196	Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to	4/1/2026
J9198	Injection, gemcitabine hydrochloride, (infugem), 100 mg	4/1/2026
J9200	Injection, floxuridine, 500 mg	4/1/2026
J9201	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg	4/1/2026
J9202	Goserelin acetate implant, per 3.6 mg	4/1/2026
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	4/1/2026
J9204	Injection, mogamulizumab-kpkc, 1 mg	4/1/2026
J9205	Injection, irinotecan liposome, 1 mg	4/1/2026
J9206	Injection, irinotecan, 20 mg	4/1/2026
J9207	Injection, ixabepilone, 1 mg	4/1/2026
J9208	Injection, ifosfamide, 1 gram	4/1/2026
J9209	Injection, mesna, 200 mg	4/1/2026
J9211	Injection, idarubicin hydrochloride, 5 mg	4/1/2026
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	4/1/2026
J9216	Actimmune	1/1/2025
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	4/1/2026
J9218	Leuprolide acetate, per 1 mg	4/1/2026
J9223	Injection, lurbinectedin, 0.1 mg	4/1/2026
J9225	Histrelin implant (vantas), 50 mg	4/1/2026
J9227	Injection, isatuximab-irfc, 10 mg	4/1/2026
J9228	YERVOY	1/1/2025
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	4/1/2026
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	4/1/2026
J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	4/1/2026
J9255	Injection, methotrexate (accord), not therapeutically equivalent to j9260, 50 mg	4/1/2026
J9260	Injection, methotrexate sodium, 50 mg	4/1/2026
J9261	Injection, nelarabine, 50 mg	4/1/2026
J9263	Injection, oxaliplatin, 0.5 mg	4/1/2026
J9264	ABRAXANE	1/1/2025
J9266	Injection, pegaspargase, per single dose vial	4/1/2026
J9267	Injection, paclitaxel, 1 mg	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J9268	Injection, pentostatin, 10 mg	4/1/2026
J9269	Injection, tagraxofusp-erzs, 10 micrograms	4/1/2026
J9271	KEYTRUDA	1/1/2025
J9272	Injection, dostarlimab-gxly, 10 mg	4/1/2026
J9273	Injection, tisotumab vedotin-tftv, 1 mg	4/1/2026
J9274	Injection, tebentafusp-tebn, 1 microgram	4/1/2026
J9275	Injection, cosibelimab-ipdl, 2 mg	4/1/2026
J9276	Injection, zanidatamab-hrii, 2 mg	4/1/2026
J9280	Injection, mitomycin, 5 mg	4/1/2026
J9281	Mitomycin pyelocalyceal instillation, 1 mg	4/1/2026
J9285	Injection, olaratumab, 10 mg	4/1/2026
J9286	Injection, glofitamab-gxbm, 2.5 mg	4/1/2026
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	4/1/2026
J9292	Injection, pemetrexed dipotassium, 10 mg	4/1/2026
J9293	Injection, mitoxantrone hydrochloride, per 5 mg	4/1/2026
J9294	Injection, pemetrexed (hospira), not therapeutically equivalent to j9305, 10 mg	4/1/2026
J9295	Injection, necitumumab, 1 mg	4/1/2026
J9296	Injection, pemetrexed (accord), not therapeutically equivalent to j9305, 10 mg	4/1/2026
J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	4/1/2026
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	4/1/2026
J9299	Injection, nivolumab, 1 mg	1/1/2025
J9301	Injection, obinutuzumab, 10 mg	4/1/2026
J9302	Injection, ofatumumab, 10 mg	4/1/2026
J9303	Injection, panitumumab, 10 mg	4/1/2026
J9304	Injection, pemetrexed (pemfexy), 10 mg	4/1/2026
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	4/1/2026
J9306	Injection, pertuzumab, 1 mg	1/1/2025
J9307	Injection, pralatrexate, 1 mg	4/1/2026
J9308	Injection, ramucirumab, 5 mg	4/1/2026
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	4/1/2026
J9311	Injection, rituximab 10 mg and hyaluronidase	4/1/2026
J9312	Injection, rituximab, 10 mg	1/1/2025
J9314	Injection, pemetrexed (teva), not therapeutically equivalent to j9305, 10 mg	4/1/2026
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	4/1/2026
J9318	Injection, romidepsin, non-lyophilized, 0.1 mg	4/1/2026
J9319	Injection, romidepsin, lyophilized, 0.1 mg	4/1/2026
J9320	Injection, streptozocin, 1 gram	4/1/2026
J9321	Injection, epcoritamab-bysp, 0.16 mg	4/1/2026
J9322	Injection, pemetrexed (bluepoint), not therapeutically equivalent to j9305, 10 mg	4/1/2026
J9323	Injection, pemetrexed ditromethamine, 10 mg	4/1/2026
J9324	Injection, pemetrexed (pemrydi rtu), 10 mg	4/1/2026
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	4/1/2026
J9328	Injection, temozolomide, 1 mg	4/1/2026
J9330	Injection, temsirolimus, 1 mg	4/1/2026
J9331	Injection, sirolimus protein-bound particles, 1 mg	4/1/2026
J9332	Vyvgart	7/1/2023, Insourced from Evicore 1/1/26
J9333	Injection, rozanolixizumab-noli, 1 mg	1/1/2024, Insourced from Evicore 1/1/26
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	1/1/2024, Insourced from Evicore 1/1/26
J9341	Injection, thiotepa (tepylute), 1 mg	4/1/2026
J9342	Injection, thiotepa, not otherwise specified, 1 mg	4/1/2026
J9347	Injection, tremelimumab-actl, 1 mg	4/1/2026
J9348	Injection, naxitamab-gqgk, 1 mg	4/1/2026
J9349	Injection, tafasitamab-cxix, 2 mg	4/1/2026
J9350	Injection, mosunetuzumab-axgb, 1 mg	4/1/2026
J9351	Injection, topotecan, 0.1 mg	4/1/2026
J9352	Injection, trabectedin, 0.1 mg	4/1/2026
J9353	Injection, margetuximab-cmkb, 5 mg	4/1/2026
J9354	Injection, ado-trastuzumab emtansine, 1 mg	4/1/2026
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	4/1/2026
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	4/1/2026
J9357	Injection, valrubicin, intravesical, 200 mg	4/1/2026
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	1/1/2025
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	4/1/2026
J9360	Injection, vinblastine sulfate, 1 mg	4/1/2026
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	1/1/2026
J9370	Vincristine sulfate, 1 mg	4/1/2026
J9376	Injection, paclitaxel, 1 mg	4/1/2024, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J9380	Injection, teclistamab-cqyv, 0.5 mg	4/1/2026
J9382	Injection, zenocutuzumab-zbco, 1 mg	4/1/2026
J9390	Injection, vinorelbine tartrate, 10 mg	4/1/2026
J9393	Injection, fulvestrant (teva), not therapeutically equivalent to j9395, 25 mg	4/1/2026
J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg	4/1/2026
J9395	Injection, fulvestrant, 25 mg	4/1/2026
J9400	Injection, ziv-aflibercept, 1 mg	4/1/2026
J9600	Injection, porfimer sodium, 75 mg	4/1/2026
J9999	Not otherwise classified, antineoplastic drugs	internal 1/1/24
K0004	High strength, lightweight wheelchair	effective since before 9/1/2019
K0005	Ultralightweight wheelchair	effective since before 9/1/2019
K0006	Heavy-duty wheelchair	effective since before 9/1/2019
K0007	Extra heavy-duty wheelchair	effective since before 9/1/2019
K0008	Custom manual wheelchair/base	effective since before 9/1/2019
K0009	Other manual wheelchair/base	effective since before 9/1/2019
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	effective since before 9/1/2019
K0012	Lightweight portable motorized/power wheelchair	effective since before 9/1/2019
K0013	Custom motorized/power wheelchair base	effective since before 9/1/2019
K0014	Other motorized/power wheelchair base	effective since before 9/1/2019
K0108	Wheelchair component or accessory, not otherwise specified	effective since before 9/1/2019
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	effective since before 9/1/2019
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	effective since before 9/1/2019
K0812	Power operated vehicle, not otherwise classified	effective since before 9/1/2019
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	effective since before 9/1/2019
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	effective since before 9/1/2019
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	effective since before 9/1/2019
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	effective since before 9/1/2019
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	effective since before 9/1/2019
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	effective since before 9/1/2019
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	effective since before 9/1/2019
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	effective since before 9/1/2019
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	effective since before 9/1/2019
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	effective since before 9/1/2019
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	effective since before 9/1/2019
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	effective since before 9/1/2019
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	effective since before 9/1/2019
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	effective since before 9/1/2019
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	effective since before 9/1/2019
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	effective since before 9/1/2019
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	effective since before 9/1/2019
K0898	Power wheelchair, not otherwise classified	effective since before 9/1/2019
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	effective since before 9/1/2019
K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	4/1/2026
L0464	Tlso, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	4/1/2026
L1499	Spinal orthotic, not otherwise specified	effective since before 9/1/2019
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	4/1/2026
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	4/1/2026
L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	4/1/2026
L2020	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'ak' orthosis), custom fabricated	4/1/2026
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	effective since before 9/1/2019
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	effective since before 9/1/2019
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	effective since before 9/1/2019
L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping	4/1/2026
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	effective since before 9/1/2019
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	effective since before 9/1/2019
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	effective since before 9/1/2019
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	effective since before 9/1/2019
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	effective since before 9/1/2019
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	effective since before 9/1/2019
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	effective since before 9/1/2019
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	effective since before 9/1/2019
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal	effective since before 9/1/2019
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	effective since before 9/1/2019
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	effective since before 9/1/2019
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	effective since before 9/1/2019
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	effective since before 9/1/2019
L5981	All lower extremity prostheses, flex-walk system or equal	effective since before 9/1/2019
L5984	All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability	4/1/2026
L5987	All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon	effective since before 9/1/2019
L5999	Lower extremity prosthesis, not otherwise specified	effective since before 9/1/2019
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement	4/1/2026
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	effective since before 9/1/2019
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	effective since before 9/1/2019
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal, switch, cables, two batteries and one charger, switch control of terminal device	effective since before 9/1/2019
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	effective since before 9/1/2019
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	effective since before 9/1/2019
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	effective since before 9/1/2019
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	effective since before 9/1/2019
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	effective since before 9/1/2019
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	effective since before 9/1/2019
L7009	Electric hook, switch or myoelectric controlled, adult	effective since before 9/1/2019
L7259	Electronic wrist rotator, any type	effective since before 9/1/2019
L8040	Nasal prosthesis, provided by a nonphysician	effective since before 9/1/2019
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	effective since before 9/1/2019
L8679	Implantable neurostimulator, pulse generator, any type	effective since before 9/1/2019
L8701	Ewh s/d uprt micro sensor	4/1/2025

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
L8702	Ewhf s/d uprt micro sensor	4/1/2025
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	1/1/2026
Q2017	Injection, teniposide, 50 mg	4/1/2026
Q2041	Yescarta	1/1/2022
Q2042	Kymriah	1/1/2022
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	4/1/2026
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	4/1/2026
Q2053	Tecartus	1/1/2022
Q2054	Lisocabtagene Maraleucel	1/1/2022
Q2055	Idecabtagene vicleucel	4/1/24
Q2056	Ciltacabtagene car-pos t	4/1/2023
Q4101	APLIGRAF PER SQUARE CENTIMETER	1/1/2026
Q4103	OASIS BURN MATRIX PER SQUARE CENTIMETER	1/1/2026
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD) PER SQUARE CENTIMETER	1/1/2026
Q4105	Integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix per square centimeter	1/1/2026
Q4106	DERMAGRAFT PER SQUARE CENTIMETER	1/1/2026
Q4107	GRAFTJACKET PER SQUARE CENTIMETER	1/1/2026
Q4108	INTEGRA MATRIX PER SQUARE CENTIMETER	1/1/2026
Q4110	Primatrix skin sub	1/1/2023
Q4116	ALLODERM PER SQUARE CENTIMETER	1/1/2026
Q4117	HYALOMATRIX, PER SQUARE CENTIMETER	1/1/2023
Q4118	Matristem micromatrix, 1 mg	1/1/2026
Q4121	THERASKIN, PER SQUARE CENTIMETER	1/1/2023
Q4122	Dermacell dermacell awm or dermacell awm porous per square centimeter	1/1/2026
Q4123	ALLOSKIN RT PER SQUARE CENTIMETER	1/1/2026
Q4126	Memoderm dermaspan tranzgraft or integuply per square centimeter	1/1/2026
Q4127	TALYMED PER SQUARE CENTIMETER	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
Q4128	Flex hd or allopach hd per square centimeter	1/1/2026
Q4131	Epifix or epicord	1/1/2026
Q4132	Grafix core and grafixpl core per square centimeter	1/1/2026
Q4133	Grafix prime, per square centimeter	1/1/2023
Q4134	Hmatrix	1/1/2026
Q4135	Mediskin	1/1/2026
Q4137	Amnioexcel amnioexcel plus or biodexcel per square centimeter	1/1/2026
Q4138	Biodfence dryflex per square centimeter	1/1/2026
Q4140	Biodfence per square centimeter	1/1/2026
Q4141	Alloskin ac per square centimeter	1/1/2026
Q4143	Repriza per square centimeter	1/1/2026
Q4146	Tensix per square centimeter	1/1/2026
Q4147	Architect architect px or architect fx extracellular matrix per square centimeter	1/1/2026
Q4148	Neox cord 1k neox cord rt or clarix cord 1k per square centimeter	1/1/2026
Q4150	Allowrap ds or dry per square centimeter	1/1/2026
Q4151	Amnioband or guardian per square centimeter	1/1/2026
Q4152	Dermapure per square centimeter	1/1/2026
Q4153	Dermavest and plurivest per square centimeter	1/1/2026
Q4154	Biovance per square centimeter	1/1/2026
Q4156	Neox 100 or clarix 100 per square centimeter	1/1/2026
Q4157	Revitalon per square centimeter	1/1/2026
Q4158	Marigen 1 square cm	1/1/2023
Q4159	Affinity per square centimeter	1/1/2026
Q4160	Nushield per square centimeter	1/1/2026
Q4161	Bio-connekt wound matrix per square centimeter	1/1/2026
Q4162	Woundex flow, bioskin flow, 0.5 cc	1/1/2026
Q4163	Woundex bioskin per square centimeter	1/1/2026
Q4164	Helicoll per square centimeter	1/1/2026
Q4167	Truskin per square centimeter	1/1/2026
Q4169	Artacent wound, per square centimeter	1/1/2023
Q4170	Cygnus, per sq cm	1/1/2026
Q4172	Puraply or puraply am	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
Q4173	Palingen or palingen xplus per square centimeter	1/1/2026
Q4175	Miroderm per square centimeter	1/1/2026
Q4176	Neopatch or therion per square centimeter	1/1/2026
Q4178	Floweramniopatch per square centimeter	1/1/2026
Q4179	Flowerderm per square centimeter	1/1/2026
Q4180	Revita per square centimeter	1/1/2026
Q4181	Amnio wound per square centimeter	1/1/2026
Q4182	Transcyte per square centimeter	1/1/2026
Q4183	Surgigraft per square centimeter	1/1/2026
Q4184	Cellesta or cellesta duo per square centimeter	1/1/2026
Q4186	EPIFIX PER SQUARE CENTIMETER	1/1/2023
Q4187	Epicord per square centimeter	1/1/2026
Q4188	Amnioarmor per square centimeter	1/1/2026
Q4190	Artacent ac 1 sq cm	1/1/2026
Q4191	Restorigin per square cm	1/1/2023
Q4193	Coll-e-derm 1 sq cm	1/1/2026
Q4194	Novachor, per square centimeter	1/1/2026
Q4195	Puraply, per square centimeter	1/1/2026
Q4196	Puraply am, per square centimeter	1/1/2026
Q4197	Puraply xt, per square centimeter	1/1/2026
Q4198	Genesis amniotic membrane, per square centimeter	1/1/2026
Q4199	Cygnus matrix, per square centimeter	1/1/2026
Q4200	Skin te, per square centimeter	1/1/2026
Q4201	Matrion, per square centimeter	1/1/2026
Q4203	Derma-gide, per square centimeter	1/1/2026
Q4205	Membrane graft or membrane wrap, per square centimeter	1/1/2026
Q4208	Novafix, per square centimeter	1/1/2026
Q4209	Surgraft, per square centimeter	1/1/2026
Q4210	Axolotl graft or axolotl dualgraft, per square centimeter	1/1/2026
Q4211	Amnion bio or axobiomembrane, per square centimeter	1/1/2026
Q4216	Artacent cord, per square centimeter	1/1/2026
Q4217	Woundfix, biowound, woundfix plus, biowound plus, woundfix xplus or biowound xplus, per square centimeter	1/1/2026
Q4218	Surgicord, per square centimeter	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
Q4219	Surgigraft-dual, per square centimeter	1/1/2026
Q4221	Amniowrap2, per square centimeter	1/1/2026
Q4222	Progenamatrix, per square centimeter	1/1/2026
Q4226	Myown skin, includes harvesting and preparation procedures, per square centimeter	1/1/2026
Q4227	Amniocore, per square centimeter	1/1/2026
