

Master Precertification List

For Health Care Providers



May 2026

Complete/PHS+ - The most comprehensive care management model that includes all the components of our Preferred level, plus additional digital tools and the highest level of engagement and potential savings.

Preferred - A comprehensive care management model that includes all the components of our existing care management model, including comprehensive outpatient precertification, plus higher intensity of care coordination and more customer engagement opportunities.

Basic Standard - A lower touch care management model that includes many of the components of our existing care management model, such as higher intensity of care coordination and more customer engagement opportunities. Basic Standard has a limited number of outpatient precertification categories (radiation therapy, medical oncology, medical injectables, home infusion therapy and private duty nursing), fewer than our Preferred and Complete solutions.

*** Code may be delegated to EviCore for precertification management for certain clients.**

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
Revenue Code 0161	Room & Board-Hospital at Home	7/1/2022				X	
Revenue Code 0333*	Radiology-Therapeutic and/or Chemotherapy Administration-Radiation Therapy	2/27/2016				X	X
Revenue Code 0342	Nuclear Medicine-Therapeutic	7/1/2021				X	X
Revenue Code 0344	Nuclear Medicine-Therapeutic Radiopharmaceuticals	7/1/2021				X	X
Revenue Code 0870	Cell/Gene Therapy-General Classification	4/1/2019				X	X
Revenue Code 0871	Cell/Gene Therapy-Cell Collection	4/1/2019				X	X
Revenue Code 0872	Cell/Gene Therapy-Specialized Biologic Processing And Storage - Prior To Transport	4/1/2019				X	X
Revenue Code 0873	Cell/Gene Therapy-Storage And Processing After Receipt Of Cells From Manufacturer	4/1/2019				X	X
Revenue Code 0874	Cell/Gene Therapy-Infusion Of Modified Cells	4/1/2019				X	X
Revenue Code 0875	Cell/Gene Therapy-Injection Of Modified Cells	4/1/2019				X	X
Revenue Code 0890	Pharmacy-Extension Of 025X And 063X - Reserved (Use 0250 For General Classification)	4/1/2019				X	X
Revenue Code 0891	Pharmacy-Extension Of 025X And 063X - Special Processed Drugs - FDA Approved Cell Therapy	4/1/2019				X	X
Revenue Code 0892	Special Processed Drugs-FDA Approved Gene Therapy	4/1/2020				X	X
Revenue Code 0907	Community behavioral health program (day treatment)	8/27/2015				X	
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	7/1/2024				X	
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	11/20/2025		1/1/2026		X	
0036U*	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	5/14/2026		1/1/2027		X	
0037U*	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	5/14/2026		1/1/2027		X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
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)	7/1/2018				X	
0075T*	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	10/25/2019				X	
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	8/23/2019				X	X
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	8/23/2019				X	X
0089U*	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	7/1/2019				X	
0098T*	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical	10/1/2006				X	
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])	7/1/2019				X	
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)	10/1/2019				X	
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	7/1/2020				X	
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	7/1/2009				X	
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	7/1/2009				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
0211U*	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	5/30/2025		1/1/2026		X	
0213T*	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	1/1/2016				X	
0214T*	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level	1/1/2016				X	
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)	1/1/2016				X	
0216T*	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	1/1/2016				X	
0217T*	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level	1/1/2016				X	
0218T*	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s)	1/1/2016				X	
0232T*	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	7/1/2010				X	X
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	1/1/2021				X	
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	4/1/2021				X	
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	5/14/2026		1/1/2027		X	
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	5/14/2026		1/1/2027		X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
0318U*	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	4/1/2022				X	
0326U*	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	7/1/2022				X	
0329U*	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations	7/1/2022				X	
0331T*	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	7/1/2013				X	
0332T*	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	7/1/2013				X	
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	5/14/2026		1/1/2027		X	
0335T*	Insertion of sinus tarsi implant	1/1/2014				X	X
0340U*	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate	9/27/2024				X	
0364U*	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate	4/28/2023				X	
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.	7/1/2014				X	
0379U*	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden	5/14/2026		1/1/2027		X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
0388U*	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	5/30/2025		1/1/2026		X	
0395T*	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	1/1/2016				X	X
0425U*	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)	1/1/2024				X	
0426U*	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	1/1/2024				X	
0441T*	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	7/1/2016	5/14/2026			X	X
0442T*	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	7/1/2016	5/14/2026			X	X
0444U*	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)	5/14/2026		1/1/2027		X	
0449T*	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	1/1/2017				X	
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	9/27/2024				X	
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)	9/27/2024				X	
0454U*	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	9/27/2024				X	
0465U*	Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	9/27/2024				X	
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	9/27/2024				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
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	7/1/2024				X	
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	7/1/2024				X	
0471U*	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations	7/1/2024				X	
0473U*	Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	7/1/2024				X	
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	1/1/2018				X	
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	1/1/2018				X	
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)	10/1/2024				X	
0483T*	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	1/1/2018				X	
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	10/1/2024				X	
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	10/1/2024				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
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	10/1/2024				X	
0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA	7/25/2025		1/1/2026		X	X
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	10/1/2024				X	
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	10/1/2024				X	
0500U*	Autoinflammatory disease (VEXAS syndrome), DNA, UBA1 gene mutations, targeted variant analysis (M41T, M41V, M41L, c.118-2A>C, c.118-1G>C, c.118-9_118-2del, S56F, S621C)	10/1/2024				X	
0501U*	Oncology (colorectal), blood, quantitative measurement of cell-free DNA (cfDNA)	10/1/2024				X	
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	10/1/2024				X	
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	10/1/2024				X	
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	1/1/2025				X	
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	1/1/2025				X	
0530U*	Oncology (pan-solid tumor), ctDNA, utilizing plasma, next-generation sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copy-number alterations, with therapy association	1/1/2025				X	
0532U*	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, peripheral blood, buffy coat, saliva, buccal or tissue sample, results reported as positive or negative	4/1/2025				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
0533U*	Drug metabolism (adverse drug reactions and drug response), genotyping of 16 genes (ie, ABCG2, CYP2B6, CYP2C9, CYP2C19, CYP2C, CYP2D6, CYP3A5, CYP4F2, DPYD, G6PD, GGX, NUDT15, SLC01B1, TPMT, UGT1A1, VKORC1), reported as metabolizer status and transporter function	4/1/2025				X	
0534U*	Oncology (prostate), microRNA, single-nucleotide polymorphisms (SNPs) analysis by RT-PCR of 32 variants, using buccal swab, algorithm reported as a risk score	4/1/2025				X	
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	4/1/2025				X	
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	4/1/2025				X	
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	4/1/2025				X	
0540U	Transplantation medicine, quantification of donor- derived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donor- derived cell-free DNA to determine probability of rejection	4/1/2025				X	X
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	4/1/2025				X	
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)	4/1/2025				X	
0552U*	Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophectoderm biopsy, linkage analysis of disease- causing locus, and when possible, targeted mutation analysis for known familial variant, reported as low-risk or high-risk for familial genetic disorder	7/1/2025				X	
0553U*	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, and a mitochondrial DNA score, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, or mosaic, per embryo tested	7/1/2025				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
0554U*	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from trophectoderm biopsy for aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal (euploidy), monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested	7/1/2025				X	
0555U*	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested	7/1/2025				X	
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	7/1/2025				X	
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	7/1/2025				X	
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	7/1/2025				X	
0565U*	Oncology (hepatocellular carcinoma), next-generation sequencing methylation pattern assay to detect 6626 epigenetic alterations, cell-free DNA, plasma, algorithm reported as cancer signal detected or not detected	7/1/2025				X	
0566U*	Oncology (lung), qPCR- based analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRR8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result	7/1/2025				X	
0567U*	Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long reads, for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy-number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial DNA sequence and deletions, short tandem repeat genes, methylation status of selected regions, blood, saliva, amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variants	7/1/2025				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
0569U*	Oncology (solid tumor), next- generation sequencing analysis of tumor methylation markers (>20000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate	7/1/2025				X	
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	10/17/2025		1/1/2026		X	X
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	7/1/2025				X	
0572U*	Oncology (prostate), high- throughput telomere length quantification by FISH, whole blood, diagnostic algorithm reported as risk of prostate cancer	7/1/2025				X	
0575U	Transplantation medicine (liver allograft rejection), miRNA gene expression profiling by RT-PCR of 4 genes (miR-122, miR-885, miR-23a housekeeping, spike-in control), serum, algorithm reported as risk of liver allograft rejection	10/1/2025				X	X
0576U	Transplantation medicine (liver allograft rejection), quantitative donor-derived cell-free DNA (cfDNA) by whole genome next- generation sequencing, plasma and mRNA gene expression profiling by multiplex real-time PCR of 56 genes, whole blood, combined algorithm reported as a rejection risk score	10/1/2025				X	X
0578U*	Oncology (cutaneous melanoma), RNA, gene expression profiling by real-time qPCR of 10 genes (8 content and 2 housekeeping), utilizing formalin fixed paraffin-embedded (FFPE) tissue, algorithm reports a binary result, either low-risk or high-risk for sentinel lymph node metastasis and recurrence	10/1/2025				X	
0581U	Transplantation medicine, antibody to non-human leukocyte antigens (non- HLA), blood specimen, flow cytometry, single-antigen bead technology, 39 targets, individual positive antibodies reported	10/1/2025				X	X
0582U*	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome DNA sequencing for single- nucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported	10/1/2025				X	
0583U*	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome comparator DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported with proband results	10/1/2025				X	
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	1/1/2020				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	1/1/2020				X	X
0585U*	Targeted genomic sequence analysis panel, solid organ neoplasm, circulating cell-free DNA (cfDNA) analysis from plasma of 521 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, and microsatellite instability, report shows identified mutations, including variants with clinical actionability	10/1/2025				X	
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	1/1/2020				X	X
0586U*	Oncology, mRNA, gene expression profiling of 216 geOncology, mRNA, gene expression profiling of 216 genes (204 targeted and 12 housekeeping genes), RNA expression analysis, formalin- fixed paraffin-embedded (FFPE) tissue, quantitative, reported as log2 ratio per gene	10/1/2025				X	
0592U*	Oncology (hematolymphoid neoplasms), DNA, targeted genomic sequence of 417 genes, interrogation for gene fusions, translocations, rearrangements, utilizing formalin-fixed paraffin- embedded (FFPE) tumor tissue, results report clinically significant variant(s)	10/1/2025				X	
0597U*	Oncology (breast), RNA expression profiling of 329 genes by targeted next- generation sequencing and 20 proteins by multiplex immunofluorescence, formalin-fixed paraffin- embedded (FFPE) tissue, algorithmic analyses to determine tumor-recurrence risk score	10/1/2025				X	
0600T*	Ablation, irreversible electroporation; 1 or more tumors per organ, other than liver or prostate, including imaging guidance, when performed, percutaneous	7/1/2020				X	X
0601T*	Ablation, irreversible electroporation; 1 or more tumors per organ, including fluoroscopic and ultrasound guidance, when performed, open	7/1/2020				X	X
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	1/1/2026				X	
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	7/1/2020				X	
0610T*	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	7/1/2020				X	
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	7/1/2020				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
0611U*	Oncology (liver), analysis of over 1,000 methylated regions, cell-free DNA from plasma, algorithm reported as a quantitative result	1/1/2026				X	
0612T*	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	7/1/2020				X	
0612U*	Oncology (liver), analysis of over 1,000 methylated regions, cell-free DNA from plasma, algorithm reported as a quantitative result	1/1/2026				X	
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	1/1/2026				X	
0627T*	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	1/1/2021				X	
0628T*	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level	1/1/2021				X	
0629T*	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	1/1/2021				X	
0633T*	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	1/1/2021				X	
0634T*	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	1/1/2021				X	
0635T*	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	1/1/2021				X	
0636T*	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	1/1/2021				X	
0637T*	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	1/1/2021				X	
0638T*	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	1/1/2021				X	
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	7/1/2021				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
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	7/1/2021				X	
0656T*	Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments	6/17/2022				X	
0657T*	Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments	6/17/2022				X	