Q4229	Cogenex amniotic membrane, per square centimeter	1/1/2026
Q4232	Corplex, per square centimeter	1/1/2026
Q4234	Xcellerate, per square centimeter	1/1/2026
Q4235	Amniorepair or altiely, per square centimeter	1/1/2026
Q4237	Cryo-cord, per square centimeter	1/1/2026
Q4238	Derm-maxx, per square centimeter	1/1/2026
Q4239	Amnio-maxx or amnio-maxx lite, per square centimeter	1/1/2026
Q4240	Corecyte, for topical use only, per 0.5 cc	1/1/2026
Q4242	Amniocyte plus, per 0.5 cc	1/1/2026
Q4245	Amniotext, per cc	1/1/2026
Q4248	Dermacyte amniotic membrane allograft, per square centimeter	1/1/2026
Q4249	Amniely, for topical use only, per square centimeter	1/1/2026
Q4250	Amnioamp-mp, per square centimeter	1/1/2026
Q4252	Vendaje, per square centimeter	1/1/2026
Q4253	Zenith amniotic membrane, per square centimeter	1/1/2026
Q4254	Novafix dl, per square centimeter	1/1/2023
Q4258	Enverse per square centimeter	1/1/2026
Q4262	Dual layer impax, per sq cm	1/1/2026
Q4268	Surgraft ft per sq cm	1/1/2026
Q4271	Complete ft per sq cm	1/1/2026
Q4278	Epieffect per square centimeter	1/1/2026
Q4282	Cygnus dual per square centimeter	1/1/2026
Q4285	Nudyn dl or dl mesh pr sq cm	1/1/2026
Q4286	Nudyn sl or slw, per sq cm	1/1/2026
Q4294	Amnio Quad-Core, per sq cm	4/1/2026
Q4299	AmniCore Pro+, per sq cm	4/1/2026
Q4309	Via matrix, per sq cm	1/1/2026
Q4319	Sanograft, per sq cm	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
Q4320	Pellograft, per sq cm	1/1/2026
Q4331	Axolotl graft per square centimeter	1/1/2026
Q4332	Axolotl dualgraft per square centimeter	1/1/2026
Q4354	Palingen dual-layer membrane, per square centimeter	1/1/2026
Q4357	Xwrap plus, per square centimeter	1/1/2026
Q4358	Xwrap dual, per square centimeter	1/1/2026
Q4361	Epiexpress, per square centimeter	1/1/2026
Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter	1/1/2026
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter	1/1/2026
Q4365	Amnio burgeon dual-layer membrane, per square centimeter	1/1/2026
Q4366	Dual layer amnio burgeon x-membrane, per square centimeter	1/1/2026
Q4383	Axolotl graft ultra, per square centimeter	1/1/2026
Q4385	Apollo ft, per square centimeter	1/1/2026
Q4386	Acesso trifaca, per square centimeter	1/1/2026
Q4388	Neothelium 4l, per square centimeter	1/1/2026
Q4389	Neothelium 4l plus, per square centimeter	1/1/2026
Q4392	Grafix duo, per square centimeter	1/1/2026
Q4393	Surgraft ac, per square centimeter	1/1/2026
Q4394	Surgraft aca, per square centimeter	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
Q4395	Acelagraft, per square centimeter	1/1/2026
Q4396	Natalin, per square centimeter	1/1/2026
Q4397	Summit aaa, per square centimeter	1/1/2026
Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	1/1/2026
Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	1/1/2026
Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	1/1/2026
Q5101	Zarxio	1/1/2025
Q5103	Q5103 Injection, infliximab-dyyb, biosimilar, 10 mg.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
Q5104	100 MG SOLR Q5104 Injection, infliximab-abda, biosimilar, 10 mg.	effective since before 9/1/2019, Insourced from Evicore 1/1/26
Q5106	Retacrit, non ESRD use	1/1/2025
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	4/1/2026
Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	4/1/2026
Q5110	Nivestym	1/1/2025
Q5111	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	4/1/2026
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	4/1/2026
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	4/1/2026
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	4/1/2026
Q5115	Truxima	1/1/2025
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	4/1/2026
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	4/1/2026
Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg	1/1/2025
Q5119	Ruxience	1/1/2025
Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	4/1/2026
Q5121	Injection; Immunomodulators	4/1/2021, Insourced from Evicore 1/1/26
Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	4/1/2026
Q5123	rituximab-arrx non-oncology	1/1/2024
Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
Q5125	Riabni	1/1/2025
Q5126	Injection, bevacizumab-maly, biosimilar, (alymys), 10 mg	4/1/2026
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	4/1/2026
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	1/1/2023, Insourced from Evicore 1/1/26
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	4/1/2026
Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg	4/1/2026
Q5133	Tofidence	1/1/2025
Q5134	Injection natalizumab-sztn (tyruko) biosimilar 1 mg	1/1/2026
Q5135	Injection tocilizumab-aazg (tyenne) biosimilar 1 mg	1/1/2026
Q5136	Inj. denosumab-bbdz, 1mg	4/1/2026
Q5138	ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	7/1/2025, Insourced from Evicore 1/1/26
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	1/1/2026
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	1/1/2026
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	7/1/2025
Q5149	Injection aflibercept-abzv (enzeevu) biosimilar 1 mg	1/1/2026
Q5150	Injection aflibercept-mrbb (ahzantive) biosimilar 1 mg	1/1/2026
Q5151	Inj, eculizumab-aagh, 2 mg	10/1/2025, insourced from Evicore 1/1/26
Q5152	nj, eculizumab-aeeb, 2 mg	10/1/2025, insourced from Evicore 1/1/26
Q5153	Injection, aflibercept-yszy (opuviz), biosimilar, 1 mg	1/1/2026
Q5154	Injection, omalizumab-igec (omlyclo), biosimilar, 5 mg	1/1/2026
Q5155	Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg	1/1/2026
Q5156	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg”	4/1/2026
Q5157	Injection, denosumab-bmwo (stoboclo/osenvett), biosimilar, 1 mg	4/1/2026
Q5158	Injection, denosumab-bnht (bomynta/conexence), biosimilar, 1 mg	4/1/2026
Q5159	Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg	4/1/2026
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	1/1/2026
Q9997	Ustekinumab-ttwe iv inj 1 mg	10/1/2025, insourced from Evicore 1/1/26
Q9998	Inj ustekinumab-aekn, 1 mg	10/1/2025, insourced from Evicore 1/1/26
Q9999	Inj ustekinumab-aaaz 1 mg	10/1/2025, insourced from Evicore 1/1/26
T1000	Private Duty/Independent Nursing per 15 minutes	4/1/2023

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
T1001	RN Nursing Assessment/Evaluation per 15 minutes	4/1/2023
T1002	RN Services per 15 minutes	4/1/2023
T1003	LPN/LVN Services per 15 minutes	4/1/2023
<b>0001U</b>	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported	8/1/2026
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	8/1/2026
0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and urine, algorithms to predict high-grade prostate cancer risk	8/1/2026
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma	8/1/2026
0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma	8/1/2026
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 219 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)	8/1/2026
0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy  Dates reflect blue adding code to pa grid eff 7/1/26	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin-embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents	8/1/2026
0020M	Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass	8/1/2026
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence or absence of variants and associated therapy(ies) to consider	8/1/2026
0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")  Dates for blue adding code to pa list eff 7/1/26	8/1/2026
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	8/1/2026
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	8/1/2026
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	8/1/2026
0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score  Dates and rationale for blue adding code to pa grid eff 7/1/26	8/1/2026
0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)	8/1/2026
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	8/1/2026
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	8/1/2026
0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)	8/1/2026
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	8/1/2026
0060U	Twin zygosity, genomic-targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)	8/1/2026
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	8/1/2026
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)	8/1/2026
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	8/1/2026
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	8/1/2026
0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)	8/1/2026
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification	8/1/2026
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	8/1/2026
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	8/1/2026
0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	8/1/2026
0095T	RMVL ARTIFIC DISC ADDL CRVCL	8/1/2026
0098T	REV ARTIFIC DISC ADDL	8/1/2026
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intraocular retinal electrode array, with vitrectomy	8/1/2026
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified	8/1/2026
0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])	8/1/2026
0102T	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle	8/1/2026
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])	8/1/2026
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])	8/1/2026
0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	8/1/2026
0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	8/1/2026
0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	1/1/2026
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	1/1/2026
0111U	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis, utilizing formalin-fixed paraffin-embedded tissue	1/1/2026
0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score	1/1/2026
0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus	1/1/2026
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA  Dates and rationale refer to code eff on blue grid, 7/1/26	4/1/2026
0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter	4/1/2026
0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)	1/1/2026
0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)	1/1/2026
0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)	1/1/2026
0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	1/1/2026
0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)	1/1/2026
0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)	1/1/2026
0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	1/1/2026
0164T	REMOVE LUMB ARTIF DISC ADDL	1/1/2026
0165T	REVISE LUMB ARTIF DISC ADDL	1/1/2026
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	1/1/2026
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	1/1/2026
0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure)	1/1/2026
0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation	1/1/2026
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	1/1/2026
0178T	64 LEAD ECG W I&R	1/1/2026
0179T	64 LEAD ECG W TRACING	1/1/2026
0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)	1/1/2026
0180T	64 LEAD ECG W I&R ONLY	1/1/2026
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0195T	ARTHROD PRESAC INTERBODY	1/1/2026
0196T	ARTHROD PRESAC INTERBODY EAC	1/1/2026
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	1/1/2026
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	4/1/2026
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	10/1/2025
0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness	4/1/2026
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	4/1/2026
0208T	Pure tone audiometry (threshold), automated; air only	1/1/2026
0209T	Pure tone audiometry (threshold), automated; air and bone	4/1/2026
0210T	Speech audiometry threshold, automated;	4/1/2026
0211T	Speech audiometry threshold, automated; with speech recognition	4/1/2026
0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated	4/1/2026
0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	4/1/2026
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling)	4/1/2026
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	4/1/2026
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	4/1/2026
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	4/1/2026
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)	effective since before 9/1/2019
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	4/1/2026
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	effective since before 9/1/2019
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	effective since before 9/1/2019
0221T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	effective since before 9/1/2019
0222T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	effective since before 9/1/2019
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions	effective since before 9/1/2019
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	effective since before 9/1/2019
0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery	effective since before 9/1/2019
0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	effective since before 9/1/2019
0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications, deletions, and mobile element insertions	effective since before 9/1/2019
0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	effective since before 9/1/2019
0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	effective since before 9/1/2019
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	1/1/2026
0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	1/1/2026
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	4/1/2026
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	effective since before 9/1/2019, Insourced from Evicore 1/1/26

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue	1/1/2021, Insourced from Evicore 1/1/26
0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	7/1/2022, Insourced from Evicore 1/1/26
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	4/1/2026
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space	4/1/2026
0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics	4/1/2026
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	1/1/2026
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest	4/1/2026
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	4/1/2026
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	4/1/2026
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	1/1/2026
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic	1/1/2026
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	4/1/2026
0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)	4/1/2026
0301U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR);	4/1/2026
0302U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment	effective since before 9/1/2019, Insourced from Evicore 1/1/26
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	4/1/2026
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	4/1/2026
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	4/1/2026
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	1/1/2025
0333T	Visual evoked potential, screening of visual acuity, automated, with report	4/1/2026
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	4/1/2026
0335T	Insertion of sinus tarsi implant	4/1/2026
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	4/1/2026
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	4/1/2026
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	effective since before 9/1/2019
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	4/1/2026
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed)	4/1/2026
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow, and wrist, when performed)	4/1/2026
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed)	4/1/2026
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative	4/1/2026
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred	4/1/2026
0353T	Optical coherence tomography of breast, surgical cavity; real-time intraoperative	4/1/2026
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred	4/1/2026
0356U	Oncology (oropharyngeal or anal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	4/1/2026
0358T	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report	4/1/2026
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	4/1/2026
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	4/1/2026
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab	4/1/2026
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	4/1/2026
0394T	HDR electronic brachytherapy, skin surface application, per fraction	4/1/2026
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	4/1/2026
0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	4/1/2026
0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed	4/1/2026
0403T	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day	4/1/2026
0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch urine, algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer	4/1/2026
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	4/1/2026
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	4/1/2026
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	4/1/2026
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	4/1/2026
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	4/1/2026
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	4/1/2026
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead)	4/1/2026
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	4/1/2026
0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system	4/1/2026
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system	4/1/2026
0419T	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromas	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	4/1/2026
0420T	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromas	4/1/2026
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	4/1/2026
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	4/1/2026
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate	4/1/2026
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)	4/1/2026
0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	4/1/2026
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	4/1/2026
0437T	Implantation of non-biologic or synthetic implant (eg, polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure)	4/1/2026
0439T	Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	4/1/2026
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	4/1/2026
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	4/1/2026
0443T	Real-time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidance (List separately in addition to code for primary procedure)	4/1/2026
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	4/1/2026
0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	4/1/2026
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	4/1/2026
0447T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	4/1/2026
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	4/1/2026
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	4/1/2026
0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer	4/1/2026
0453U	Oncology (colorectal cancer), cell-free DNA (cfDNA), methylation-based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	4/1/2026
0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	4/1/2026
0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes	4/1/2026
0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes	4/1/2026
0464T	Visual evoked potential, testing for glaucoma, with interpretation and report	4/1/2026
0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result	4/1/2026
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0466U	Cardiology (coronary artery disease [CAD]), DNA, genome-wide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease	4/1/2026
0467U	Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	1/1/2025
0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral	4/1/2026
0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination	4/1/2026
0470U	Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma	4/1/2026
0472T	Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional	4/1/2026
0473T	Device evaluation and interrogation of intraocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional	4/1/2026
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using next-generation sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene	4/1/2026
0475U	Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer  Dates and rationale for blue adding code to pa grid eff 7/1/26	4/1/2026
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm2 or part thereof, or 1% of body surface area of infants and children	4/1/2026
0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm2, or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)	4/1/2026
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	4/1/2026
0481U	IDH1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors), next-generation sequencing (single-nucleotide variants [SNV], deletions, and insertions)	4/1/2026
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	4/1/2026
0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral	4/1/2026
0485U	Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden  Dates reflect blue adding code to PA grid eff 7/1/26	4/1/2026
0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral	4/1/2026
0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability  Dates and rationale for blue adding code to pa grid eff 7/1/26	4/1/2026
0488T	Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days	4/1/2026
0488U	Obstetrics (fetal antigen noninvasive prenatal test), cell-free DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected	4/1/2026
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells	4/1/2026
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed	4/1/2026
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field	4/1/2026
0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)	4/1/2026
0496U	Oncology (colorectal), cell-free DNA, 8 genes for mutations, 7 genes for methylation by real-time RT-PCR, and 4 proteins by enzyme-linked immunosorbent assay, blood, reported positive or negative for colorectal cancer or advanced adenoma risk	4/1/2026
0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffin-embedded (FFPE) tissue, next-generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection	4/1/2026
0501U	Oncology (colorectal), blood, quantitative measurement of cell-free DNA (cfDNA)	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion	4/1/2026
0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report	4/1/2026
0506U	Gastroenterology (Barrett's esophagus), esophageal cells, DNA methylation analysis by next-generation sequencing of at least 89 differentially methylated genomic regions, algorithm reported as likelihood for Barrett's esophagus	4/1/2026
0507T	Near infrared dual imaging (ie, simultaneous reflective and transilluminated light) of meibomian glands, unilateral or bilateral, with interpretation and report	4/1/2026
0507U	Oncology (ovarian), DNA, whole-genome sequencing with 5-hydroxymethylcytosine (5hmC) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected	4/1/2026
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)	4/1/2026
0510T	Removal of sinus tarsi implant	4/1/2026
0511T	Removal and reinsertion of sinus tarsi implant	4/1/2026
0512T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound	4/1/2026
0513T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	4/1/2026
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	4/1/2026
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only	4/1/2026
0518T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only	4/1/2026
0519T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter)	4/1/2026
0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	4/1/2026
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing	4/1/2026
0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing	4/1/2026
0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure)	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0523U	Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of single-nucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffin-embedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change  Dates and rationale for blue adding code to pa grid eff 7/1/26	1/1/2024, Insourced from Evicore 1/1/26
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring	4/1/2026
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)	4/1/2026
0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only	4/1/2026
0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only	4/1/2026
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	4/1/2026
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	4/1/2026
0529U	Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis, saliva, report as risk score for VTE  Dates and rationale for blue adding code to pa grid eff 7/1/26	4/1/2026
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0530U	<p>Oncology (pan-solid tumor), ctDNA, utilizing plasma, next-generation sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copy-number alterations, with therapy association</p> <p>Dates and rationale for blue adding code to pa grid eff 7/1/26</p>	4/1/2026
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	4/1/2026
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	4/1/2026
0532U	<p>Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing for single- nucleotide variants, insertions/deletions, copy number variations, peripheral blood, buffy coat, saliva, buccal or tissue sample, results reported as positive or negative</p> <p>Dates and rationale for blue adding code to pa grid eff 7/1/26</p>	4/1/2026
0533U	<p>Drug metabolism (adverse drug reactions and drug response), genotyping of 16 genes (ie, ABCG2, CYP2B6, CYP2C9, CYP2C19, CYP2C, CYP2D6, CYP3A5, CYP4F2, DPYD, G6PD, GGCX, NUDT15, SLCO1B1, TPMT, UGT1A1, VKORC1), reported as metabolizer status and transporter function</p> <p>Dates and rationale for blue adding code to pa grid eff 7/1/26</p>	4/1/2026
0534U	<p>Oncology (prostate), microRNA, single-nucleotide polymorphisms (SNPs) analysis by RT-PCR of 32 variants, using buccal swab, algorithm reported as a risk score</p> <p>Dates and rationale for blue adding code to pa grid eff 7/1/26</p>	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0536U	Red blood cell antigen (fetal RhD), PCR analysis of exon 4 of RHD gene and housekeeping control gene GAPDH from whole blood in pregnant individuals at 10+ weeks gestation known to be RhD negative, reported as fetal RhD status  Dates and rationale for blue adding code to pa grid eff 7/1/26	4/1/2026
0537T	Cellular Therapy Procedures Ancillary Code	4/1/2026
0537U	Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, next- generation sequencing, >2500 differentially methylated regions (DMRs), plasma, algorithm reported as positive or negative  Dates for blue adding code to pa grid eff 7/1/26	4/1/2026
0538T	Cellular Therapy Procedures Ancillary Code	4/1/2026
0538U	Oncology (solid tumor), next- generation targeted sequencing analysis, formalin-fixed paraffin- embedded (FFPE) tumor tissue, DNA analysis of 600 genes, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and copy number alterations, microsatellite instability, tumor mutation burden, reported as actionable variant  Dates and rationale for blue adding code to pa list eff 7/1/26	4/1/2026
0539T	Cellular Therapy Procedures Ancillary Code	4/1/2026
0539U	Oncology (solid tumor), cell- free circulating tumor DNA (ctDNA), 152 genes, next- generation sequencing, interrogation for single- nucleotide variants, insertions/deletions, gene rearrangements, copy number alterations, and microsatellite instability, using whole-blood samples, mutations with clinical actionability reported as actionable variant  Dates for blue adding code to pa grid eff 7/1/26	4/1/2026
0540T	Cellular Therapy Procedures Ancillary Code	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0541T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study;	4/1/2026
0542T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report	4/1/2026
0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae	internal 1/1/24
0543U	Oncology (solid tumor), next- generation sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for single-nucleotide variants, multi- nucleotide variants, insertions and deletions from DNA, fusions in 24 genes and splice variants in 1 gene from RNA, and tumor mutation burden  Dates and rationale for blue adding code to pa grid eff 7/1/26	4/1/2026
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	4/1/2026
0544U	Nephrology (transplant monitoring), 48 variants by digital PCR, using cell-free DNA from plasma, donor-derived cell-free DNA, percentage reported as risk for rejection	4/1/2026
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	effective since before 9/1/2019
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	4/1/2026
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0549U	Oncology (urothelial), DNA, quantitative methylated real- time PCR of TRNA-Cys, SIM2, and NKX1-1, using urine, diagnostic algorithm reported as a probability index for bladder cancer and/or upper tract urothelial carcinoma (UTUC)  Dates and rationale for blue adding code to pa list eff 7/1/26	4/1/2026
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	4/1/2026
0554T	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone-mineral density, interpretation and report	4/1/2026
0555T	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density utilizing data from a computed tomography scan; retrieval and transmission of the scan data	4/1/2026
0556T	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone-mineral density	4/1/2026
0557T	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density utilizing data from a computed tomography scan; interpretation and report	4/1/2026
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	4/1/2026
0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure	4/1/2026
0560T	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)	effective since before 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0560U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood and tumor tissue, baseline assessment for design and construction of a personalized variant panel to evaluate current MRD and for comparison to subsequent MRD assessments  Dates and rationale for blue adding code to pa list eff 7/1/26	4/1/2026
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	effective since before 9/1/2019
0561U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for MRD  Dates and rationale for blue adding code to pa list eff 7/1/26	effective since before 9/1/2019
0562T	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)	effective since before 9/1/2019
0562U	Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants  Dates and rationale for blue adding code to pa list eff 7/1/26	effective since before 9/1/2019
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	effective since before 9/1/2019
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	4/1/2025

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0565U	<p>Oncology (hepatocellular carcinoma), next-generation sequencing methylation pattern assay to detect 6626 epigenetic alterations, cell- free DNA, plasma, algorithm reported as cancer signal detected or not detected</p> <p>Dates and rationale for blue adding code to pa list eff 7/1/26</p>	4/1/2025
0566T	<p>Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral</p>	1/1/2026
0566U	<p>Oncology (lung), qPCR- based analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result</p> <p>Dates and rationale for blue adding code to pa list eff 7/1/26</p>	4/1/2026
0567U	<p>Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long reads, for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy-number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial DNA sequence and deletions, short tandem repeat genes, methylation status of selected regions, blood, saliva, amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variants</p> <p>Dates and rationale for blue adding code to pa list eff 7/1/26</p>	4/1/2026
0569T	<p>Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis</p>	1/1/2026
0569U	<p>Oncology (solid tumor), next- generation sequencing analysis of tumor methylation markers (&gt;20000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate</p> <p>Dates and rationale for blue adding code to pa grid eff 7/1/26</p>	1/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	1/1/2026
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	1/1/2026
0571U	Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionable variants  Dates and rationale for blue adding code to pa list eff 7/1/26	1/1/2026
0572T	Insertion of substernal implantable defibrillator electrode	1/1/2026
0573T	Removal of substernal implantable defibrillator electrode	1/1/2026
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	4/1/2026
0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional	4/1/2026
0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter	4/1/2026
0577T	Electrophysiologic evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	4/1/2026
0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	4/1/2026
0580T	Removal of substernal implantable defibrillator pulse generator only	4/1/2026
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	4/1/2026
0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	4/1/2026
0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia	4/1/2026
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	4/1/2026
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	4/1/2026
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	4/1/2026
0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	4/1/2026
0588T	Revision or removal of percutaneously placed integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system for bladder dysfunction (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters	4/1/2026
0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system for bladder dysfunction (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters	4/1/2026
0591T	Health and well-being coaching face-to-face; individual, initial assessment	4/1/2026
0592T	Health and well-being coaching face-to-face; individual, follow-up session, at least 30 minutes	4/1/2026
0593T	Health and well-being coaching face-to-face; group (2 or more individuals), at least 30 minutes	4/1/2023
0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	4/1/2023
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	4/1/2023
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	4/1/2023
0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)	8/1/2026
0599T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)	8/1/2026
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0601T	Ablation, irreversible electroporation; 1 or more tumors per organ, including fluoroscopic and ultrasound guidance, when performed, open	8/1/2026
0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent	8/1/2026
0602U	Endocrinology (diabetes), insulin (INS) gene methylation using digital droplet PCR, insulin, and C- peptide immunoassay, serum, Hemoglobin A1c immunoassay, whole blood, algorithm reported as diabetes-risk score	8/1/2026
0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours	8/1/2026
0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; initial device provision, set-up and patient education on use of equipment	8/1/2026