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	7/1/2021				X	X
0665T	Donor hysterectomy (including cold preservation); open, from living donor	7/1/2021				X	X
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	7/1/2021				X	X
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	7/1/2021				X	X
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	7/1/2021				X	X
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	7/1/2021				X	X
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	7/1/2021				X	X
0671T*	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	1/1/2022				X	
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	1/1/2022				X	
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	1/1/2022				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
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	1/1/2022				X	X
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	1/1/2022				X	
0711T*	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	1/1/2022				X	
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	1/1/2022				X	
0713T*	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	1/1/2022				X	
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	7/1/2022				X	
0718T*	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral	7/1/2022				X	
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	1/1/2023				X	X
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	1/1/2023				X	X
0747T*	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	1/1/2023				X	X
0805T*	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach	7/1/2023				X	X
0806T*	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach	7/1/2023				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
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	7/1/2023				X	X
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	7/1/2023				X	X
0813T*	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	1/1/2024				X	X
0865T*	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session	1/1/2024				X	
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	1/1/2024				X	
0869T*	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed	7/1/2024				X	X
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	7/1/2024				X	
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	7/1/2024				X	
0891T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	7/1/2024				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
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	7/1/2024				X	
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	7/1/2024				X	
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	7/1/2024				X	
0908T*	Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	1/1/2025				X	
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	1/1/2025				X	X
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	1/1/2025				X	X
0950T*	Ablation of benign prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	7/1/2025				X	
0951T*	Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor	7/1/2025				X	X
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	7/1/2025				X	X
0957T*	Revision of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode, when required, including imaging guidance	7/1/2025				X	X
0959T*	Removal or replacement of magnet from coil assembly that is connected to continuous bilateral electroencephalography monitoring system, including imaging guidance	7/1/2025				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
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	7/1/2025				X	X
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	7/1/2025				X	X
0968T*	Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with connection to electrode array	7/1/2025				X	X
0978T*	Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil	7/1/2025				X	X
0979T*	Submucosal cryolysis therapy; soft palate only	7/1/2025				X	X
0980T*	Submucosal cryolysis therapy; base of tongue and lingual tonsil only (Do not report Submucosal cryolysis therapy; base of tongue and lingual tonsil only)	7/1/2025				X	X
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	7/1/2025				X	X
0990T*	Transcervical instillation of biodegradable hydrogel materials, intrauterine	1/1/2026				X	X
0991T*	Cystourethroscopy, with low-energy lithotripsy and acoustically actuated microspheres, including imaging	1/1/2026				X	X
0994T*	Endovascular delivery of aortic wall stabilization drug therapy through a sheath positioned within an abdominal aortic aneurysm, with aortic roadmapping, balloon occlusion, imaging guidance, and radiological supervision and interpretation; percutaneous	1/1/2026				X	X
0995T*	Endovascular delivery of aortic wall stabilization drug therapy through a sheath positioned within an abdominal aortic aneurysm, with aortic roadmapping, balloon occlusion, imaging guidance, and radiological supervision and interpretation; open	1/1/2026				X	X
0997T	Precuneus magnetic stimulation; treatment planning using magnetic resonance imaging-guided neuronavigation to determine optimal location, dose, and intensity for magnetic stimulation therapy, derived from evoked potentials from single pulses of electromagnetic energy recorded by 64-channel electroencephalogram, including automated data processing, transmission, analysis, generation of treatment parameters with review, interpretation, and report	1/1/2026				X	X
0998T	Precuneus magnetic stimulation; personalized treatment delivery of magnetic stimulation therapy to a prespecified target area derived from analysis of evoked potentials within the precuneus, utilizing magnetic resonance imaging-based neuronavigation, with management, per day	1/1/2026				X	X
0999T*	Autologous muscle cell therapy, harvesting of muscle progenitor cells, including ultrasound guidance, when performed	1/1/2026				X	
1000T*	Autologous muscle cell therapy, administration of muscle progenitor cells into the urethral sphincter, including cystoscopy and post-void residual ultrasound, when performed	1/1/2026				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
1001T*	Autologous muscle cell therapy, injection of muscle progenitor cells into the external anal sphincter, including ultrasound guidance, when performed	1/1/2026				X	
1003T*	Arthroplasty, first carpometacarpal joint, with distal trapezial and proximal first metacarpal prosthetic replacement (eg, first carpometacarpal total joint)	1/1/2026				X	X
1008T*	Remote monitoring of sub-scalp implanted continuous bilateral electroencephalography monitoring system, device fitting, initial set-up, and patient education in wearing of system and use of equipment	1/1/2026				X	X
1009T*	Remote monitoring of a sub-scalp implanted continuous bilateral electroencephalography monitoring system, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and report, up to 30 days of recording without video	1/1/2026				X	X
1019T*	Lymphovenous bypass, including robotic assistance, when performed, per extremity	1/1/2026				X	
1025T*	Alternating electric fields dosimetry and delivery-simulation modeling, creation and selection of patient-specific array layouts, and placement verification	1/1/2026				X	X
11950*	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	10/1/2006				X	X
11951*	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	10/1/2006				X	X
11952*	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	10/1/2006				X	X
11954*	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	10/1/2006				X	X
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	8/25/2017				X	X
15011*	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	1/1/2025				X	X
15012*	Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof	1/1/2025				X	X
15013*	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	1/1/2025				X	X
15014*	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof	1/1/2025				X	X
15015*	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	1/1/2025				X	X
15016*	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof	1/1/2025				X	X
15017*	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less	1/1/2025				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
15018*	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof	1/1/2025				X	X
15150*	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	1/1/2006				X	
15151*	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm	1/22/2007				X	
15152*	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof	1/22/2007				X	
15155*	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	1/22/2007				X	
15156*	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm	1/22/2007				X	
15157*	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof	1/22/2007				X	
15271*	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	1/1/2012				X	X
15272*	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof	2/18/2013				X	X
15273*	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	1/1/2012				X	X
15274*	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof	2/18/2013				X	X
15275*	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	1/1/2012				X	X
15276*	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof	2/18/2013				X	X
15277*	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	1/1/2012				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
15278*	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof	2/18/2013				X	X
15769*	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	1/1/2020				X	X
15771*	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	1/1/2020				X	X
15772*	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof	1/1/2020				X	X
15773*	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	1/1/2020				X	X
15774*	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof	1/1/2020				X	X
15777*	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk)	1/1/2012				X	X
15778*	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma	1/1/2023				X	
15786*	Abrasion; single lesion (eg, keratosis, scar)	10/1/2006				X	X
15787*	Abrasion; each additional 4 lesions or less	10/1/2006				X	X
15820*	Blepharoplasty, lower eyelid;	10/1/2006				X	X
15821*	Blepharoplasty, lower eyelid; with extensive herniated fat pad	10/1/2006				X	X
15822*	Blepharoplasty, upper eyelid;	10/1/2006				X	X
15823*	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	10/1/2006				X	X
15824*	Rhytidectomy; forehead	10/1/2006				X	X
15825*	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	10/1/2006				X	X
15828*	Rhytidectomy; cheek, chin, and neck	10/1/2006				X	X
15829*	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	10/1/2006				X	X
15830*	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	1/22/2007				X	X
15832*	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	10/1/2006				X	X
15833*	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	10/1/2006				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
15834*	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	10/1/2006				X	X
15835*	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	10/1/2006				X	X
15836*	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	10/1/2006				X	X
15837*	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	10/1/2006				X	X
15838*	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	10/1/2006				X	X
15839*	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	10/1/2006				X	X
15847*	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication)	1/22/2007				X	X
15876*	Suction assisted lipectomy; head and neck	10/1/2006				X	X
15877*	Suction assisted lipectomy; trunk	10/1/2006				X	X
15878*	Suction assisted lipectomy; upper extremity	10/1/2006				X	X
15879*	Suction assisted lipectomy; lower extremity	10/1/2006				X	X
17106*	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	10/1/2006				X	X
17107*	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	1/22/2007				X	X
17108*	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	1/22/2007				X	X
17999*	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	5/21/2007				X	X
19294*	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy	1/1/2018				X	X
19296*	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	5/21/2007				X	X
19297*	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy	5/21/2007				X	X
19298*	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	10/1/2006				X	X
19300*	Mastectomy for gynecomastia	1/22/2007				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
19316*	Mastopexy	10/1/2006				X	X
19318*	Breast reduction	10/1/2006				X	X
19325*	Breast augmentation with implant	10/1/2006				X	X
19328*	Removal of intact breast implant	10/1/2006				X	X
19330*	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	10/1/2006				X	X
19340*	Insertion of breast implant on same day of mastectomy (ie, immediate)	2/6/2012				X	X
19342*	Insertion or replacement of breast implant on separate day from mastectomy	2/6/2012				X	X
19350*	Nipple/areola reconstruction	10/1/2006				X	X
19355*	Correction of inverted nipples	10/1/2006				X	X
19357*	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	10/1/2006				X	X
19370*	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	10/1/2006				X	X
19371*	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	10/1/2006				X	X
19380*	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	10/1/2006				X	X
19499*	Unlisted procedure, breast	10/1/2006				X	X
20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)	8/6/2012				X	X
20910*	Cartilage graft; costochondral	1/1/2009				X	X
20912*	Cartilage graft; nasal septum	1/1/2009				X	X
20930*	Allograft, morselized, or placement of osteopromotive material, for spine surgery only	2/6/2012				X	
20931*	Allograft, structural, for spine surgery only	8/23/2019				X	
20936*	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision	8/23/2019				X	
20937*	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)	8/23/2019				X	
20938*	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision)	8/23/2019				X	
20939*	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision	8/23/2019				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
20975*	Electrical stimulation to aid bone healing; invasive (operative)	1/22/2007				X	
20999*	Unlisted procedure, musculoskeletal system, general	10/1/2006				X	X
21025*	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	10/1/2006				X	
21050*	Condylectomy, temporomandibular joint	10/1/2006				X	
21060*	Meniscectomy, partial or complete, temporomandibular joint	10/1/2006				X	
21073*	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	8/17/2009				X	X
21079	Impression and custom preparation; interim obturator prosthesis	10/25/2019				X	
21080	Impression and custom preparation; definitive obturator prosthesis	10/25/2019				X	
21081	Impression and custom preparation; mandibular resection prosthesis	10/25/2019				X	
21082	Impression and custom preparation; palatal augmentation prosthesis	10/25/2019				X	
21085*	Impression and custom preparation; oral surgical splint	10/1/2006				X	
21088*	Impression and custom preparation; facial prosthesis	10/1/2006				X	
21089*	Unlisted maxillofacial prosthetic procedure	8/17/2009				X	X
21110*	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	8/17/2009				X	
21120*	Genioplasty; augmentation (autograft, allograft, prosthetic material)	10/1/2006				X	X
21121*	Genioplasty; sliding osteotomy, single piece	10/1/2006				X	X
21122*	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	10/1/2006				X	X
21123*	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	10/1/2006				X	X
21125*	Augmentation, mandibular body or angle; prosthetic material	10/1/2006				X	X
21127*	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	10/1/2006				X	X
21137*	Reduction forehead; contouring only	10/1/2006				X	X
21138*	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	10/1/2006				X	X
21139*	Reduction forehead; contouring and setback of anterior frontal sinus wall	10/1/2006				X	X
21141*	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	10/1/2006				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
21142*	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	10/1/2006				X	X
21143*	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	10/1/2006				X	X
21145*	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	10/1/2006				X	X
21146*	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	10/1/2006				X	X
21147*	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	10/1/2006				X	X
21150*	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	10/1/2006				X	X
21151*	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	10/1/2006				X	X
21154*	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	10/1/2006				X	X
21155*	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	10/1/2006				X	X
21159*	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	10/1/2006				X	X
21160*	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	10/1/2006				X	X
21172*	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	10/1/2006				X	X