0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days	8/1/2026
0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days	8/1/2026
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment	8/1/2026
0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	8/1/2026
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	8/1/2026
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	8/1/2026
0611U	Oncology (liver), analysis of over 1,000 methylated regions, cell-free DNA from plasma, algorithm reported as a quantitative result (For additional PLA code with identical clinical descriptor, see 0612U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)	8/1/2026
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	8/1/2026
0612U	Oncology (liver), analysis of over 1,000 methylated regions, cell-free DNA from plasma, algorithm reported as a quantitative result (For additional PLA code with identical clinical descriptor, see 0611U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)	8/1/2026
0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0613U	Oncology (urothelial carcinoma), DNA methylation and mutation analysis of 6 biomarkers (TWIST1, OTX1, ONECUT2, FGFR3, HRAS, TERT promoter region), methylation-specific PCR and targeted next-generation sequencing, urine, algorithm reported as a probability index for bladder cancer and upper tract urothelial carcinoma	8/1/2026
0614T	Removal and replacement of substernal implantable defibrillator pulse generator	8/1/2026
0615T	Automated analysis of binocular eye movements without spatial calibration, including disconjugacy, saccades, and pupillary dynamics for the assessment of concussion, with interpretation and report	8/1/2026
0615U	Borrelia burgdorferi (Lyme disease), antibody detection of 26 recombinant protein groups, by immunoassay, IgM	8/1/2026
0616U	Neurology (dementia), DNA methylation analysis of more than 30,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0617U	Cardiovascular (atherosclerotic cardiovascular disease [ASCVD]), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0618U	Psychiatry (bipolar disorder), DNA methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	8/1/2026
0619U	Pulmonary (chronic obstructive pulmonary disease [COPD]), DNA methylation analysis of more than 18,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed	8/1/2026
0620U	Oncology (hepatocellular carcinoma), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0621T	Trabeculostomy ab interno by laser;	8/1/2026
0621U	Infectious disease (Lyme borreliosis), DNA methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope	8/1/2026
0622U	Psychiatry (major depressive disorder), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0623U	Autoimmune (multiple sclerosis), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0624U	Hepatology (nonalcoholic steatohepatitis [NASH]), DNA methylation analysis of 5,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0625U	Endocrinology (osteoporosis), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0626U	Neurology (Parkinson disease), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	8/1/2026
0627U	Psychiatry (schizophrenia), DNA methylation analysis of more than 15,000 sites, whole blood, algorithm reported as positive or negative risk	8/1/2026
0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	8/1/2026
0628U	Nephrology (kidney disease-related genetic conditions), genomic analysis, renal disease panel, saliva, DNA, next-generation sequencing of 449 genes, reported as pathogenic or likely pathogenic variants of uncertain significance or risk alleles	8/1/2026
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	8/1/2026
0629U	Infectious disease (tuberculosis), DNA, analysis of 1 target by PCR with clustered regularly interspaced short palindromic repeat (CRISPR)-based probe detection, plasma or serum, qualitative report as detected or not detected	8/1/2026
0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	8/1/2026
0630U	Oncology (breast), mRNA, gene expression profiling by microarray of 80 genes (80 content and 465 housekeeping), utilizing formalin-fixed paraffin-embedded tissue (FFPE), algorithm reported as an index that is diagnostic of a molecular subtype (luminal, basal, Her2)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	8/1/2026
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	8/1/2026
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	8/1/2026
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	8/1/2026
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	8/1/2026
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	8/1/2026
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	8/1/2026
0639T	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed	8/1/2026
0640T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; first anatomic site	8/1/2026
0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	8/1/2026
0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	8/1/2026
0646T	Transcatheter tricuspid valve implantation (TTVI)/replacement with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	8/1/2026
0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ	8/1/2026
0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure)	8/1/2026
0650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional	8/1/2026
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	8/1/2026
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	8/1/2026
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	8/1/2026
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	8/1/2026
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	8/1/2026
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	8/1/2026
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	8/1/2026
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	8/1/2026
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0665T	Donor hysterectomy (including cold preservation); open, from living donor	8/1/2026
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	8/1/2026
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	8/1/2026
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	8/1/2026
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	8/1/2026
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	8/1/2026
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	8/1/2026
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	8/1/2026
0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	8/1/2026
0674T	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)	8/1/2026
0675T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead	8/1/2026
0676T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary procedure)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0677T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead	8/1/2026
0678T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure)	8/1/2026
0679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	8/1/2026
0680T	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)	8/1/2026
0681T	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads	8/1/2026
0682T	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	8/1/2026
0683T	Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	8/1/2026
0684T	Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	8/1/2026
0685T	Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	8/1/2026
0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	8/1/2026
0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month	8/1/2026
0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)	8/1/2026
0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	8/1/2026
0691T	Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report	8/1/2026
0692T	Therapeutic ultrafiltration	8/1/2026
0693T	Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report	8/1/2026
0694T	3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative	8/1/2026
0695T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement	8/1/2026
0696T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	8/1/2026
0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	8/1/2026
0699T	Injection, posterior chamber of eye, medication	8/1/2026
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	8/1/2026
0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)	8/1/2026
0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment	8/1/2026
0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days	8/1/2026
0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month	8/1/2026
0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization	8/1/2026
0708T	Intradermal cancer immunotherapy; preparation and initial injection	8/1/2026
0709T	Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)	8/1/2026
0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	8/1/2026
0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	8/1/2026
0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	8/1/2026
0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume less than 50 mL	8/1/2026
0716T	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score	8/1/2026
0717t	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing, and concentration of ADRCs	8/1/2026
0718t	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral	8/1/2026
0719t	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment	8/1/2026
0721T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	8/1/2026
0722T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure)	8/1/2026
0723T	Quantitative magnetic resonance cholangiopancreatography (QMRCP), including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0724T	Quantitative magnetic resonance cholangiopancreatography (QMRC), including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	8/1/2026
0725T	Vestibular device implantation, unilateral	8/1/2026
0726T	Removal of implanted vestibular device, unilateral	8/1/2026
0727T	Removal and replacement of implanted vestibular device, unilateral	8/1/2026
0728T	Diagnostic analysis of vestibular implant, unilateral; with initial programming	8/1/2026
0729T	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming	8/1/2026
0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance	8/1/2026
0731T	Augmentative AI-based facial phenotype analysis with report	8/1/2026
0732T	Immunotherapy administration with electroporation, intramuscular	8/1/2026
0733T	Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	8/1/2026
0734T	Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month	8/1/2026
0735T	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure)	8/1/2026
0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter	8/1/2026
0737T	Xenograft implantation into the articular surface	8/1/2026
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation	8/1/2026
0740T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education	8/1/2026
0741T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days	8/1/2026
0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)	8/1/2026
0743T	Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture-risk assessment, interpretation and report	8/1/2026
0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed	8/1/2026
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance	8/1/2026
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	8/1/2026
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	8/1/2026
0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0749T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report;	8/1/2026
0750T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD	8/1/2026
0751T	Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	8/1/2026
0752T	Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	8/1/2026
0753T	Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	8/1/2026
0754T	Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	8/1/2026
0755T	Digitization of glass microscope slides for level VI, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	8/1/2026
0756T	Digitization of glass microscope slides for special stain, including interpretation and report, group I, for microorganisms (eg, acid fast, methenamine silver) (List separately in addition to code for primary procedure)	8/1/2026
0757T	Digitization of glass microscope slides for special stain, including interpretation and report, group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry (List separately in addition to code for primary procedure)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0758T	Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)	8/1/2026
0759T	Digitization of glass microscope slides for special stain, including interpretation and report, group III, for enzyme constituents (List separately in addition to code for primary procedure)	8/1/2026
0760T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (List separately in addition to code for primary procedure)	8/1/2026
0761T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (List separately in addition to code for primary procedure)	8/1/2026
0762T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure (List separately in addition to code for primary procedure)	8/1/2026
0763T	Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual (List separately in addition to code for primary procedure)	8/1/2026
0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure)	8/1/2026
0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram	8/1/2026
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)	8/1/2026
0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)	8/1/2026
0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	8/1/2026
0772T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	8/1/2026
0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older	8/1/2026
0774T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	8/1/2026
0776T	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0777T	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)	8/1/2026
0778T	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function	8/1/2026
0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report	8/1/2026
0780T	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract	8/1/2026
0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi	8/1/2026
0782T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus	8/1/2026
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	8/1/2026
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	8/1/2026
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	8/1/2026
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	8/1/2026
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0788T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 1-3 parameters	8/1/2026
0789T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 4 or more parameters	8/1/2026
0791T	Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)	8/1/2026
0792T	Application of silver diamine fluoride 38%, by a physician or other qualified health care professional	8/1/2026
0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	8/1/2026
0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmacologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately	8/1/2026
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)	8/1/2026
0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	8/1/2026
0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	8/1/2026
0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component	8/1/2026
0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	8/1/2026
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component	8/1/2026
0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	8/1/2026
0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers	8/1/2026
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach	8/1/2026
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach	8/1/2026
0807T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	8/1/2026
0808T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	8/1/2026
0811T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment	8/1/2026
0812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days	8/1/2026
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	8/1/2026
0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral	8/1/2026
0815T	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine	8/1/2026
0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous	8/1/2026
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial	8/1/2026
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	8/1/2026
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	8/1/2026
0820T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour	8/1/2026
0821T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; second physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0822T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)	8/1/2026
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	8/1/2026
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed	8/1/2026
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	8/1/2026
0826T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, leadless pacemaker system in single-cardiac chamber	8/1/2026
0827T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition to code for primary procedure)	8/1/2026
0828T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simple filter method with interpretation (List separately in addition to code for primary procedure)	8/1/2026
0829T	Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, Saccomanno technique) (List separately in addition to code for primary procedure)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0830T	Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure)	8/1/2026
0831T	Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for primary procedure)	8/1/2026
0832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure)	8/1/2026
0833T	Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (List separately in addition to code for primary procedure)	8/1/2026
0834T	Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (List separately in addition to code for primary procedure)	8/1/2026
0835T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for primary procedure)	8/1/2026
0836T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)	8/1/2026
0837T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (List separately in addition to code for primary procedure)	8/1/2026
0838T	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure)	8/1/2026
0839T	Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (List separately in addition to code for primary procedure)	8/1/2026
0840T	Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (List separately in addition to code for primary procedure)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0841T	Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (List separately in addition to code for primary procedure)	8/1/2026
0842T	Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)	8/1/2026
0843T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), initial site (List separately in addition to code for primary procedure)	8/1/2026
0844T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), each additional site (List separately in addition to code for primary procedure)	8/1/2026
0845T	Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedure)	8/1/2026
0846T	Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	8/1/2026
0847T	Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis) (List separately in addition to code for primary procedure)	8/1/2026
0848T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)	8/1/2026
0849T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	8/1/2026
0850T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)	8/1/2026
0851T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0852T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	8/1/2026
0853T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)	8/1/2026
0854T	Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List separately in addition to code for primary procedure)	8/1/2026
0855T	Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure)	8/1/2026
0856T	Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure)	8/1/2026
0857T	Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report (List separately in addition to code for primary procedure)	8/1/2026
0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report	8/1/2026
0859T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure)	8/1/2026
0860T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities	8/1/2026
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	8/1/2026
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	8/1/2026
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	8/1/2026
0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)	8/1/2026
0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)	8/1/2026
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater or equal to 50 mL	8/1/2026
0868T	High-resolution gastric electrophysiology mapping with simultaneous patient-symptom profiling, with interpretation and report	8/1/2026
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed	8/1/2026
0870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed	8/1/2026
0871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed	8/1/2026
0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed	8/1/2026
0874T	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters	8/1/2026
0875T	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional	8/1/2026
0876T	Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body of fistula)	8/1/2026
0877T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	8/1/2026
0878T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained with concurrent CT examination of the same structure	8/1/2026
0879T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission	8/1/2026
0880T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report	8/1/2026
0881T	Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device	8/1/2026
0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure)	8/1/2026
0883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (List separately in addition to code for primary procedure)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed	8/1/2026
0885T	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	8/1/2026
0886T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	8/1/2026
0887T	End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (List separately in addition to code for primary procedure)	8/1/2026
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	8/1/2026
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation	8/1/2026
0890T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day	8/1/2026
0891T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	8/1/2026
0892T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0893T	Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report	8/1/2026
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion	8/1/2026
0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)	8/1/2026
0896T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (List separately in addition to code for primary procedure)	8/1/2026
0897T	Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report	8/1/2026
0898T	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report	8/1/2026
0899T	Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	8/1/2026
0908T	Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	8/1/2026
0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)	8/1/2026
0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only	8/1/2026
0923T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	8/1/2026
0933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation	8/1/2026
0947T	Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed	8/1/2026
0948T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review and report(s) by a physician or other qualified health care professional	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0949T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	8/1/2026
0950T	Ablation of benign prostate tissue, transrectal, with high intensity–focused ultrasound (HIFU), including ultrasound guidance (For ablation of malignant prostate tissue, transrectal, with high intensity–focused ultrasound [HIFU], including ultrasound guidance, use 55880)	8/1/2026
0951T	Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor	8/1/2026
0952T	revision or replacement, with mastoidectomy and replacement of sound processor	8/1/2026
0953T	revision or replacement, without mastoidectomy and replacement of sound processor	8/1/2026
0954T	replacement of sound processor only, with attachment to existing transducers	8/1/2026
0955T	removal, including removal of sound processor and all implant components	8/1/2026
0956T	Partial craniectomy, channel creation, and tunneling of electrode for sub-scalp implantation of an electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance	8/1/2026
0957T	Revision of sub-scalp implanted electrode array/receiver/telemetry unit for electrode (when required), including imaging guidance.	8/1/2026
0958T	Removal of sub-scalp implanted electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance (Do not report 0958T in conjunction with 0957T, 0960T)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0959T	Removal or replacement of magnet from coil assembly that is connected to continuous bilateral electroencephalography monitoring system, including imaging guidance	8/1/2026
0960T	Replacement of sub-scalp implanted electrode array, receiver, and telemetry unit with tunneling of electrode for continuous bilateral electroencephalography monitoring system, including imaging guidance (Do not report 0960T in conjunction with 0957T, 0958T)	8/1/2026
0961T	Shortwave infrared radiation imaging, surgical pathology specimen, to assist gross examination for lymph node localization in fibroadipose tissue, per specimen (List separately in addition to code for primary procedure) (Use 0961T in conjunction with 88307, 88309) (Do not report more than 1 unit of 0961T for each specimen)	8/1/2026
0962T	Assistive algorithmic analysis of acoustic and electrocardiogram recording for detection of cardiac dysfunction (eg, reduced ejection fraction, cardiac murmurs, atrial fibrillation), with review and interpretation by a physician or other qualified health care professional	8/1/2026
0963T	Anoscopy with directed submucosal injection of bulking agent into anal canal (Do not report 0963T in conjunction with 46600)	8/1/2026
0964T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism	8/1/2026
0965T	dual arch, with additional mandibular advancement, non-fixed hinge mechanism	8/1/2026
0966T	dual arch, with additional mandibular advancement, fixed hinge mechanism	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0967T	Transanal insertion of endoluminal temporary colorectal anastomosis protection device, including vacuum anchoring component and flexible sheath connected to external vacuum source and monitoring system	8/1/2026
0968T	Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with connection to electrode array (For insertion of cranial neurostimulator pulse generator or receiver other than skull mounted, see 61885, 61886) (For revision of cranial neurostimulator pulse generator or receiver other than skull mounted, use 61888) (For insertion of skull-mounted cranial neurostimulator pulse generator or receiver, use 61889)	8/1/2026
0969T	Removal of epicranial neurostimulator system (For removal of cranial neurostimulator pulse generator or receiver other than skull mounted, use 61888) (For removal of skull-mounted cranial neurostimulator pulse generator or receiver, use 61892)	8/1/2026
0970T	Ablation, benign breast tumor (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed, each tumor (Do not report 0970T in conjunction with 76641, 76642, 76940, 76942) (Report 0970T only once per tumor) (For cryosurgical ablation of fibroadenoma, use 19105) (For cryoablation of malignant breast tumor[s], use 0581T) (For laser ablation of malignant breast tumor[s], use 0971T)	8/1/2026
0971T	Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral (Do not report 0971T in conjunction with 76641, 76642, 76940, 76942) (Report 0971T only once per breast) (For cryoablation of breast fibroadenoma[s], use 19105) (For cryosurgical ablation of malignant breast tumor[s], use 0581T) (For laser ablation of benign breast tumor, use 0970T)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0972T	Assistive algorithmic classification of burn healing (ie, healing or nonhealing) by noninvasive multispectral imaging, including system set-up and acquisition, selection, and transmission of images, with automated generation of report Selective Enzymatic Debridement Codes 0973T, 0974T, 0975T, 0976T describe selective enzymatic debridement of partial-thickness and/or full-thickness burn eschar. For nonselective enzymatic debridement, use 97602. Codes 0973T, 0974T, 0975T, 0976T require general anesthesia or moderate sedation that is separately reported and includes initial wound cleansing, preparation, and topical application of a selective enzyme agent (ie, anacaulase-bcdb), repeated dressing soaks, mechanical debridement, and patient monitoring.	8/1/2026
0973T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, trunk, arms, legs; first 100 sq cm	8/1/2026
0974T	each additional 100 sq cm (List separately in addition to code for primary procedure) (Use 0974T in conjunction with 0973T) (Do not report 0973T, 0974T in conjunction with 11042, 11043, 11044, 11045, 11046, 11047, 97597, 97598, for selective enzymatic debridement of the same wound during the same session) (For nonselective enzymatic debridement, use 97602)	8/1/2026
0975T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, scalp, neck, hands, feet, and/or multiple digits; first 100 sq cm	8/1/2026
0976T	each additional 100 sq cm (List separately in addition to code for primary procedure) (Use 0976T in conjunction with 0975T) (Do not report 0975T, 0976T in conjunction with 11042, 11043, 11044, 11045, 11046, 11047, 97597, 97598, for selective enzymatic debridement of the same wound during the same session) (For nonselective enzymatic debridement, use 97602)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0977T	Upper gastrointestinal blood detection, sensor capsule, with interpretation and report	8/1/2026
0978T	Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil	8/1/2026
0979T	soft palate only	8/1/2026
0980T	base of tongue and lingual tonsil only (Do not report 0979T, 0980T in conjunction with 0978T)	8/1/2026
0981T	Transcatheter implantation of wireless inferior vena cava sensor for long-term hemodynamic monitoring, including deployment of the sensor, radiological supervision and interpretation, right heart catheterization, and inferior vena cava venography, when performed (Do not report 0981T in conjunction with 36010, 36013, 37252, 37253, 75825, 76000, 93451, 93453, 93456, 93460, 93461, 93566, 93593, 93594, 93596, 93597) (For implantation of wireless pulmonary artery sensor, use 33289) (For remote monitoring of an implantable inferior vena cava pressure sensor, use 0982T)	8/1/2026
0982T	Remote monitoring of implantable inferior vena cava pressure sensor, physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up and patient education on use of equipment (Do not report 0982T more than once per episode of care) (Do not report 0982T for monitoring of less than 16 days)	8/1/2026
0983T	Remote monitoring of an implanted inferior vena cava sensor for up to 30 days, including at least weekly downloads of inferior vena cava area recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional (Report 0983T only once per 30 days)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
0984T	Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure) (Use 0984T in conjunction with 36221, 36222, 36225, 36226, 37215, 37216) (Report 0984T once per session)	8/1/2026
0985T	each additional vessel (List separately in addition to code for primary procedure) (Use 0985T in conjunction with 0984T)	8/1/2026
0986T	Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure) (Use 0986T in conjunction with 36223, 36224, 36225, 36226, 61624, 61630, 61635, 61640, 61645, 61650) (Report 0986T once per session)	8/1/2026
0987T	each additional vessel (List separately in addition to code for primary procedure) (Use 0987T in conjunction with 0986T)	8/1/2026
1026T	Transvaginal laser photobiomodulation therapy of pelvis	8/1/2026
1027T	Percutaneous insertion/replacement of neurostimulation catheter into SVC; mapping/programming; transvenous phrenic neurostimulation therapy (ventilated patients)	8/1/2026
1028T	Mapping/programming with delivery of transvenous phrenic neurostimulation; with repositioning and capture verification, per session	8/1/2026
1029T	Mapping/programming with delivery of transvenous phrenic neurostimulation; without repositioning, per session	8/1/2026
1030T	Repurposing volumetric medical imaging to surface mesh files for clinically relevant 3D models (some printed)	8/1/2026
1031T	Used in conjunction with 1031T each additional 30 mins	8/1/2026
1032T	Create digital 3D model from surface mesh files + digital simulation (up to 30 days); initial 60 minutes	8/1/2026
1033T	Used in conjunction with 1032T each additional 30 minutes (add-on)	8/1/2026
1034T	Create digital 3D model + simulation + computational analyses (up to 30 days); initial 90 minutes	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
1035T	Used in conjunction with 1034T each additional 30 minutes (add-on)	8/1/2026
1036T	Noninvasive hemodynamic assessment (pulmonary pressures, EF when performed) with algorithm + clinical report + physician/QHP interpretation	8/1/2026
1037T	Histotripsy (non-thermal acoustic ablation) of malignant pancreatic tissue, including imaging guidance	8/1/2026
1038T	Autologous muscle cell therapy: injection(s) into tongue, incl esophagoscopy when performed	8/1/2026
1039T	Connectomic analysis of prior multi-modal brain MRI with physician/QHP interpretation and report	8/1/2026
1040T	Flexible bronchoscopy with bronchial cryotherapy, 1 lung (incl trachea when performed)	8/1/2026
1041T	Algorithmic analysis of EEG waveforms for epileptiform source/propagation (3D localization/animations) with interpretation/report	8/1/2026
1042T	Implantation of absorbable urologic scaffold for prosthetic urethra restoration (add-on)	8/1/2026
1043T	Quantitative MR (without imaging) liver tissue analysis (eg, PDFF, diffusion, T1) with automated report	8/1/2026
1044T	Harvest full-thickness skin for autologous heterogeneous skin-construct graft; first 5 sq cm or less	8/1/2026
1045T	Add-on to 1044T: each additional 5 sq cm (or part thereof)	8/1/2026
1046T	Autologous heterogeneous skin-construct graft application trunk/arms/legs; first 50 sq cm (or 0.5% BSA)	8/1/2026
1047T	Add-on to 1046T: each additional 50 sq cm (or additional 0.5% BSA)	8/1/2026
1048T	Autologous heterogeneous skin-construct graft application face/scalp/eyelids/mouth/neck/ears/orbits/genitalia/hands/feet/digits; first 50 sq cm (or 0.5% BSA)	8/1/2026
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	1/1/2025
20975	Electrical stimulation to aid bone healing; invasive (operative)	1/1/2025
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	8/1/2026
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	8/1/2026