21179*	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	10/1/2006				X	X
21180*	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	10/1/2006				X	X
21188*	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	10/1/2006				X	X
21193*	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	10/1/2006				X	X
21194*	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	10/1/2006				X	X
21195*	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	10/1/2006				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
21196*	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	10/1/2006				X	X
21198*	Osteotomy, mandible, segmental;	10/1/2006				X	X
21199*	Osteotomy, mandible, segmental; with genioglossus advancement	10/1/2006				X	X
21206*	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	10/1/2006				X	X
21208*	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	10/1/2006				X	X
21209*	Osteoplasty, facial bones; reduction	10/1/2006				X	X
21210*	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	10/1/2006				X	X
21215*	Graft, bone; mandible (includes obtaining graft)	10/1/2006				X	X
21230*	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	1/1/2009				X	X
21235*	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	10/1/2006				X	X
21240*	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	10/1/2006				X	
21243*	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	10/1/2006				X	
21244*	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	10/1/2006				X	X
21245*	Reconstruction of mandible or maxilla, subperiosteal implant; partial	10/1/2006				X	
21246*	Reconstruction of mandible or maxilla, subperiosteal implant; complete	10/1/2006				X	
21248*	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	10/1/2006				X	
21249*	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	10/1/2006				X	
21270*	Malar augmentation, prosthetic material	10/1/2006				X	X
21299*	Unlisted craniofacial and maxillofacial procedure	1/1/2009				X	X
21497*	Interdental wiring, for condition other than fracture	1/1/2009				X	
21499*	Unlisted musculoskeletal procedure, head	10/1/2006				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
21685*	Hyoid myotomy and suspension	10/1/2006				X	
21740*	Reconstructive repair of pectus excavatum or carinatum; open	10/1/2006				X	X
21742*	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	10/1/2006				X	X
21743*	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	10/1/2006				X	X
21899*	Unlisted procedure, neck or thorax	1/1/2009				X	X
22207*	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	8/23/2019				X	
22208*	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment	8/23/2019				X	
22210*	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	8/23/2019				X	
22214*	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	8/18/2014				X	
22216*	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment	8/23/2019				X	
22220*	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	8/23/2019				X	
22224*	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	8/23/2019				X	
22226*	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment	8/23/2019				X	
22505*	Manipulation of spine requiring anesthesia, any region	10/27/2006				X	X
22510*	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	1/1/2015				X	
22511*	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	1/1/2015				X	
22512*	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body	1/1/2015				X	
22513*	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	1/1/2015				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
22514*	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	1/1/2015				X	
22515*	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body	1/1/2015				X	
22526*	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	1/22/2007				X	
22527*	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels	1/22/2007				X	
22533*	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	2/6/2012				X	
22534*	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment	8/23/2019				X	
22551*	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	7/1/2018				X	
22552*	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace	8/23/2019				X	
22554*	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	7/1/2018				X	
22556*	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	1/1/1993				X	
22558*	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	10/1/2006				X	
22585*	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace	8/23/2019				X	
22586*	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	1/1/2013				X	
22595*	Arthrodesis, posterior technique, atlas-axis (C1-C2)	1/1/1993				X	
22600*	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	7/1/2018				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
22610*	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	1/1/1993				X	
22612*	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	10/1/2006				X	
22614*	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace	8/23/2019				X	
22630*	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;	10/1/2006				X	
22632*	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace	10/1/2006				X	
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;	1/1/2012				X	
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	1/1/2012				X	
22800*	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	1/1/1993				X	
22802*	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	1/1/1993				X	
22804*	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	1/1/1996				X	
22808*	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	1/1/1996				X	
22810*	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	1/1/1993				X	
22812*	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	1/1/1993				X	
22836*	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	1/1/2024				X	
22837*	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	1/1/2024				X	
22838*	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	1/1/2024				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
22840*	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation)	8/23/2019				X	
22841*	Internal spinal fixation by wiring of spinous processes	8/23/2019				X	
22842*	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments	8/23/2019				X	
22843*	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments	8/23/2019				X	
22844*	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments	8/23/2019				X	
22845*	Anterior instrumentation; 2 to 3 vertebral segments	8/23/2019				X	
22846*	Anterior instrumentation; 4 to 7 vertebral segments	8/23/2019				X	
22847*	Anterior instrumentation; 8 or more vertebral segments	8/23/2019				X	
22848*	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum	8/23/2019				X	
22849*	Reinsertion of spinal fixation device	8/23/2019				X	
22850*	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	8/23/2019				X	
22852*	Removal of posterior segmental instrumentation	8/23/2019				X	
22853*	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace	8/23/2019				X	
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	8/23/2019				X	
22855*	Removal of anterior instrumentation	8/23/2019				X	
22856*	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	1/1/2009				X	
22857*	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	1/22/2007				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
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	1/1/2015				X	
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	8/23/2019				X	
22860*	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar	1/1/2023				X	
22861*	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	1/1/2009				X	
22862*	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	1/22/2007				X	
22867*	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	1/1/2017				X	
22868*	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level	1/1/2017				X	
22869*	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	1/1/2017				X	
22870*	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level	1/1/2017				X	
22899*	Unlisted procedure, spine	10/1/2006				X	
22999*	Unlisted procedure, abdomen, musculoskeletal system	10/1/2006				X	X
23000*	Removal of subdeltoid calcareous deposits, open	1/1/2016				X	
23020*	Capsular contracture release (eg, Sever type procedure)	1/1/2016				X	
23120*	Claviclectomy; partial	1/1/2016				X	
23130*	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	1/1/2016				X	
23145*	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	1/1/2016				X	
23155*	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)	1/1/2016				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
23172*	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	1/1/2016				X	
23174*	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	1/1/2016				X	
23410*	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	1/1/2016				X	
23412*	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	1/1/2016				X	
23415*	Coracoacromial ligament release, with or without acromioplasty	1/1/2016				X	
23420*	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	1/1/2016				X	
23430*	Tenodesis of long tendon of biceps	1/1/2016				X	
23440*	Resection or transplantation of long tendon of biceps	1/1/2016				X	
23450*	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	1/1/2016				X	
23455*	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	1/1/2016				X	
23460*	Capsulorrhaphy, anterior, any type; with bone block	1/1/2016				X	
23462*	Capsulorrhaphy, anterior, any type; with coracoid process transfer	1/1/2016				X	
23465*	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	1/1/2016				X	
23466*	Capsulorrhaphy, glenohumeral joint, any type multidirectional instability	1/1/2016				X	
23470*	Arthroplasty, glenohumeral joint; hemiarthroplasty	1/1/2016				X	
23472*	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder)	1/1/2016				X	
23473*	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	1/1/2016				X	
23474*	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	1/1/2016				X	
23700*	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	1/1/2016				X	
23929*	Unlisted procedure, shoulder	1/1/2016				X	X
24300*	Manipulation, elbow, under anesthesia	8/17/2009				X	X
24999*	Unlisted procedure, humerus or elbow	10/1/2006				X	X
25259*	Manipulation, wrist, under anesthesia	8/17/2009				X	X
25999*	Unlisted procedure, forearm or wrist	10/1/2006				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
26989*	Unlisted procedure, hands or fingers	10/1/2006				X	X
27096*	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	1/1/2016				X	
27125*	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	1/1/2016				X	
27130*	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	1/1/2016				X	
27132*	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	1/1/2016				X	
27134*	Revision of total hip arthroplasty; both components, with or without autograft or allograft	1/1/2016				X	
27137*	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	1/1/2016				X	
27138*	Revision of total hip arthroplasty; femoral component only, with or without allograft	1/1/2016				X	
27175*	Treatment of slipped femoral epiphysis; by traction, without reduction	1/1/2016				X	
27198*	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)	1/1/2017				X	X
27275*	Manipulation, hip joint, requiring general anesthesia	8/17/2009				X	X
27278*	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	1/1/2024				X	
27279*	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixation device	1/1/2015				X	
27280*	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	8/19/2013				X	
27299*	Unlisted procedure, pelvis or hip joint	10/1/2006				X	X
27332*	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	1/1/2016				X	
27333*	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	1/1/2016				X	
27334*	Arthrotomy, with synovectomy, knee; anterior OR posterior	1/1/2016				X	
27335*	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	1/1/2016				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
27355*	Excision or curettage of bone cyst or benign tumor of femur;	1/1/2016				X	
27356*	Excision or curettage of bone cyst or benign tumor of femur; with allograft	1/1/2016				X	
27357*	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	1/1/2016				X	
27358*	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation	1/1/2016				X	
27360*	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	1/1/2016				X	
27403*	Arthrotomy with meniscus repair, knee	1/1/2016				X	
27405*	Repair, primary, torn ligament and/or capsule, knee; collateral	1/1/2016				X	
27412*	Autologous chondrocyte implantation, knee	3/17/2008				X	
27415*	Osteochondral allograft, knee, open	3/17/2008				X	
27416*	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	1/1/2008				X	
27418*	Anterior tibial tubercleplasty (eg, Maquet type procedure)	1/1/2016				X	
27420*	Reconstruction of dislocating patella; (eg, Hauser type procedure)	1/1/2016				X	
27422*	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	1/1/2016				X	
27424*	Reconstruction of dislocating patella; with patellectomy	1/1/2016				X	
27425*	Lateral retinacular release, open	1/1/2016				X	
27427*	Ligamentous reconstruction (augmentation), knee; extra-articular	1/1/2016				X	
27428*	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	1/1/2016				X	
27429*	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	1/1/2016				X	
27438*	Arthroplasty, patella; with prosthesis	1/1/2016				X	
27440*	Arthroplasty, knee, tibial plateau;	1/1/2016				X	
27441*	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	1/1/2016				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
27442*	Arthroplasty, femoral condyles or tibial plateau(s), knee;	1/1/2016				X	
27443*	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	1/1/2016				X	
27446*	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	1/1/2016				X	
27447*	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	1/1/2016				X	
27486*	Revision of total knee arthroplasty, with or without allograft; 1 component	1/1/2016				X	
27487*	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	1/1/2016				X	
27570*	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	1/1/2016				X	
27599*	Unlisted procedure, femur or knee	10/1/2006				X	X
27702*	Arthroplasty, ankle; with implant (total ankle)	10/1/2006				X	X
27703*	Arthroplasty, ankle; revision, total ankle	10/27/2006				X	X
27860*	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	8/17/2009				X	X
27899*	Unlisted procedure, leg or ankle	10/1/2006				X	X
28291*	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	11/20/2025		1/1/2026		X	
28890*	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	10/1/2006				X	X
28899*	Unlisted procedure, foot or toes	10/1/2006				X	X
29804*	Arthroscopy, temporomandibular joint, surgical	10/1/2006				X	
29805*	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy	1/1/2016				X	
29806*	Arthroscopy, shoulder, surgical; capsulorrhaphy	1/1/2016				X	
29807*	Arthroscopy, shoulder, surgical; repair of SLAP lesion	1/1/2016				X	
29819*	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	1/1/2016				X	
29820*	Arthroscopy, shoulder, surgical; synovectomy, partial	1/1/2016				X	
29821*	Arthroscopy, shoulder, surgical; synovectomy, complete	1/1/2016				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
29822*	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	1/1/2016				X	
29823*	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	1/1/2016				X	
29824*	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	1/1/2016				X	
29825*	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	1/1/2016				X	
29826*	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed	1/1/2016				X	
29827*	Arthroscopy, shoulder, surgical; with rotator cuff repair	1/1/2016				X	
29828*	Arthroscopy, shoulder, surgical; biceps tenodesis	1/1/2016				X	
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)	1/1/2016				X	
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)	1/1/2016				X	
29855*	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	1/1/2016				X	
29856*	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)	1/1/2016				X	
29860*	Arthroscopy, hip, diagnostic with or without synovial biopsy	1/1/2016				X	
29861*	Arthroscopy, hip, surgical; with removal of loose body or foreign body	1/1/2016				X	
29862*	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	1/1/2016				X	
29863*	Arthroscopy, hip, surgical; with synovectomy	1/1/2016				X	
29866*	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	1/1/2016				X	
29867*	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	1/1/2016				X	
29868*	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	1/1/2016				X	
29870*	Arthroscopy, knee, diagnostic, with or without synovial biopsy	1/1/2016				X	

"Cigna Companies" refers to operating subsidiaries of Cigna Corporation. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. © 2026 Cigna.

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
29871*	Arthroscopy, knee, surgical; for infection, lavage and drainage	1/1/2016				X	
29873*	Arthroscopy, knee, surgical; with lateral release	1/1/2016				X	
29874*	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	1/1/2016				X	
29875*	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection)	1/1/2016				X	
29876*	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	1/1/2016				X	
29877*	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	1/1/2016				X	
29879*	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	1/1/2016				X	
29880*	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	1/1/2016				X	
29881*	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	1/1/2016				X	
29882*	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	1/1/2016				X	
29883*	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	1/1/2016				X	
29884*	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation	1/1/2016				X	
29885*	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	1/1/2016				X	
29886*	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	1/1/2016				X	
29887*	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	1/1/2016				X	
29888*	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	1/1/2016				X	
29889*	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	1/1/2016				X	
29914*	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	1/1/2016				X	
29915*	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	1/1/2016				X	
29916*	Arthroscopy, hip, surgical; with labral repair	1/1/2016				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
29999*	Unlisted procedure, arthroscopy	1/22/2007				X	X
30150*	Rhinectomy; partial	10/1/2006				X	X
30400*	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	10/1/2006				X	X
30410*	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	10/1/2006				X	X
30420*	Rhinoplasty, primary; including major septal repair	10/1/2006				X	X
30430*	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	10/1/2006				X	X
30435*	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	10/1/2006				X	X
30450*	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	10/1/2006				X	X
30460*	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	10/1/2006				X	X
30462*	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	10/1/2006				X	X
30465*	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	11/12/2007				X	X
30468*	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	1/1/2021				X	X
30469*	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	1/1/2023				X	X
30520*	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	10/17/2025		1/1/2026		X	
30620*	Septal or other intranasal dermatoplasty (does not include obtaining graft)	1/1/2009				X	
30999*	Unlisted procedure, nose	10/1/2006				X	X
31295*	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	8/26/2016				X	
31296*	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	8/26/2016				X	
31297*	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	8/26/2016				X	
31298*	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	1/1/2018				X	
31299*	Unlisted procedure, accessory sinuses	10/1/2006				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
31599*	Unlisted procedure, larynx	10/1/2006				X	X
31899*	Unlisted procedure, trachea, bronchi	10/1/2006				X	X
32553*	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	8/1/2012				X	X
32664*	Thoracoscopy, surgical; with thoracic sympathectomy	10/1/2006				X	
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	2/17/2014				X	X
32851	Lung transplant, single; without cardiopulmonary bypass	10/1/2006				X	X
32852	Lung transplant, single; with cardiopulmonary bypass	10/1/2006				X	X
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	10/1/2006				X	X
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	10/1/2006				X	X
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	1/1/2005				X	X
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	1/1/2005				X	X
32999*	Unlisted procedure, lungs and pleura	10/1/2006				X	X
33224*	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	10/1/2018				X	
33225*	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	10/1/2018				X	
33249*	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	2/18/2013				X	
33254*	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	8/26/2022				X	X
33255*	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	8/26/2022				X	X
33258*	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass	8/26/2022				X	
33265*	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	8/26/2022				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
33266*	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	8/26/2022				X	X
33267*	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	1/1/2022				X	
33269*	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	1/1/2022				X	
33270*	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	1/1/2015				X	
33285*	Insertion, subcutaneous cardiac rhythm monitor, including programming	10/25/2019				X	
33289*	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	1/1/2019				X	X
33340*	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transeptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	1/1/2017				X	
33361*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	1/1/2013				X	
33362*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	1/1/2013				X	
33363*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	1/1/2013				X	
33364*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	1/1/2013				X	
33365*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	1/1/2013				X	
33366*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	1/1/2014				X	
33418*	Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed; initial prosthesis	1/1/2015				X	
33477*	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	1/1/2016				X	
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	1/1/1993				X	X
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation	1/1/2005				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	10/1/2006				X	X
33940	Donor cardiectomy (including cold preservation)	1/1/1993				X	X
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation	1/1/2005				X	X
33945	Heart transplant, with or without recipient cardiectomy	10/1/2006				X	X
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	9/15/2010				X	X
33976	Insertion of ventricular assist device; extracorporeal, biventricular	8/19/2013				X	X
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	8/19/2013				X	X
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	8/19/2013				X	X
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	1/1/2010				X	X
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	1/1/2010				X	X
33990*	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only	1/1/2013				X	
33991*	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transeptal puncture	1/1/2013				X	
33993*	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion	1/1/2013				X	
33999*	Unlisted procedure, cardiac surgery	11/12/2007				X	X
34718*	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral	1/1/2020				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
36465*	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	1/1/2018				X	
36466*	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	1/1/2018				X	
36468*	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	10/1/2006				X	
36471*	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	10/1/2006				X	
36473*	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	1/1/2017				X	
36474*	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites	1/1/2017				X	
36475*	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	10/1/2006				X	
36476*	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites	10/1/2006				X	
36478*	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	10/1/2006				X	
36479*	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites	10/1/2006				X	
36482*	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	1/1/2018				X	
36483*	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites	1/1/2018				X	
36514*	Therapeutic apheresis; for plasma pheresis	11/12/2007				X	
37215*	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	10/25/2019				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
37216*	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	10/25/2019				X	
37218*	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	10/25/2019				X	
37238*	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	8/23/2019				X	
37239*	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein	8/23/2019				X	
37241*	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	1/1/2014				X	
37242*	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	11/1/2024				X	
37243*	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	11/1/2024				X	
37244*	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	1/1/2014				X	
37248*	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	8/23/2019				X	
37249*	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein	8/23/2019				X	
37254*	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	1/1/2026				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
37255*	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel	1/1/2026				X	
37256*	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	1/1/2026				X	
37257*	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel	1/1/2026				X	
37258*	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	1/1/2026				X	
37259*	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel	1/1/2026				X	
37260*	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	1/1/2026				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
37261*	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel	1/1/2026				X	
37262*	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery	1/1/2026				X	
37263*	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	1/1/2026				X	
37264*	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel	1/1/2026				X	
37265*	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	1/1/2026				X	
37266*	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel	1/1/2026				X	
37267*	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	1/1/2026				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
37268*	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel	1/1/2026				X	
37269*	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	1/1/2026				X	
37270*	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel	1/1/2026				X	
37271*	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	1/1/2026				X	
37272*	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel	1/1/2026				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
37273*	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	1/1/2026				X	
37274*	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel	1/1/2026				X	
37275*	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	1/1/2026				X	
37276*	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel	1/1/2026				X	
37277*	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	1/1/2026				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
37278*	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel	1/1/2026				X	
37279*	Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery	1/1/2026				X	
37280*	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	1/1/2026				X	
37281*	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel	1/1/2026				X	
37282*	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	1/1/2026				X	
37283*	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel	1/1/2026				X	
37284*	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	1/1/2026				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
37285*	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel	1/1/2026				X	
37286*	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	1/1/2026				X	
37287*	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel	1/1/2026				X	
37288*	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	1/1/2026				X	
37289*	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel	1/1/2026				X	
37290*	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	1/1/2026				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
37291*	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel	1/1/2026				X	
37292*	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	1/1/2026				X	
37293*	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel	1/1/2026				X	
37294*	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	1/1/2026				X	
37295*	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel	1/1/2026				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
37296*	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	1/1/2026				X	
37297*	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel	1/1/2026				X	
37298*	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	1/1/2026				X	
37299*	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel	1/1/2026				X	
37700*	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	10/1/2006				X	
37718*	Ligation, division, and stripping, short saphenous vein	10/1/2006				X	
37722*	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	10/1/2006				X	
37735*	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	10/1/2006				X	
37765*	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	10/1/2006				X	
37766*	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	10/1/2006				X	
37780*	Ligation and division of short saphenous vein at saphenopopliteal junction	10/1/2006				X	
37785*	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	10/1/2006				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
37799*	Unlisted procedure, vascular surgery	10/1/2006				X	
38129*	Unlisted laparoscopy procedure, spleen	10/1/2006				X	X
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	10/1/2006				X	X
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	10/1/2006				X	X
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	10/1/2006				X	X
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	10/1/2006				X	X
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	10/1/2006				X	X
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	10/1/2006				X	X
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	10/1/2006				X	X
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	10/1/2006				X	X
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	10/1/2006				X	X
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	10/1/2006				X	X
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	10/1/2006				X	X
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	10/1/2006				X	X
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	1/1/2025				X	X
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	1/1/2025				X	X
38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	1/1/2025				X	X
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	1/1/2025				X	X
38230	Bone marrow harvesting for transplantation; allogeneic	10/1/2006				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
38232	Bone marrow harvesting for transplantation; autologous	1/1/2012				X	X
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	10/1/2006				X	X
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	10/1/2006				X	X
38242	Allogeneic lymphocyte infusions	10/1/2006				X	X
38243	Hematopoietic progenitor cell (HPC); HPC boost	1/1/2013				X	X
38589*	Unlisted laparoscopy procedure, lymphatic system	10/1/2006				X	X
38999*	Unlisted procedure, hemic or lymphatic system	10/1/2006				X	X
39599*	Unlisted procedure, diaphragm	10/1/2006				X	X
40799*	Unlisted procedure, lips	10/1/2006				X	X
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	8/1/2012				X	X
41512*	Tongue base suspension, permanent suture technique	1/1/2009				X	X
41530*	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	1/1/2009				X	X
41599*	Unlisted procedure, tongue, floor of mouth	10/1/2006				X	X
41874*	Alveoloplasty, each quadrant (specify)	10/1/2006				X	
41899	Unlisted procedure, dentoalveolar structures	10/1/2006				X	
42140*	Uvulectomy, excision of uvula	1/1/2009				X	X
42145*	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	10/1/2006				X	
42160*	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	10/1/2006				X	X
42299*	Unlisted procedure, palate, uvula	10/1/2006				X	X
42699*	Unlisted procedure, salivary glands or ducts	10/1/2006				X	X
42975*	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic	1/1/2022				X	
42999*	Unlisted procedure, pharynx, adenoids, or tonsils	10/1/2006				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
43210*	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	8/26/2016				X	X
43233*	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	1/1/2022				X	
43235*	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed	1/1/2022				X	
43236*	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1/1/2022				X	
43239*	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	1/1/2022				X	
43241*	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	8/1/2012				X	
43243*	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	1/1/2022				X	
43244*	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	1/1/2022				X	
43245*	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	1/1/2022				X	
43247*	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	1/1/2022				X	
43248*	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	1/1/2022				X	
43249*	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	1/1/2022				X	
43250*	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	1/1/2022				X	