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	8/1/2026
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	8/1/2026
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	8/1/2026
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	8/1/2026
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	8/1/2026
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;  Dates reflect blue adding code to pa grid eff 7/1/26	8/1/2026
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;	8/1/2026
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	8/1/2026
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	8/1/2026
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	8/1/2026
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	8/1/2026
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	8/1/2026
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	1/1/2025
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	8/1/2026
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	8/1/2026
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	8/1/2026
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	8/1/2026
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level  CRC / PA Committee and Provider Notification Dates are for blue eff date of 7/1/26	8/1/2026
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	8/1/2026
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level  Dates and rationale refer to code eff on blue grid 7/1/26	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	8/1/2026
23000	Removal of subdeltoid calcareous deposits, open	8/1/2026
23020	Capsular contracture release (eg, Sever type procedure)	8/1/2026
23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy	8/1/2026
23120	Claviculectomy; partial	8/1/2026
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	8/1/2026
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	8/1/2026
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)	8/1/2026
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	8/1/2026
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	8/1/2026
23415	Coracoacromial ligament release, with or without acromioplasty	8/1/2026
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	8/1/2026
23430	Tenodesis of long tendon of biceps	8/1/2026
23440	Resection or transplantation of long tendon of biceps	8/1/2026
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	8/1/2026
23460	Capsulorrhaphy, anterior, any type; with bone block	8/1/2026
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	8/1/2026
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	8/1/2026
23466	Capsulorrhaphy, glenohumeral joint, any type multidirectional instability	8/1/2026
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	8/1/2026
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	8/1/2026
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	8/1/2026
23929	Unlisted procedure, shoulder	8/1/2026
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	8/1/2026
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	8/1/2026
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	8/1/2026
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	8/1/2026
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	8/1/2026
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
27175	Treatment of slipped femoral epiphysis; by traction, without reduction	8/1/2026
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	8/1/2026
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	8/1/2026
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	8/1/2026
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	8/1/2026
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	8/1/2026
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	8/1/2026
27340	Excision, prepatellar bursa	8/1/2026
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	8/1/2026
27355	Excision or curettage of bone cyst or benign tumor of femur;	8/1/2026
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft	8/1/2026
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	8/1/2026
27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)	8/1/2026
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	8/1/2026
27403	Arthrotomy with meniscus repair, knee	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	8/1/2026
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	8/1/2026
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	8/1/2026
27412	Autologous chondrocyte implantation, knee	8/1/2026
27415	Osteochondral allograft, knee, open	8/1/2026
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	8/1/2026
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	8/1/2026
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	8/1/2026
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	8/1/2026
27424	Reconstruction of dislocating patella; with patellectomy	8/1/2026
27425	Lateral retinacular release, open	8/1/2026
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	8/1/2026
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	8/1/2026
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	8/1/2026
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	8/1/2026
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	8/1/2026
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)	8/1/2026
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)	8/1/2026
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	8/1/2026
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)	8/1/2026
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	8/1/2026
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	8/1/2026
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum  Dates and rationale for blue adding code to pa grid eff 7/1/26	8/1/2026
29863	Arthroscopy, hip, surgical; with synovectomy  Dates and rationale for blue adding code to PA Grid eff 7/1/26	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])  CRC Presentation / PA Committee and Provider Notification Date are for the Blue PA Grid eff 7/1/26	8/1/2026
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	8/1/2026
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	8/1/2026
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	8/1/2026
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	8/1/2026
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	8/1/2026
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	8/1/2026
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	8/1/2026
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	8/1/2026
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)  Dates and rationale for blue adding code to pa grid eff 7/1/26	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
29916	Arthroscopy, hip, surgical; with labral repair  Dates and rationale are for blue adding code to pa grid eff 7/1/26	8/1/2026
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	8/1/2026
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	8/1/2026
43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed	8/1/2026
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	8/1/2026
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	8/1/2026
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	8/1/2026
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	8/1/2026
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	8/1/2026
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	8/1/2026
58346	Insertion of Heyman capsules for clinical brachytherapy	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	8/1/2026
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	8/1/2026
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	8/1/2026
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	8/1/2026
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	8/1/2026
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	8/1/2026
62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	8/1/2026
62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	8/1/2026
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	8/1/2026
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar  Date and rationale for blue adding code to PA Grid, eff 7/1/26	8/1/2026
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	8/1/2026
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	8/1/2026
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	8/1/2026
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	8/1/2026
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	8/1/2026
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
63032	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)	8/1/2026
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	8/1/2026
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	8/1/2026
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	8/1/2026
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	8/1/2026
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	8/1/2026
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	8/1/2026
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	8/1/2026
64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
64567	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	8/1/2026
64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming	4/1/2026
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	1/1/2025
70450	Computed tomography, head or brain; without contrast material	1/1/2025
70460	Computed tomography, head or brain; with contrast material(s)	1/1/2025
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	1/1/2025
70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	4/1/2026
70472	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)	4/1/2026
70473	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy	4/1/2026
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	1/1/2025
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	1/1/2025
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	4/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
70486	Computed tomography, maxillofacial area; without contrast material	1/1/2025
70487	Computed tomography, maxillofacial area; with contrast material(s)	1/1/2025
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	1/1/2025
70490	Computed tomography, soft tissue neck; without contrast material	1/1/2025
70491	Computed tomography, soft tissue neck; with contrast material(s)	1/1/2025
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	1/1/2025
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1/1/2025
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1/1/2025
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	1/1/2025
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	1/1/2025
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	1/1/2025
70544	Magnetic resonance angiography, head; without contrast material(s)	1/1/2025
70545	Magnetic resonance angiography, head; with contrast material(s)	1/1/2025
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	1/1/2025

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
70547	Magnetic resonance angiography, neck; without contrast material(s)	1/1/2025
70548	Magnetic resonance angiography, neck; with contrast material(s)	1/1/2025
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	1/1/2025
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1/1/2025
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	1/1/2025
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	1/1/2025
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	1/1/2025
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	4/1/2026
71250	Computed tomography, thorax, diagnostic; without contrast material	1/1/2025
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	1/1/2025
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	1/1/2025
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	1/1/2025
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	1/1/2025

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	8/1/2026
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	8/1/2026
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	8/1/2026
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	8/1/2026
72125	Computed tomography, cervical spine; without contrast material	8/1/2026
72126	Computed tomography, cervical spine; with contrast material	8/1/2026
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	8/1/2026
72128	Computed tomography, thoracic spine; without contrast material	8/1/2026
72129	Computed tomography, thoracic spine; with contrast material	8/1/2026
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	8/1/2026
72131	Computed tomography, lumbar spine; without contrast material	8/1/2026
72132	Computed tomography, lumbar spine; with contrast material	8/1/2026
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	8/1/2026
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	8/1/2026
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	8/1/2026
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	8/1/2026
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	8/1/2026
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	8/1/2026
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	8/1/2026
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	8/1/2026
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	8/1/2026
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	8/1/2026
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1/1/2025
72192	Computed tomography, pelvis; without contrast material	8/1/2026
72193	Computed tomography, pelvis; with contrast material(s)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	8/1/2026
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	8/1/2026
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	8/1/2026
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	8/1/2026
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	8/1/2026
73200	Computed tomography, upper extremity; without contrast material	1/1/2025
73201	Computed tomography, upper extremity; with contrast material(s)	1/1/2025
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	1/1/2025
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1/1/2025
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	8/1/2026
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	8/1/2026
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	8/1/2026
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	8/1/2026
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	8/1/2026
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	8/1/2026
73700	Computed tomography, lower extremity; without contrast material	1/1/2025
73701	Computed tomography, lower extremity; with contrast material(s)	1/1/2025
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	1/1/2025
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1/1/2025
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	8/1/2026
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	8/1/2026
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	8/1/2026
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	8/1/2026
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	8/1/2026
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	8/1/2026
74150	Computed tomography, abdomen; without contrast material	8/1/2026
74160	Computed tomography, abdomen; with contrast material(s)	8/1/2026
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	8/1/2026
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1/1/2025
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1/1/2025
74176	Computed tomography, abdomen and pelvis; without contrast material	8/1/2026
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	8/1/2026
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	8/1/2026
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	8/1/2026
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	8/1/2026
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	8/1/2026
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	1/1/2025
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	1/1/2025
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	8/1/2026
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	8/1/2026
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	8/1/2026
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	8/1/2026
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	8/1/2026
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	4/1/2026
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	8/1/2026
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	8/1/2026
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	8/1/2026
75577	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional	8/1/2026
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	4/1/2026
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	8/1/2026
76380	Computed tomography, limited or localized follow-up study	1/1/2025
76391	Magnetic resonance (eg, vibration) elastography	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	8/1/2026
76965	Ultrasonic guidance for interstitial radioelement application	8/1/2026
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	8/1/2026
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	8/1/2026
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	8/1/2026
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	8/1/2026
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	8/1/2026
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	8/1/2026
77261	Therapeutic radiology treatment planning; simple	8/1/2026
77262	Therapeutic radiology treatment planning; intermediate	8/1/2026
77263	Therapeutic radiology treatment planning; complex	8/1/2026
77280	Therapeutic radiology simulation-aided field setting; simple	8/1/2026