43251*	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	1/1/2022				X	
43252*	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	1/1/2022				X	
43254*	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	1/1/2022				X	
43255*	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	1/1/2022				X	
43257*	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	10/1/2006				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
43266*	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	1/1/2022				X	
43270*	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	1/1/2022				X	
43284*	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	1/1/2017				X	X
43289*	Unlisted laparoscopy procedure, esophagus	10/1/2006				X	X
43290*	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	1/1/2023				X	X
43497*	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	1/1/2022				X	
43499*	Unlisted procedure, esophagus	10/1/2006				X	X
43631	Gastrectomy, partial, distal; with gastroduodenostomy	10/1/2006				X	
43632	Gastrectomy, partial, distal; with gastrojejunostomy	10/1/2006				X	
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	10/1/2006				X	
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	10/1/2006				X	
43644*	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	10/1/2006				X	
43645*	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	10/1/2006				X	
43659*	Unlisted laparoscopy procedure, stomach	10/1/2006				X	X
43770*	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	10/1/2006				X	
43771*	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	10/1/2006				X	
43772*	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	10/1/2006				X	
43773*	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	10/1/2006				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
43774*	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	10/1/2006				X	
43775*	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	1/1/2010				X	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	10/1/2006				X	
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	10/1/2006				X	
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	10/1/2006				X	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	10/1/2006				X	
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	10/1/2006				X	
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device	10/1/2006				X	
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	1/1/2009				X	
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	1/1/2009				X	
43881*	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	1/22/2007				X	
43886*	Gastric restrictive procedure, open; revision of subcutaneous port component only	10/1/2006				X	
43888*	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	10/1/2006				X	
43889*	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed	1/1/2026				X	
43999*	Unlisted procedure, stomach	10/1/2006				X	X
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	2/17/2014				X	X
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	2/17/2014				X	X
44135	Intestinal allotransplantation; from cadaver donor	2/17/2014				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
44136	Intestinal allotransplantation; from living donor	1/1/2010				X	X
44137	Removal of transplanted intestinal allograft, complete	1/1/2005				X	X
44238*	Unlisted laparoscopy procedure, intestine (except rectum)	10/1/2006				X	X
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	10/1/2006				X	X
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	10/1/2006				X	X
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	10/1/2006				X	X
44799*	Unlisted procedure, small intestine	10/1/2006				X	X
44979*	Unlisted laparoscopy procedure, appendix	10/1/2006				X	X
45399*	Unlisted procedure, colon	1/1/2015				X	X
45999*	Unlisted procedure, rectum	10/1/2006				X	X
46707*	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	1/1/2010				X	X
46999*	Unlisted procedure, anus	10/1/2006				X	X
47133	Donor hepatectomy (including cold preservation), from cadaver donor	1/1/1993				X	X
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	10/1/2006				X	X
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	10/1/2006				X	X
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	10/1/2006				X	X
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	10/1/2006				X	X
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	8/26/2016				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])	8/26/2016				X	X
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	8/26/2016				X	X
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	10/1/2006				X	X
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	10/1/2006				X	X
47379*	Unlisted laparoscopic procedure, liver	10/1/2006				X	X
47399*	Unlisted procedure, liver	10/1/2006				X	X
47579*	Unlisted laparoscopy procedure, biliary tract	10/1/2006				X	X
47999*	Unlisted procedure, biliary tract	10/1/2006				X	X
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	1/1/2009				X	X
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	8/26/2016				X	X
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	8/26/2016				X	X
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	8/26/2016				X	X
48554	Transplantation of pancreatic allograft	10/1/2006				X	X
48556	Removal of transplanted pancreatic allograft	10/1/2006				X	X
48999*	Unlisted procedure, pancreas	10/1/2006				X	X
49329*	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	10/1/2006				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
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	8/1/2012				X	X
49412*	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple	8/1/2012				X	X
49659*	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	10/1/2006				X	X
49999*	Unlisted procedure, abdomen, peritoneum and omentum	10/1/2006				X	X
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	1/1/1993				X	X
50320	Donor nephrectomy (including cold preservation); open, from living donor	10/1/2006				X	X
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	1/1/2005				X	X
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	10/1/2006				X	X
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	10/1/2006				X	X
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	10/1/2006				X	X
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	10/1/2006				X	X
50340	Recipient nephrectomy	10/1/2006				X	X
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	10/1/2006				X	X
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	10/1/2006				X	X
50370	Removal of transplanted renal allograft	10/1/2006				X	X
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	10/1/2006				X	X
50949*	Unlisted laparoscopy procedure, ureter	10/1/2006				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
51721*	Insertion of transurethral ablation transducer for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed	7/25/2025		1/1/2026		X	X
53451*	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	1/1/2022				X	X
53452*	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	1/1/2022				X	X
53865*	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	1/1/2025				X	
53899*	Unlisted procedure, urinary system	10/1/2006				X	X
54125*	Amputation of penis; complete	2/16/2015				X	
54161*	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	1/17/2011				X	X
54400*	Insertion of penile prosthesis; non-inflatable (semi-rigid)	10/1/2006				X	
54401*	Insertion of penile prosthesis; inflatable (self-contained)	10/1/2006				X	
54405*	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	10/1/2006				X	
55875*	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	8/1/2012				X	X
55876*	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	8/1/2012				X	X
55880*	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	1/1/2021				X	
55881*	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation	7/25/2025		1/1/2026		X	X
55882*	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed	7/25/2025		1/1/2026		X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
55899*	Unlisted procedure, male genital system	10/1/2006				X	X
55920*	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	8/1/2012				X	X
55970*	Intersex surgery; male to female	9/15/2010				X	
55980*	Intersex surgery; female to male	9/15/2010				X	
56620*	Vulvectomy simple; partial	9/15/2010				X	X
56805*	Clitoroplasty for intersex state	2/16/2015				X	X
57110*	Vaginectomy, complete removal of vaginal wall;	2/16/2015				X	X
57155*	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	8/1/2012				X	X
57156*	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	8/1/2012				X	X
57291*	Construction of artificial vagina; without graft	2/16/2015				X	
57292*	Construction of artificial vagina; with graft	2/16/2015				X	
57335*	Vaginoplasty for intersex state	2/16/2015				X	
58346*	Insertion of Heyman capsules for clinical brachytherapy	8/1/2012				X	X
58578*	Unlisted laparoscopy procedure, uterus	10/1/2006				X	X
58579*	Unlisted hysteroscopy procedure, uterus	10/1/2006				X	X
58679*	Unlisted laparoscopy procedure, oviduct, ovary	10/1/2006				X	X
58999*	Unlisted procedure, female genital system (nonobstetrical)	10/1/2006				X	X
59897*	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	10/1/2006				X	X
60660*	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	1/1/2025				X	
60661*	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency	1/1/2025				X	
60699*	Unlisted procedure, endocrine system	10/1/2006				X	X
61624*	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	10/25/2019				X	
61630*	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	10/25/2019				X	
61635*	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	10/25/2019				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
61736*	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	1/1/2022				X	
61737*	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	1/1/2022				X	
61796*	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	2/17/2014				X	X
61797*	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple	2/17/2014				X	X
61798*	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	2/17/2014				X	X
61799*	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex	2/17/2014				X	X
61800*	Application of stereotactic headframe for stereotactic radiosurgery	2/17/2014				X	X
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	2/18/2013				X	
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	2/18/2013				X	
61886*	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	10/1/2006				X	X
61889*	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	1/1/2024				X	
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	10/1/2006				X	
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	10/1/2006				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
62280*	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	1/1/2016				X	
62281*	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	1/1/2016				X	
62282*	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	1/1/2016				X	
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	10/1/2006				X	
62290*	Injection procedure for discography, each level; lumbar	1/17/2011				X	
62320*	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	1/1/2017				X	
62321*	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	1/1/2017				X	
62322*	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	1/1/2017				X	
62323*	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	1/1/2017				X	
62324*	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	1/1/2017				X	
62325*	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	1/1/2017				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
62327*	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	1/1/2017				X	
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	1/1/2016				X	
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	1/1/2016				X	
62360*	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	1/1/2016				X	
62361*	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	1/1/2009				X	
62362*	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	1/1/2009				X	
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	1/1/2017				X	
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	11/1/2024				X	
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	10/1/2006				X	
63012*	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	10/1/2006				X	
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	11/1/2024				X	
63016*	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; thoracic	1/1/1994				X	
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	10/1/2006				X	
63020*	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	1/1/2024				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
63030*	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	6/1/2023				X	
63042*	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	6/1/2023				X	
63044*	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace	11/1/2024				X	
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	1/1/2024				X	
63047*	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; lumbar	10/1/2006				X	
63048*	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; each additional vertebral segment, cervical, thoracic, or lumbar	10/1/2006				X	
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)	10/1/2006				X	
63057*	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar	10/1/2006				X	
63077*	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace	1/1/1993				X	
63078*	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace	1/1/1993				X	
63081*	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	11/1/2024				X	
63082*	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment	11/1/2024				X	
63087*	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	10/1/2006				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
63088*	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment	10/1/2006				X	
63090*	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	10/1/2006				X	
63091*	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment	10/1/2006				X	
63267*	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	6/1/2023				X	
63620*	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	1/1/2009				X	X
63621*	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion	1/1/2009				X	X
63650*	Percutaneous implantation of neurostimulator electrode array, epidural	8/1/2008				X	
63655*	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	8/1/2008				X	
63685*	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	3/17/2008				X	
64451*	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	1/1/2020				X	
64479*	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level	1/1/2016				X	
64480*	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level	1/1/2016				X	
64483*	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	1/1/2016				X	
64484*	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level	1/1/2016				X	
64490*	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	1/1/2016				X	
64491*	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level	1/1/2016				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
64492*	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s)	1/1/2016				X	
64493*	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	1/1/2016				X	
64494*	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	1/1/2016				X	
64495*	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	1/1/2016				X	
64510*	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	1/1/2016				X	
64520*	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	1/1/2016				X	
64553*	Percutaneous implantation of neurostimulator electrode array; cranial nerve	8/17/2009				X	
64555*	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	1/1/2009				X	X
64567*	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	1/1/2026				X	X
64568*	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	1/1/2011				X	
64575*	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	1/1/2009				X	X
64582*	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	1/1/2022				X	
64590*	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	3/17/2008				X	X
64596*	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	1/1/2024				X	X
64597*	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array	1/1/2024				X	X
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	1/1/2011				X	X
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	10/1/2006				X	X
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	1/1/2013				X	X
64625*	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	1/1/2020				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
64628*	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	1/1/2022				X	
64629*	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral	1/1/2022				X	
64633*	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	1/1/2012				X	
64634*	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	1/1/2012				X	
64635*	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	1/1/2012				X	
64636*	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	1/1/2012				X	
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	1/1/2026				X	X
64714*	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus	8/23/2019				X	
64910*	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	1/28/2026				X	X
64912*	Nerve repair; with nerve allograft, each nerve, first strand (cable)	1/1/2018				X	X
64913*	Nerve repair; with nerve allograft, each additional strand	1/1/2018				X	X
64999*	Unlisted procedure, nervous system	10/1/2006				X	X