77285	Therapeutic radiology simulation-aided field setting; intermediate	8/1/2026
77290	Therapeutic radiology simulation-aided field setting; complex	8/1/2026
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
77295	3-dimensional radiotherapy plan, including dose-volume histograms	8/1/2026
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	8/1/2026
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	8/1/2026
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	8/1/2026
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	8/1/2026
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	8/1/2026
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	8/1/2026
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	8/1/2026
77321	Special teletherapy port plan, particles, hemibody, total body	8/1/2026
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	8/1/2026
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	8/1/2026
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	8/1/2026
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	8/1/2026
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	8/1/2026
77370	Special medical radiation physics consultation	8/1/2026
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	8/1/2026
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	8/1/2026
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	8/1/2026
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	8/1/2026
77402	Radiation treatment delivery, $\geq 1$ MeV; simple	8/1/2026
77407	Radiation treatment delivery, $\geq 1$ MeV; intermediate	8/1/2026
77412	Radiation treatment delivery, $\geq 1$ MeV; complex	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
77417	Therapeutic radiology port image(s)	8/1/2026
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	8/1/2026
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	8/1/2026
77427	Radiation treatment management, 5 treatments	8/1/2026
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	8/1/2026
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	8/1/2026
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	8/1/2026
77436	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting	8/1/2026
77437	Surface radiation therapy; superficial, delivery, =150 kV, per fraction (eg, electronic brachytherapy)	8/1/2026
77469	Intraoperative radiation treatment management	8/1/2026
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	8/1/2026
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	8/1/2026
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	8/1/2026
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	8/1/2026
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	8/1/2026
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	8/1/2026
77789	Surface application of low dose rate radionuclide source	1/1/2026
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	8/1/2026
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	4/1/2026
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	8/1/2026
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	8/1/2026
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	8/1/2026
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	8/1/2026
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	8/1/2026
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	8/1/2026
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	4/1/2026
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	8/1/2026
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)ACG: A-0098 (AC)	8/1/2026
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	8/1/2026
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	8/1/2026
79005	Radiopharmaceutical therapy, by oral administration	8/1/2026
79101	Radiopharmaceutical therapy, by intravenous administration	8/1/2026
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	8/1/2026
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	8/1/2026
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	8/1/2026
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	8/1/2026
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	8/1/2026
81195	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)  Dates and rationale for blue adding code to pa list eff 7/1/26	8/1/2026
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	8/1/2026
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	8/1/2026
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	8/1/2026
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	8/1/2026
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	8/1/2026
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	8/1/2026
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis	8/1/2026
81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis  Dates and rationale for blue adding code to pa grid eff 7/1/26	8/1/2026
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	8/1/2026
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	8/1/2026
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	8/1/2026
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	8/1/2026
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	8/1/2026
81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	8/1/2026
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	8/1/2026
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	8/1/2026
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	8/1/2026
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	8/1/2026
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	8/1/2026
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	8/1/2026
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	8/1/2026
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	8/1/2026
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	8/1/2026
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	8/1/2026
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	8/1/2026
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	8/1/2026
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	8/1/2026
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	8/1/2026
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	8/1/2026
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	8/1/2026
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	8/1/2026
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	8/1/2026
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	8/1/2026
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	8/1/2026
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	8/1/2026
81354	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of structural and copy number variants, optical genome mapping (OGM)	8/1/2026
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	8/1/2026
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	8/1/2026
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion acc	8/1/2026
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9G>A [c.3992-9G>A], F1388del) ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) CBFB/MYH11 (inv(16)) (eg, acute	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) Chromosome 1p-/19q- (eg, glial tumors), deletion analysis Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant) ESR1/PGR (receptor 1/progesterone)	8/1/2026
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless-related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked intellectual disability), duplication/deletion analysis CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) AQP2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked intellectual disability), full gene sequence AVPR2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence BBS10 (Bardet-Biedl syndrome 10) (eg, Bardet-Biedl syndrome), full gene sequence BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence C10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial DNA depletion syndrome)	8/1/2026
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTA2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1)(eg, familial hypertrophic cardiomyopathy), full gene sequence ANKRD1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence ARSA (arylsulfatase A) (eg, arylsulfatase A deficiency), full gene sequence BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease,	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons) ACADVL (acyl-CoA dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence ACTN4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence AFG3L2 (AFG3 ATPase family gene 3-like 2 [S. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence AIRE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence ALDH7A1 (aldehyde dehydrogenase 7 family, member A1) (eg, pyridoxine-dependent epilepsy), full gene sequence ANO5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence ANOS1 (anosmin-1) (eg, Kallmann syndrome 1), full gene sequence APP (amyloid beta [A4] precursor protein) (eg, Alzheimer disease), full gene sequence ASS1 (argininosuccinate synthase 1) (eg, citrullinemia type I), full gene sequ	8/1/2026
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B) full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analy  Dates and rationale for blue adding code to pa grid eff 7/1/26	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
81408	<p>Molecular pathology procedure, Level 9 (eg, analysis of &gt;50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscu</p> <p>Dates and rationale are for Blue adding code to PA Grid, eff 7/1/26</p>	8/1/2026
81410	<p>Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK</p>	8/1/2026
81411	<p>Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1</p> <p>Dates for blue adding code to pa grid eff 7/1/26</p>	8/1/2026
81412	<p>Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1</p>	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	8/1/2026
81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	8/1/2026
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis  CRC/PA Committee/Provider Notification dates refer to blue eff date of 7/1/26	8/1/2026
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)  PA Committee / CRC Presentation and Provider Notification Date all refer to the Blue PA Grid, code eff 7/1/26	8/1/2026
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	8/1/2026
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2  Dates and rationale refer to blue PA list, code eff 7/1/26	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	8/1/2026
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis  CRC / PA Committee and Provider Notification dates are for blue only, code eff 7/1/26	8/1/2026
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	8/1/2026
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	8/1/2026
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	8/1/2026
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	8/1/2026
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
81437	Hereditary neuroendocrine tumor-related disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	8/1/2026
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)	8/1/2026
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUGL1, TAZ, TK2, and TYMP  CRC / PA Committee and Prov Notification dates refer to code being to blue grid eff 7/1/26	8/1/2026
81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2	8/1/2026
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
81443	<p>Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)</p> <p>Dates and rationale are for blue adding code to PA Grid eff 7/1/26</p>	8/1/2026
81445	<p>Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis</p>	8/1/2026
81448	<p>Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)</p>	8/1/2026
81449	<p>Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis</p> <p>Dates and rationale for blue adding code to pa grid eff 7/1/26</p>	8/1/2026
81460	<p>Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection</p> <p>Dates and rationale for blue adding code to pa grid eff 7/1/26</p>	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed  Dates and rationale for blue adding code to pa grid eff 7/1/26	8/1/2026
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	8/1/2026
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	8/1/2026
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	8/1/2026
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	8/1/2026
81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	8/1/2026
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	8/1/2026
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	8/1/2026
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	8/1/2026
81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	8/1/2026
81524	Oncology (central nervous system tumor), DNA methylation analysis of at least 10,000 methylation sites, utilizing DNA extracted from formalin-fixed tumor tissue, algorithm(s) reported as probability of matching a reference tumor family and class, and MGMT (O-6-methylguanine-DNA methyltransferase) promoter methylation status, if performed	8/1/2026
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	8/1/2026
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	8/1/2026
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival  Dates and rationale in reference to code being to blue PA Grid on 7.1.26	8/1/2026
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	8/1/2026
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	8/1/2026
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	8/1/2026
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	8/1/2026
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	8/1/2026
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	8/1/2026
81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	8/1/2026
87468	Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma phagocytophilum, amplified probe technique	8/1/2026
87469	Infectious agent detection by nucleic acid (DNA or RNA); Babesia microti, amplified probe technique	8/1/2026
87478	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi, amplified probe technique	8/1/2026
87484	Infectious agent detection by nucleic acid (DNA or RNA); Ehrlichia chaffeensis, amplified probe technique	8/1/2026
A2037	G4derm plus/suprello, per milliliter	8/1/2026
A2040	Microlyte painguard, per square centimeter	8/1/2026
A2041	Foundation drs+ duo, per square centimeter	8/1/2026
A2042	Foundation drs+ solo, per square centimeter	8/1/2026
A2043	Biobrane, per square centimeter	8/1/2026
A2044	Biobrane glove, each	8/1/2026
A2045	Novashield or novogen wound matrix, per square centimeter	8/1/2026
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips  Dates for blue adding to pa list eff 7/1/26	8/1/2026
A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per 50 tests	8/1/2026
A4649	Surgical supply; miscellaneous	3/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	3/1/2026
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	3/1/2026
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each	3/1/2026
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	3/1/2026
A5514	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	3/1/2026
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	3/1/2026
A8005	Powered, cable driven grip assist glove, hand, finger, includes microprocessor, pressure sensors, all components and accessories, custom fitted	8/1/2026
A8006	Powered, cable driven grip assist glove, hand, finger, includes pressure sensors, glove replacement only	8/1/2026
A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	8/1/2026
A9606	Radium ra-223 dichloride, therapeutic, per microcurie	10/1/2025
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	8/1/2026
C1767	Generator, neurostimulator (implantable), non-rechargeable	8/1/2026
C1772	Infusion pump, programmable (implantable)	8/1/2026
C1778	Lead, neurostimulator (implantable)	8/1/2026
C1787	Patient programmer, neurostimulator	8/1/2026
C1816	Receiver and/or transmitter, neurostimulator (implantable)	8/1/2026
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	8/1/2026
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	8/1/2026
C1883	Adapter/extension, pacing lead or neurostimulator lead (implantable)	8/1/2026
C1897	Lead, neurostimulator test kit (implantable)	8/1/2026
C2616	Brachytherapy source, non-stranded, yttrium-90, per source	8/1/2026
C8900	Magnetic resonance angiography with contrast, abdomen	4/1/2026
C8901	Magnetic resonance angiography without contrast, abdomen	4/1/2026
C8903	Magnetic resonance imaging with contrast, breast; unilateral	4/1/2026
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	4/1/2026
C8906	Magnetic resonance imaging with contrast, breast; bilateral	8/1/2026
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	8/1/2026
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	4/1/2026
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	8/1/2026
C8912	Magnetic resonance angiography with contrast, lower extremity	4/1/2026
C8913	Magnetic resonance angiography without contrast, lower extremity	8/1/2026
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	4/1/2026
C8918	Magnetic resonance angiography with contrast, pelvis	4/1/2026
C8919	Magnetic resonance angiography without contrast, pelvis	4/1/2026
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	4/1/2026
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	8/1/2026
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	8/1/2026
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	8/1/2026
C8934	Magnetic resonance angiography with contrast, upper extremity	8/1/2026
C8935	Magnetic resonance angiography without contrast, upper extremity	8/1/2026
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	8/1/2026
C8937	Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)	8/1/2026