65710*	Keratoplasty (corneal transplant); anterior lamellar	10/27/2006				X	X
65760*	Keratotomy	10/27/2006				X	X
65772*	Corneal relaxing incision for correction of surgically induced astigmatism	10/1/2006				X	X
65785*	Implantation of intrastromal corneal ring segments	1/1/2016				X	X
66174*	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	1/1/2011				X	
66175*	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent	1/1/2011				X	
66179*	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	1/1/2015				X	
66183*	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	1/1/2014				X	
66683*	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed	1/1/2025				X	X
66999*	Unlisted procedure, anterior segment of eye	10/1/2006				X	X
67299*	Unlisted procedure, posterior segment	10/1/2006				X	X
67900*	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	10/1/2006				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
67901*	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	10/1/2006				X	X
67902*	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	10/1/2006				X	X
67903*	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	10/1/2006				X	X
67904*	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	10/1/2006				X	X
67906*	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	10/1/2006				X	X
67908*	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	10/1/2006				X	X
67911*	Correction of lid retraction	10/1/2006				X	X
67999*	Unlisted procedure, eyelids	10/1/2006				X	X
68899*	Unlisted procedure, lacrimal system	10/1/2006				X	X
69300*	Otoplasty, protruding ear, with or without size reduction	10/1/2006				X	X
69399*	Unlisted procedure, external ear	10/1/2006				X	X
69705*	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	1/1/2021				X	
69706*	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	1/1/2021				X	
69714*	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	1/1/2009				X	X
69716*	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex	1/1/2022				X	
69799*	Unlisted procedure, middle ear	10/1/2006				X	X
69930*	Cochlear device implantation, with or without mastoidectomy	10/1/2006				X	
69949*	Unlisted procedure, inner ear	10/1/2006				X	X
70336*	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	10/1/2006				X	
70471*	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	1/1/2026				X	
70490*	Computed tomography, soft tissue neck; without contrast material	10/1/2006				X	
70491*	Computed tomography, soft tissue neck; with contrast material(s)	10/1/2006				X	
70492*	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	10/1/2006				X	
70498*	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	10/1/2006				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
70540*	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	10/1/2006				X	
70542*	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	10/1/2006				X	
70543*	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	10/1/2006				X	
70547*	Magnetic resonance angiography, neck; without contrast material(s)	10/1/2006				X	
70548*	Magnetic resonance angiography, neck; with contrast material(s)	10/1/2006				X	
70549*	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	10/1/2006				X	
71250*	Computed tomography, thorax, diagnostic; without contrast material	10/1/2006				X	
71260*	Computed tomography, thorax, diagnostic; with contrast material(s)	10/1/2006				X	
71270*	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	10/1/2006				X	
71275*	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	10/1/2006				X	
71550*	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	10/1/2006				X	
71551*	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	10/1/2006				X	
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	10/1/2006				X	
71555*	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	10/1/2006				X	
72125*	Computed tomography, cervical spine; without contrast material	10/1/2006				X	
72126*	Computed tomography, cervical spine; with contrast material	10/1/2006				X	
72127*	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	10/1/2006				X	
72128*	Computed tomography, thoracic spine; without contrast material	10/1/2006				X	
72129*	Computed tomography, thoracic spine; with contrast material	10/1/2006				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
72130*	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	10/1/2006				X	
72131*	Computed tomography, lumbar spine; without contrast material	10/1/2006				X	
72132*	Computed tomography, lumbar spine; with contrast material	10/1/2006				X	
72133*	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	10/1/2006				X	
72141*	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	10/1/2006				X	
72142*	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	10/1/2006				X	
72146*	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	10/1/2006				X	
72147*	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	10/1/2006				X	
72148*	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	10/1/2006				X	
72149*	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	10/1/2006				X	
72156*	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	10/1/2006				X	
72157*	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	10/1/2006				X	
72158*	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	10/1/2006				X	
72159*	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	10/1/2006				X	
72191*	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	10/1/2006				X	
72192*	Computed tomography, pelvis; without contrast material	10/1/2006				X	
72193*	Computed tomography, pelvis; with contrast material(s)	10/1/2006				X	
72194*	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	10/1/2006				X	
72195*	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	10/1/2006				X	
72196*	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	10/1/2006				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
72197*	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	10/1/2006				X	
72198*	Magnetic resonance angiography, pelvis, with or without contrast material(s)	10/1/2006				X	
73200*	Computed tomography, upper extremity; without contrast material	10/1/2006				X	
73201*	Computed tomography, upper extremity; with contrast material(s)	10/1/2006				X	
73202*	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	10/1/2006				X	
73206*	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	10/1/2006				X	
73218*	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	10/1/2006				X	
73219*	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	10/1/2006				X	
73220*	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	10/1/2006				X	
73221*	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	10/1/2006				X	
73222*	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	10/1/2006				X	
73223*	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	10/1/2006				X	
73225*	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	10/1/2006				X	
73700*	Computed tomography, lower extremity; without contrast material	10/1/2006				X	
73701*	Computed tomography, lower extremity; with contrast material(s)	10/1/2006				X	
73702*	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	10/1/2006				X	
73706*	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	10/1/2006				X	
73718*	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	10/1/2006				X	
73719*	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	10/1/2006				X	
73720*	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	10/1/2006				X	
73721*	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	10/1/2006				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
73722*	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	10/1/2006				X	
73723*	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	10/1/2006				X	
73725*	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	10/1/2006				X	
74150*	Computed tomography, abdomen; without contrast material	10/1/2006				X	
74160*	Computed tomography, abdomen; with contrast material(s)	10/1/2006				X	
74170*	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	10/1/2006				X	
74174*	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1/1/2012				X	
74175*	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	10/1/2006				X	
74176*	Computed tomography, abdomen and pelvis; without contrast material	1/1/2011				X	
74177*	Computed tomography, abdomen and pelvis; with contrast material(s)	1/1/2011				X	
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	1/1/2011				X	
74181*	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	10/1/2006				X	
74182*	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	10/1/2006				X	
74183*	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	10/1/2006				X	
74185*	Magnetic resonance angiography, abdomen, with or without contrast material(s)	10/1/2006				X	
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	1/1/2026				X	
75635*	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	10/1/2006				X	
76390*	Magnetic resonance spectroscopy	10/1/2006				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
76391*	Magnetic resonance (eg, vibration) elastography	1/1/2019				X	
76497*	Unlisted computed tomography procedure (eg, diagnostic, interventional)	10/1/2006				X	
76498*	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	10/1/2006				X	
76873*	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning	8/1/2012				X	X
76965*	Ultrasonic guidance for interstitial radioelement application	8/1/2012				X	X
77046*	Magnetic resonance imaging, breast, without contrast material; unilateral	1/1/2019				X	
77047*	Magnetic resonance imaging, breast, without contrast material; bilateral	1/1/2019				X	
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	1/1/2019				X	
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	1/1/2019				X	
77084*	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	1/22/2007				X	
77261*	Therapeutic radiology treatment planning; simple	8/1/2012				X	X
77262*	Therapeutic radiology treatment planning; intermediate	8/1/2012				X	X
77263*	Therapeutic radiology treatment planning; complex	8/1/2012				X	X
77280*	Therapeutic radiology simulation-aided field setting; simple	8/1/2012				X	X
77285*	Therapeutic radiology simulation-aided field setting; intermediate	8/1/2012				X	X
77290*	Therapeutic radiology simulation-aided field setting; complex	8/1/2012				X	X
77293*	Respiratory motion management simulation	1/1/2014				X	X
77295*	3-dimensional radiotherapy plan, including dose-volume histograms	8/1/2012				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
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	8/1/2012				X	X
77301*	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	8/1/2012				X	X
77306*	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	1/1/2015				X	X
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)	1/1/2015				X	X
77316*	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	1/1/2015				X	X
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)	1/1/2015				X	X
77318*	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	1/1/2015				X	X
77321*	Special teletherapy port plan, particles, hemibody, total body	8/1/2012				X	X
77331*	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	8/1/2012				X	X
77332*	Treatment devices, design and construction; simple (simple block, simple bolus)	8/1/2012				X	X
77333*	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	8/1/2012				X	X
77334*	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	8/1/2012				X	X
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	8/1/2012				X	X
77338*	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	8/1/2012				X	X
77370*	Special medical radiation physics consultation	8/1/2012				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
77371*	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	8/1/2012				X	X
77372*	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	8/1/2012				X	X
77373*	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	10/1/2006				X	X
77387*	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	1/1/2015				X	X
77399*	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	8/1/2012				X	X
77402*	Radiation treatment delivery, >=1 MeV; simple	8/1/2012				X	X
77407*	Radiation treatment delivery, >=1 MeV; intermediate	8/1/2012				X	X
77412*	Radiation treatment delivery, >=1 MeV; complex	8/1/2012				X	X
77417*	Therapeutic radiology port image(s)	8/1/2012				X	X
77423*	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	11/12/2007				X	X
77424*	Intraoperative radiation treatment delivery, x-ray, single treatment session	2/26/2016				X	X
77425*	Intraoperative radiation treatment delivery, electrons, single treatment session	2/26/2016				X	X
77427*	Radiation treatment management, 5 treatments	8/1/2012				X	X
77431*	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	8/1/2012				X	X
77432*	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	8/1/2012				X	X
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	7/1/2011				X	X
77436*	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting	1/1/2026				X	X
77437*	Surface radiation therapy; superficial, delivery, </=150 kV, per fraction (eg, electronic brachytherapy)	1/1/2026				X	X
77438*	Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction	1/1/2026				X	X
77439*	Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment	1/1/2026				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
77469*	Intraoperative radiation treatment management	2/26/2016				X	X
77470*	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	8/1/2012				X	X
77499*	Unlisted procedure, therapeutic radiology treatment management	8/1/2012				X	X
77520*	Proton treatment delivery; simple, without compensation	10/1/2006				X	X
77522*	Proton treatment delivery; simple, with compensation	10/1/2006				X	X
77523*	Proton treatment delivery; intermediate	10/1/2006				X	X
77525*	Proton treatment delivery; complex	10/1/2006				X	X
77761*	Intracavitary radiation source application; simple	1/22/2007				X	X
77762*	Intracavitary radiation source application; intermediate	1/22/2007				X	X
77763*	Intracavitary radiation source application; complex	1/22/2007				X	X
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	1/1/2016				X	X
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	1/1/2016				X	X
77770*	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	1/1/2016				X	X
77771*	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	1/1/2016				X	X
77772*	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	1/1/2016				X	X
77778*	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	1/22/2007				X	X
77789*	Surface application of low dose rate radionuclide source	8/1/2012				X	X
77790*	Supervision, handling, loading of radiation source	8/1/2012				X	X
77799*	Unlisted procedure, clinical brachytherapy	10/1/2006				X	X
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	1/1/2020				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
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	1/1/2020				X	
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	1/1/2020				X	
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);	1/1/2020				X	
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	1/1/2020				X	
78434*	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress	1/1/2020				X	
78459*	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	10/1/2006				X	
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)	10/1/2006				X	
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)	10/1/2006				X	
78608*	Brain imaging, positron emission tomography (PET); metabolic evaluation	10/1/2006				X	
78609*	Brain imaging, positron emission tomography (PET); perfusion evaluation	10/1/2006				X	
78811*	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	10/1/2006				X	
78812*	Positron emission tomography (PET) imaging; skull base to mid-thigh	10/1/2006				X	
78813*	Positron emission tomography (PET) imaging; whole body	10/1/2006				X	
78814*	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	10/1/2006				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
78815*	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	10/1/2006				X	
78816*	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	10/1/2006				X	
79005*	Radiopharmaceutical therapy, by oral administration	10/25/2019				X	X
79101*	Radiopharmaceutical, therapy, by intravenous administration	10/17/2025		1/1/2026		X	X
81162*	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	1/1/2016				X	
81163*	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/2019				X	
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)	1/1/2019				X	
81165*	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/2019				X	
81166*	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	1/1/2019				X	
81167*	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	1/1/2019				X	
81195*	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)	1/1/2025				X	
81212*	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	1/1/2012				X	
81215*	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	1/1/2012				X	
81216*	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/2012				X	
81217*	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	1/1/2012				X	
81223*	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	2/17/2014				X	
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)	1/1/2012				X	
81228*	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis	2/18/2013				X	

"Cigna Companies" refers to operating subsidiaries of Cigna Corporation. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. © 2026 Cigna.

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
81277*	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	1/1/2020				X	
81292*	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	2/18/2013				X	
81293*	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	2/18/2013				X	
81294*	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	2/18/2013				X	
81295*	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	2/18/2013				X	
81296*	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	2/18/2013				X	
81297*	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	2/18/2013				X	
81298*	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	2/18/2013				X	
81299*	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	2/18/2013				X	
81300*	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	2/18/2013				X	
81307*	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	1/1/2020				X	
81308*	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	1/1/2020				X	
81313*	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	1/1/2015				X	
81317*	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	2/18/2013				X	
81318*	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	2/18/2013				X	
81319*	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	2/18/2013				X	
81321*	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	1/1/2013				X	
81322*	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	1/1/2013				X	
81323*	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	1/1/2013				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
81349*	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	1/1/2022				X	
81354*	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of structural and copy number variants, optical genome mapping (OGM)	1/1/2026				X	
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)	4/10/2026		1/1/2027		X	
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)	4/10/2026		1/1/2027		X	
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])	4/10/2026		1/1/2027		X	
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)	4/10/2026		1/1/2027		X	
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)	4/10/2026		1/1/2027		X	
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)	4/10/2026		1/1/2027		X	
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)	4/10/2026		1/1/2027		X	
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)	4/10/2026		1/1/2027		X	
81408*	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	4/10/2026		1/1/2027		X	
81410*	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	1/1/2015				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
81411*	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	1/1/2015				X	
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	1/1/2017				X	
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	1/1/2017				X	
81415*	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	1/1/2015				X	
81416*	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings)	1/1/2015				X	
81417*	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	1/1/2015				X	
81425*	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	1/1/2015				X	
81426*	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings)	1/1/2015				X	
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	1/1/2015				X	
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	1/1/2015				X	
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	1/1/2016				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
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	1/1/2016				X	
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)	1/1/2017				X	
81440*	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	1/1/2015				X	
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	1/1/2016				X	
81445*	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	5/14/2026		1/1/2027		X	
81448*	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	1/1/2018				X	
81449*	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	4/28/2023				X	
81450*	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	5/14/2026		1/1/2027		X	
81451*	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	4/28/2023				X	
81455*	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	4/28/2023				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
81456*	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	1/1/2023				X	
81457*	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	1/1/2024				X	
81458*	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	1/1/2024				X	
81459*	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	1/1/2024				X	
81460*	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	1/1/2015				X	
81462*	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	1/1/2024				X	
81463*	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	1/1/2024				X	
81464*	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	1/1/2024				X	
81465*	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	1/1/2015				X	
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	1/1/2015				X	
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	1/1/2015				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
81479*	Unlisted molecular pathology procedure	1/1/2013				X	
81518*	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	1/1/2019				X	
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	1/1/2026				X	
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	1/1/2021				X	
81538*	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	1/1/2016				X	
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	11/20/2025		1/1/2026		X	
81542*	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	1/1/2020				X	
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	1/1/2020				X	
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])	1/1/2021				X	
81558	Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection	1/1/2025				X	X
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	1/1/2016				X	X
81599*	Unlisted multianalyte assay with algorithmic analysis	9/27/2024				X	
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	10/1/2006				X	
89335	Cryopreservation, reproductive tissue, testicular	10/1/2006				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
89344	Storage (per year); reproductive tissue, testicular/ovarian	10/1/2006				X	
89346	Storage (per year); oocyte(s)	10/1/2006				X	
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	10/1/2006				X	
89356	Thawing of cryopreserved; oocytes, each aliquot	10/1/2006				X	
90283	Immune globulin (IgIV), human, for intravenous use	3/17/2008				X	X
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	8/19/2013				X	X
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	10/1/2006				X	X
90399	Unlisted immune globulin	8/17/2009				X	
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	1/1/2011				X	
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	1/1/2011				X	
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	1/1/2012				X	
90899	Unlisted psychiatric service or procedure	2/16/2015				X	
91299*	Unlisted diagnostic gastroenterology procedure	10/1/2006				X	X
93451*	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	2/17/2014				X	
93452*	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	2/17/2014				X	
93453*	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	2/17/2014				X	
93454*	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	2/17/2014				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
93455*	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	2/17/2014				X	
93456*	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	2/17/2014				X	
93457*	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	2/17/2014				X	
93458*	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	2/17/2014				X	
93459*	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	2/17/2014				X	
93460*	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	2/17/2014				X	
93461*	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	2/17/2014				X	
93580*	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	10/1/2006				X	
93581*	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant	2/1/2021				X	
93582*	Percutaneous transcatheter closure of patent ductus arteriosus	1/1/2014				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
93619*	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	1/1/2019				X	
93620*	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	1/1/2019				X	
93621*	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium	1/1/2019				X	
93622*	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording	1/1/2019				X	
93653*	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	7/1/2018				X	
93654*	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed	1/1/2019				X	
93655*	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia	1/1/2019				X	
93656*	Comprehensive electrophysiologic evaluation with transseptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, and intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography with imaging supervision and interpretation, right ventricular pacing/recording, and His bundle recording, when performed	7/1/2018				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
93657*	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation	7/1/2018				X	
93799*	Unlisted cardiovascular service or procedure	10/1/2006				X	X
94799*	Unlisted pulmonary service or procedure	10/1/2006				X	X
95782*	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	1/1/2013				X	
95783*	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	1/1/2013				X	
95805*	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	2/18/2013				X	
95807*	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	2/18/2013				X	
95808*	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	2/18/2013				X	
95810*	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	2/18/2013				X	
95811*	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	2/18/2013				X	
96920*	Excimer laser treatment for psoriasis; total area less than 250 sq cm	10/1/2006				X	X
96921*	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	10/1/2006				X	X
96922*	Excimer laser treatment for psoriasis; over 500 sq cm	10/1/2006				X	X
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	1/1/2019				X	
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	1/1/2019				X	
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	1/1/2019				X	
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	1/1/2019				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	1/1/2019				X	
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	1/1/2019				X	
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	1/1/2014				X	
99183*	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	10/1/2006				X	X
99199*	Unlisted special service, procedure or report	10/1/2006				X	X
99512	Home visit for hemodialysis	2/16/2015				X	
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	1/1/2001				X	
A0435	Fixed wing air mileage, per statute mile	1/1/2001				X	
A2004*	Xcellistem, 1 mg	1/1/2022				X	X
A2005*	Microlyte matrix, per square centimeter	1/1/2022				X	X
A2019*	Kerecis omega3 marigen shield, per square centimeter	4/28/2023				X	
A2020*	Ac5 advanced wound system (ac5)	4/28/2023				X	X
A2021*	Neomatrix, per square centimeter	4/28/2023				X	X
A4238	Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	4/1/2022				X	X
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	1/1/2023				X	X
A2043	Biobrane, per square centimeter	4/1/2026				X	
A2044	Biobrane glove, each	4/1/2026				X	
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, one unit = 1 day supply	7/1/2021				X	X
A9277	Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system	7/1/2021				X	X
A9278	Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system	7/1/2021				X	X
A9513*	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	1/1/2019				X	X
A9606*	Radium ra-223 dichloride, therapeutic, per microcurie	2/27/2016				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
A9607*	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	10/1/2022				X	X
A9699*	Radiopharmaceutical, therapeutic, not otherwise classified	4/1/2014				X	X
B4187	Omegaven, 10 grams lipids	1/1/2020				X	X
C1062*	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	1/1/2021				X	
C1607*	Neurostimulator, integrated (implantable), rechargeable with all implantable and external components including charging system	1/1/2026				X	
C1764*	Event recorder, cardiac (implantable)	10/25/2019				X	
C1767*	Generator, neurostimulator (implantable), non-rechargeable	1/1/2016				X	
C1772*	Infusion pump, programmable (implantable)	7/1/2021				X	
C1778*	Lead, neurostimulator (implantable)	1/1/2016				X	
C1787*	Patient programmer, neurostimulator	1/1/2016				X	
C1816*	Receiver and/or transmitter, neurostimulator (implantable)	1/1/2016				X	
C1820*	Generator, neurostimulator (implantable), with rechargeable battery and charging system	1/1/2016				X	
C1821*	Interspinous process distraction device (implantable)	1/1/2007				X	
C1822*	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	1/1/2016				X	
C1839*	Iris prosthesis	1/1/2020				X	X
C1883*	Adapter/extension, pacing lead or neurostimulator lead (implantable)	1/1/2016				X	
C1889*	Implantable/insertable device, not otherwise classified	1/1/2017				X	X
C1897*	Lead, neurostimulator test kit (implantable)	1/1/2016				X	
C2614*	Probe, percutaneous lumbar discectomy	1/1/2003				X	
C2616*	Brachytherapy source, non-stranded, yttrium-90, per source	10/17/2025		1/1/2026		X	X
C2624*	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	1/1/2015				X	X
C7557*	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed and 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	1/1/2025				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
C8002*	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)	1/1/2025				X	X
C8003*	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and adjustments, with imaging guidance (eg, fluoroscopy)	1/1/2025				X	X
C8007*	Open implantation of hypoglossal nerve neurostimulator array and pulse generator, not requiring insertion of a separate distal respiratory sensor electrode or electrode array	1/1/2026				X	
C8010*	Percutaneous placement of permanent common carotid embolic protection device, including all system components and imaging guidance; bilateral	4/1/2026				X	
C8011*	Open implantation of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver, including external power source and all system components	1/1/2026				X	