C9047	Injection, caplacizumab-yhdp, 1 mg	8/1/2026
C9146	Injection, mirvetuximab soravtansine-gynx, 1 mg	8/1/2026
C9147	Injection, tremelimumab-actl, 1 mg	8/1/2026
C9307	Linvoseltamab-gcpt	8/1/2026
C9308	Carboplatin (avyxa)	8/1/2026
C9309	Injection, onasemnogene abeparvovec-brve, per treatment	8/1/2026
C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	3/1/2026
E0184	Dry pressure mattress	3/1/2026
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	3/1/2026
E0193	Powered air flotation bed (low air loss therapy)	3/1/2026
E0194	Air fluidized bed	3/1/2026
E0250	Hospital bed, fixed height, with any type side rails, with mattress	3/1/2026
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	3/1/2026
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	3/1/2026
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	3/1/2026
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	3/1/2026
E0271	Mattress, innerspring	3/1/2026
E0277	Powered pressure-reducing air mattress	3/1/2026
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	3/1/2026
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	3/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	3/1/2026
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	3/1/2026
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	3/1/2026
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	3/1/2026
E0372	Powered air overlay for mattress, standard mattress length and width	3/1/2026
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, caNula or mask, and tubing	3/1/2026
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, caNula or mask, and tubing	3/1/2026
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, caNula or mask, & tubing	3/1/2026
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	3/1/2026
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	3/1/2026
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	3/1/2026
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	3/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	8/1/2026
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	8/1/2026
E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each	3/1/2026
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	3/1/2026
E0562	Humidifier, heated, used with positive airway pressure device	3/1/2026
E0575	Nebulizer, ultrasonic, large volume	3/1/2026
E0601	Continuous positive airway pressure (cpap) device	8/1/2026
E0607	Home blood glucose monitor	8/1/2026
E0627	Seat lift mechanism, electric, any type	3/1/2026
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	3/1/2026
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	3/1/2026
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	3/1/2026
E0658	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full arms and chest	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
E0659	Segmental pneumatic appliance for use with pneumatic compressor, integrated, head, neck and chest	8/1/2026
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	3/1/2026
E0672	Segmental gradient pressure pneumatic appliance, full arm	3/1/2026
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	3/1/2026
E0720	Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation	3/1/2026
E0730	Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation	3/1/2026
E0731	Form fitting conductive garment for delivery of tens or nmes (with conductive fibers separated from the patient's skin by layers of fabric)	3/1/2026
E0745	Neuromuscular stimulator, electronic shock unit	8/1/2026
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	3/1/2026
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	8/1/2026
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	8/1/2026
E0935	Continuous passive motion exercise device for use on knee only	3/1/2026
E1392	Portable oxygen concentrator, rental	3/1/2026
E1399	Durable medical equipment, miscellaneous	3/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
E1805	Dynamic adjustable wrist extension and flexion device, includes soft interface material	3/1/2026
E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine and/or fecal management system	3/1/2026
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge	3/1/2026
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	3/1/2026
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	3/1/2026
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	3/1/2026
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	3/1/2026
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	3/1/2026
E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat)	3/1/2026
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	3/1/2026
E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	3/1/2026
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	3/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	3/1/2026
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	3/1/2026
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only	3/1/2026
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	3/1/2026
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	3/1/2026
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	3/1/2026
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	3/1/2026
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	3/1/2026
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	3/1/2026
E2402	Negative pressure wound therapy electrical pump, stationary or portable	3/1/2026
E2512	Accessory for speech generating device, mounting system	3/1/2026
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	3/1/2026
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	3/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	3/1/2026
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	3/1/2026
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	3/1/2026
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	3/1/2026
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	3/1/2026
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	3/1/2026
E3000	Speech volume modulation system, any type, including all components and accessories	3/1/2026
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	8/1/2026
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	8/1/2026
G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	8/1/2026
G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	8/1/2026
J0172	Aduhelm (aducanumab-awwa)	8/1/2026
J0217	Injection, velmanase alfa-tycv, 1 mg	8/1/2026
J0218	Injection, olipudase alfa-rpcp, 1 mg	8/1/2026
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	8/1/2026
J0220	Alglucosidase alfa	8/1/2026
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	8/1/2026
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	8/1/2026
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	8/1/2026
	PA Committee CRC Presentation and Provider Notification Date dates reflect info for blue only Blue eff date is 7/1/26	
J0567	Brineura (cerliponase alfa)	8/1/2026
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	8/1/2026
J0606	Injection, etelcalcetide, 0.1 mg	8/1/2026
J0638	Injection, canakinumab, 1 mg	8/1/2026
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	8/1/2026
	Dates and rationale for blue adding code to pa grid eff 7/1/26	
J0791	Injection, crizanlizumab-tmca, 5 mg	8/1/2026
J1203	Injection, cipaglucoisidase alfa-atga, 5 mg	8/1/2026
J1246	Injection, dinutuximab, 0.1 mg	8/1/2026
J1300	Injection, eculizumab, 10 mg	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J1302	Injection, sutimlimab-jome, 10 mg	8/1/2026
J1304	Injection, tofersen, 1 mg	8/1/2026
J1305	Injection, evinacumab-dgnb, 5mg	8/1/2026
J1322	Injection, elosulfase alfa, 1 mg	8/1/2026
J1426	Casimersen	8/1/2026
J1427	Injection, viltolarsen, 10 mg	8/1/2026
J1428	Injection, eteplirsen, 10 mg	8/1/2026
J1429	Injection, golodirsen, 10 mg	8/1/2026
J1448	Injection, trilaciclib, 1mg	8/1/2026
J1456	Injection, fosaprepitant (teva), not therapeutically equivalent to j1453, 1 mg	8/1/2026
J1458	Injection, galsulfase, 1 mg	8/1/2026
J1553	Yimmugo	8/1/2026
J1577	Injection, immune globulin (qivigy), 100 mg	7/1/2026
J1743	Injection, idursulfase, 1 mg	8/1/2026
J1744	icatibant (Firaxy/Sajazir)	8/1/2026
J1747	Spevigo (spesolimab-sbzo)	8/1/2026
J1786	Injection, imiglucerase, 10 units	8/1/2026
J1931	Injection, laronidase, 0.1 mg	8/1/2026
J2326	Injection, nusinersen, 0.1 mg	8/1/2026
J2361	Injection, depemokimab-ulaa, 1 mg	7/1/2026
J2430	Injection, pamidronate disodium, per 30 mg	8/1/2026
J2507	Injection, pegloticase, 1 mg	8/1/2026
J2782	Injection, avacincaptad pegol, 0.1 mg	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J2820	Injection, sargramostim (gm-csf), 50 mcg	4/1/2026
J2840	Injection, sebelipase alfa, 1 mg	4/1/2026
J2998	Injection, plasminogen, human-tvmh, 1 mg	8/1/2026
J3060	Injection, taliglucerase alfa, 10 units	4/1/2026
J3111	Injection, romosozumab-aqqg, 1 mg	4/1/2026
J3241	Injection, teprotumumab-trbw, 10 mg	8/1/2026
J3385	Injection, velaglucerase alfa, 100 units	8/1/2026
J3387	Injection, elivaldogene autotemcel, per treatment	8/1/2026
J3389	Topical administration, prademagene zamikeracel, per treatment	8/1/2026
J3392	Casgevy	8/1/2026
J3393	Zynteglo	8/1/2026
J3394	Lyfgenia (Injection, lovitibeglogene autotemcel, per treatment)	8/1/2026
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	8/1/2026
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes	8/1/2026
J3404	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	8/1/2026
J7170	Hemlibra	8/1/2026
J7171	Injection, adamts13, recombinant-krhn, 10 iu	8/1/2026
J7175	Coagadex	8/1/2026
J7179	Vonvendi	8/1/2026
J7180	Corifact	8/1/2026
J7181	Tretten	8/1/2026
J7182	Novoeight	8/1/2026
J7183	Wilate	8/1/2026
J7185	Xyntha	8/1/2026
J7186	Alphante	8/1/2026
J7187	Humate-P	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J7188	Obizur	8/1/2026
J7196	antithrombin recombinant	8/1/2026
J7197	Thrombate III	8/1/2026
J7198	Feiba NF	8/1/2026
J7199	Hemophilia clotting factor, not otherwise clasified	8/1/2026
J7200	Rixubis	8/1/2026
J7201	Alprolix	8/1/2026
J7202	Idelvion	8/1/2026
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	8/1/2026
J7204	Esperoct	8/1/2026
J7205	Eloctate	8/1/2026
J7207	Adynovate	8/1/2026
J7208	Jivi	8/1/2026
J7209	Nuwiq	8/1/2026
J7210	Afstyla	8/1/2026
J7211	Kovaltry	8/1/2026
J7212	Sevenfact	8/1/2026
J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.	8/1/2026
J7330	Autologous cultured chondrocytes, implant	8/1/2026
J7352	Afamelanotide implant, 1 mg	8/1/2026
J7355	Injection, travoprost, intracameral implant, 1 microgram	8/1/2026
J9011	Injection, datopotamab deruxtecandlnk, 1 mg	8/1/2026
J9030	BCG live intravesical instillation, 1 mg	8/1/2026
J9037	Injection, belantamab mafodotin-blmf, 0.5 mg	8/1/2026
J9038	axatilimab-csfr (Niktimvo)	46113
J9051	Injection, bortezomib (MAIA), not therapeutically equivalent to J9041, 0.1 mg	8/1/2026
J9184	Injection, gemcitabine hydrochloride (avyxa), 200 mg	8/1/2026
J9256	Injection, nipocalimab-aahu, 3 mg	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
J9282	Mitomycin, intravesical instillation, 1 mg	8/1/2026
J9326	Injection, telisotuzumab vedotin-tllv, 1 mg	8/1/2026
J9340	Injection, thiotepa, 15 mg	8/1/2026
J9381	Injection, teplizumab-mzww, 5 mcg	8/1/2026
K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)	3/1/2026
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	3/1/2026
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	3/1/2026
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, caNula or mask, and tubing	3/1/2026
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	8/1/2026
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	8/1/2026
L0456	Tlso, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	3/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
L0457	Tlso, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf	3/1/2026
L0627	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	3/1/2026
L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	3/1/2026
L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	3/1/2026
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	3/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	3/1/2026
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf	3/1/2026
L1820	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	3/1/2026
L1830	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf	3/1/2026
L1831	Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	3/1/2026
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	3/1/2026
L1844	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	3/1/2026
L1940	Ankle foot orthosis, plastic or other material, custom fabricated	8/1/2026
L1960	Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated	8/1/2026
L1970	Ankle foot orthosis, plastic with ankle joint, custom fabricated	8/1/2026
L1990	Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'bk' orthosis), custom fabricated	8/1/2026
L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	8/1/2026
L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	8/1/2026
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	3/1/2026
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	8/1/2026
L3730	Elbow orthosis, double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	8/1/2026
L5657	Addition to lower extremity prosthesis, manual/automated adjustable air, fluid, gel or equal socket insert for limb volume management, any materials	8/1/2026
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	8/1/2026
L5910	Addition, endoskeletal system, below knee, alignable system	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	8/1/2026
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	8/1/2026
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	3/1/2026
L5972	All lower extremity prostheses, foot, flexible keel	3/1/2026
L5986	All lower extremity prostheses, multi-axial rotation unit ('mcp' or equal)	3/1/2026
L7499	Upper extremity prosthesis, not otherwise specified	8/1/2026
L8499	Unlisted procedure for miscellaneous prosthetic services	8/1/2026
L8500	Artificial larynx, any type	3/1/2026
L8680	Implantable neurostimulator electrode, each	8/1/2026
Q2057	Tecelra	8/1/2026
Q4398	Summit ac, per square centimeter	8/1/2026
Q4399	Summit fx, per square centimeter	8/1/2026
Q4400	Polygon3 membrane, per square centimeter	8/1/2026
Q4401	Absolv3 membrane, per square centimeter	8/1/2026
Q4402	Xwrap 2.0, per square centimeter	8/1/2026
Q4403	Xwrap dual plus, per square centimeter	8/1/2026
Q4404	Xwrap hydro plus, per square centimeter	8/1/2026
Q4405	Xwrap fenestra plus, per square centimeter	8/1/2026
Q4406	Xwrap fenestra, per square centimeter	8/1/2026
Q4407	Xwrap tribus, per square centimeter	8/1/2026
Q4408	Xwrap hydro, per square centimeter	8/1/2026
Q4409	Amniomatrixf3x, per square centimeter	8/1/2026
Q4410	Amchomatrixdl, per square centimeter	8/1/2026
Q4411	Amniomatrixf4x, per square centimeter	8/1/2026
Q4412	Cygnus solo, per square centimeter	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
Q4413	Cygnus solo, per square centimeter	8/1/2026
Q4414	Simplichor, per square centimeter	8/1/2026
Q4418	Biolab membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4419	Biolab membrane wrap lite flow, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4421	Biolab membrane wrap solo, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4422	A/c wrap, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4423	Biolab tri-membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4424	Revive ft, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4425	Revive tl, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4426	Dermabind tl + or dermabind tl x, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4427	Dermabind dl n or dermabind dl + or dermabind dl x, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4428	Dermabind sl n or dermabind sl + or dermabind sl x, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4429	Dermabind ch n or dermabind ch x, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4435	Renati membrane, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4436	Renati ac membrane, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4437	Revival ac, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4438	Preteck, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4439	Instagraft, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026
Q4440	Curamatrix, per square centimeter (add-on, list separately in addition to primary procedure)	8/1/2026

CPT® and HCPCS codes that require authorization	Description of procedure Code	Effective Date
Q5137	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	8/1/2026
Q5160	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg	8/1/2026
Q5161	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	8/1/2026
Q5162	Injection, denosumab-nxxp (bilyos/bilprevda), biosimilar, 1 mg	8/1/2026
Q5164	Injection, ustekinumab-hmny (starjemza), biosimilar, 1 mg	7/1/2026
Q5165	Injection, denosumab-mobz (oziltus), biosimilar, 1 mg	7/1/2026
Q5166	Injection, denosumab-desu (osvyrti/jubereq), biosimilar, 1 mg	7/1/2026
Q5167	Injection, denosumab-qbde (enoby/xtrenbo), biosimilar, 1 mg	7/1/2026
Q5168	Injection, ranibizumab-leyk (nufymco), biosimilar, 0.1 mg	7/1/2026
Q5169	Injection, pegfilgrastim-unne (armlupeg), biosimilar, 0.5 mg	7/1/2026
Q5170	Injection, aflibercept-boav (eydenzelt), biosimilar, 1 mg	7/1/2026
Q5171	Injection, denosumab-mobz (boncresa), biosimilar, 1 mg	7/1/2026
S8037	Magnetic resonance cholangiopancreatography (MRCP)	8/1/2026
S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)	8/1/2026
T1021	Home health aide or certified nurse assistant, per visit	8/1/2026
T1031	Nursing care, in the home, by licensed practical nurse, per diem	8/1/2026
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