C8900*	Magnetic resonance angiography with contrast, abdomen	10/1/2001				X	
C8901*	Magnetic resonance angiography without contrast, abdomen	10/1/2001				X	
C8902*	Magnetic resonance angiography without contrast followed by with contrast, abdomen	10/1/2001				X	
C8903*	Magnetic resonance imaging with contrast, breast; unilateral	10/1/2001				X	
C8905*	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	10/1/2001				X	
C8906*	Magnetic resonance imaging with contrast, breast; bilateral	10/1/2001				X	
C8908*	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	10/1/2001				X	
C8909*	Magnetic resonance angiography with contrast, chest (excluding myocardium)	10/1/2001				X	
C8910*	Magnetic resonance angiography without contrast, chest (excluding myocardium)	10/1/2001				X	
C8911*	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	10/1/2001				X	
C8912*	Magnetic resonance angiography with contrast, lower extremity	10/1/2001				X	
C8913*	Magnetic resonance angiography without contrast, lower extremity	10/1/2001				X	
C8914*	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	10/1/2001				X	
C8918*	Magnetic resonance angiography with contrast, pelvis	7/1/2003				X	
C8919*	Magnetic resonance angiography without contrast, pelvis	7/1/2003				X	
C8920*	Magnetic resonance angiography without contrast followed by with contrast, pelvis	7/1/2003				X	
C8931*	Magnetic resonance angiography with contrast, spinal canal and contents	10/1/2010				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
C8932*	Magnetic resonance angiography without contrast, spinal canal and contents	10/1/2010				X	
C8933*	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	10/1/2010				X	
C8934*	Magnetic resonance angiography with contrast, upper extremity	10/1/2010				X	
C8935*	Magnetic resonance angiography without contrast, upper extremity	10/1/2010				X	
C8936*	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	10/1/2010				X	
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	1/1/2019				X	
C9047	Injection, caplacizumab-yhdp, 1 mg	7/1/2019				X	X
C9309	Injection, onasemnogene abeparvovec-brve, per treatment	4/1/2026				X	X
C9352*	Microporous collagen implantable tube (neuragen nerve guide), per centimeter length	8/18/2014				X	X
C9353*	Microporous collagen implantable slit tube (neurawrap nerve protector), per centimeter length	8/18/2014				X	X
C9358*	Dermal substitute, native, non-denatured collagen, fetal bovine origin (surgimend collagen matrix), per 0.5 square centimeters	2/6/2012				X	X
C9360*	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters	2/6/2012				X	X
C9364*	Porcine implant, permacol, per square centimeter	7/1/2009				X	X
C9399*	Unclassified drugs or biologicals	8/6/2012			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
C9726*	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure	8/1/2012				X	X
C9727*	Insertion of implants into the soft palate; minimum of three implants	10/1/2006				X	X
C9734*	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance	2/17/2014				X	X
C9762*	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	7/1/2020				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
C9763*	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	7/1/2020				X	
C9764*	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	7/1/2020				X	
C9767*	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	7/1/2020				X	
C9772*	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed	1/1/2021				X	
C9785*	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	1/1/2025				X	X
C9791*	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	7/26/2024				X	
C9793*	3d predictive model generation for pre-planning of a cardiac procedure, using data from cardiac computed tomographic angiography with report	1/1/2025				X	
C9807*	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	1/1/2025				X	
C9808*	Nerve cryoablation probe (e.g., cryoice, cryosphere, cryosphere max, cryoice cryosphere, cryoice cryo2), including probe and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	1/1/2025				X	X
C9809*	Cryoablation needle (e.g., iovera system), including needle/tip and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	1/1/2025				X	X
E0466*	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	1/1/2020				X	
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	1/1/2019				X	
E0468*	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	4/1/2024				X	
E0481*	Intrapulmonary percussive ventilation system and related accessories	2/6/2012				X	X
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	2/6/2012				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
E0492*	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	1/1/2024				X	
E0530*	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	1/1/2024				X	
E0627*	Seat lift mechanism, electric, any type	10/1/2006				X	
E0637*	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	1/1/2004				X	
E0638*	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	1/1/2004				X	
E0640*	Patient lift, fixed system, includes all components/accessories	1/1/2005				X	
E0641*	Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels	1/1/2006				X	
E0642*	Standing frame/table system, mobile (dynamic stander), any size including pediatric	1/1/2006				X	
E0677*	Non-pneumatic sequential compression garment, trunk	4/28/2023				X	X
E0678*	Non-pneumatic sequential compression garment, full leg	1/1/2024				X	X
E0679*	Non-pneumatic sequential compression garment, half leg	1/1/2024				X	X
E0680*	Non-pneumatic compression controller with sequential calibrated gradient pressure	1/1/2024				X	X
E0682*	Non-pneumatic sequential compression garment, full arm	1/1/2024				X	X
E0683*	Non-pneumatic, non-sequential, peristaltic wave compression pump	10/1/2024				X	X
E0721*	Transcutaneous electrical nerve stimulator for nerves in the auricular region	10/1/2024				X	X
E0738*	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories	4/1/2024				X	X
E0739*	Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	4/1/2024				X	X
E0748*	Osteogenesis stimulator, electrical, non-invasive, spinal applications	10/1/2006				X	
E0760*	Osteogenesis stimulator, low intensity ultrasound, non-invasive	10/1/2006				X	
E0767*	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	10/1/2024				X	X
E0782*	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	1/1/2016				X	
E0783*	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	1/1/2016				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
E0785*	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	1/1/2016				X	
E0786*	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	1/1/2016				X	
E1399*	Durable medical equipment, miscellaneous	1/1/2025				X	X
E1905	Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software	4/28/2023				X	
E2102	Adjunctive, non-implanted continuous glucose monitor or receiver	4/1/2022				X	X
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	1/1/2023				X	X
E2508*	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	1/1/2004				X	
E2510*	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	1/1/2004				X	
G0138	Intravenous infusion of cipagucosidase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of receipt of cipagucosidase alfa-atga	4/1/2024				X	X
G0166*	External counterpulsation, per treatment session	10/1/2006				X	
G0219*	Pet imaging whole body; melanoma for non-covered indications	7/1/2001				X	
G0235*	Pet imaging, any site, not otherwise specified	1/1/2006				X	
G0252*	Pet imaging, full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	10/1/2002				X	
G0260*	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	1/1/2003				X	
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	1/1/2015				X	
G0339*	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	1/1/2004				X	X
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	1/1/2004				X	X
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	10/1/2004				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	10/1/2004				X	X
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	10/1/2004				X	X
G0422*	Intensive cardiac rehabilitation; with or without continuous ecg monitoring with exercise, per session	1/1/2010				X	
G0423*	Intensive cardiac rehabilitation; with or without continuous ecg monitoring; without exercise, per session	1/1/2010				X	
G0458*	Low dose rate (ldr) prostate brachytherapy services, composite rate	2/27/2016				X	X
G0555*	Provision of replacement patient electronics system (e.g., system pillow, handheld reader) for home pulmonary artery pressure monitoring	1/1/2025				X	X
H0045	Respite care services, not in the home, per diem	1/1/2003				X	
J0013	Esketamine, nasal spray, 1 mg	1/1/2026				X	X
J0129	Injection, abatacept, 10 mg	1/1/2007				X	X
J0139	Injection, adalimumab, 1 mg	1/1/2025				X	X
J0174	Lecanemab-irmb, for intravenous injection, 1 mg	7/6/2023				X	X
J0175	Injection, donanemab-azbt, 2 mg	7/2/2024				X	X
J0177	Injection, aflibercept hd, 1 mg	4/1/2024				X	X
J0178	Injection, aflibercept, 1 mg	1/1/2013				X	X
J0179	Injection, brolicizumab-dbli, 1 mg	1/1/2020				X	X
J0180	Injection, agalsidase beta, 1 mg	1/1/2005				X	X
J0202	Injection, alemtuzumab, 1 mg	1/1/2016				X	X
J0208*	Injection, sodium thiosulfate (pedmark), 100 mg	4/28/2023				X	X
J0217	Injection, velmanase alfa-tycv, 1 mg	1/1/2024				X	X
J0218	Injection, olipudase alfa-rpcp, 1 mg	4/28/2023				X	X
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	4/1/2022				X	X
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	1/1/2008				X	X
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	1/1/2012				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
J0222	Injection, Patisiran, 0.1 mg	10/1/2019				X	X
J0223	Injection, givosiran, 0.5 mg	7/1/2020				X	X
J0224	Injection, lumasiran, 0.5 mg	7/1/2021				X	X
J0225	Injection, vutrisiran, 1 mg	1/1/2023				X	X
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	10/1/2006				X	X
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	1/1/2012				X	X
J0349	Injection, rezafungin, 1 mg	10/1/2023	5/14/2026			X	X
J0364	Injection, apomorphine hydrochloride, 1 mg	2/6/2012				X	X
J0470	Injection, dimercaprol, per 100 mg	10/1/2006				X	X
J0485	Injection, belatacept, 1 mg	1/1/2022				X	X
J0490	Injection, belimumab, 10 mg	1/1/2012				X	X
J0491	Injection, anifrolumab-fnia, 1 mg	4/1/2022				X	X
J0517	Injection, benralizumab, 1 mg	1/1/2019				X	X
J0567	Injection, cerliponase alfa, 1 mg	1/1/2019				X	X
J0570	Buprenorphine implant, 74.2 mg	10/1/2025			Code deleted 12/31/2024; Reactived by CMS 10/1/2025.	X	X
J0584	Injection, burosumab-twza 1 mg	1/1/2019				X	X
J0585	Injection, onabotulinumtoxina, 1 unit	10/1/2006				X	X
J0586	Injection, abobotulinumtoxina, 5 units	1/1/2010				X	X
J0587	Injection, rimabotulinumtoxinb, 100 units	1/1/2002				X	X
J0588	Injection, incobotulinumtoxin a, 1 unit	1/1/2012				X	X
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	4/1/2024				X	X
J0591	Injection, deoxycholic acid, 1 mg	7/1/2020				X	X
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	10/1/2019				X	X
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	1/1/2016				X	X
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units	1/1/2011				X	X
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	1/1/2010				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	1/1/2019				X	X
J0600	Injection, edetate calcium disodium, up to 1000 mg	10/1/2006				X	X
J0606	Injection, etelcalcetide, 0.1 mg	1/1/2018				X	X
J0614*	Injection, treosulfan, 50 mg	10/1/2025				X	X
J0638	Injection, canakinumab, 1 mg	1/1/2011				X	X
J0641*	Injection, levoleucovorin, not otherwise specified, 0.5 mg	1/1/2018				X	X
J0642*	Injection, levoleucovorin (khapsory), 0.5 mg	10/1/2019				X	X
J0717	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	1/1/2014				X	X
J0725	Injection, chorionic gonadotropin, per 1,000 usp units	9/1/2012			NDC# must be submitted on medical claim form.	X	X
J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg	10/1/2021				X	X
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	1/1/2011				X	X
J0791	Injection, crizanlizumab-tmca, 5 mg	7/1/2020				X	X
J0799	Fda approved prescription drug, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv), not otherwise classified	1/28/2026				X	X
J0801	Injection, corticotropin (acthar gel), up to 40 units	10/1/2023				X	X
J0802	Injection, corticotropin (ani), up to 40 units	10/1/2023				X	X
J0870*	Injection, imetelstat, 1 mg	1/1/2025				X	X
J0879	Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis)	4/1/2022				X	X
J0881*	Injection, darbepoetin alfa, 1 microgram (non-esrd use) - Brand name: Aranesp	2/18/2013			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
J0882	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)	2/16/2015				X	X
J0885*	Injection, epoetin alfa, (for non-esrd use), 1000 units	2/18/2013			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	8/27/2015				X	X
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)	1/1/2015				X	X
J0890	Injection, peginesatide, 0.1 mg (for esrd on dialysis)	1/1/2013				X	X
J0893*	Injection, decitabine (sun pharma), not therapeutically equivalent to J0894, 1 mg	1/1/2023				X	X
J0894*	Injection, decitabine, 1 mg	1/1/2018				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
J0896	Injection, luspatercept-aamt, 0.25 mg	7/1/2020				X	X
J0897*	Injection, denosumab, 1 mg	2/18/2013			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
J1072	Injection, testosterone cypionate (azmiro), 1 mg	4/1/2025				X	X
J1073	Testosterone pellet, implant, 75 mg	1/1/2026				X	X
J1202	Miglustat, oral, 65 mg	4/1/2024				X	X
J1203	Injection, cipaglugosidase alfa-atga, 5 mg	4/1/2024				X	X
J1290	Injection, ecallantide, 1 mg	1/1/2011				X	X
J1299	Injection, eculizumab, 2 mg	4/1/2025				X	X
J1301	Injection, edaravone, 1 mg	1/1/2019				X	X
J1302	Injection, sutimlimab-jome, 10 mg	10/1/2022				X	X
J1303	Injection, ravulizumab-cwvz, 10 mg	10/1/2019				X	X
J1304	Injection, tofersen, 1 mg	1/1/2024				X	X
J1305	Injection, evinacumab-dgnb, 5mg	10/1/2021				X	X
J1306	Injection, inclisiran, 1 mg	7/1/2022				X	X
J1307	Injection, crovalimab-akkz, 10 mg	1/1/2025				X	X
J1322	Injection, elosulfase alfa, 1 mg	1/1/2015				X	X
J1323*	Injection, elranatamab-bcmm, 1 mg	4/1/2024				X	X
J1325	Injection, epoprostenol, 0.5 mg	10/1/2006				X	X
J1326*	Injection, zolbetuximab-clzb, 2 mg	7/1/2025				X	X
J1411	Injection, etranacogene dezaparovec-drlb, per therapeutic dose	4/28/2023				X	X
J1412	Injection, valoctocogene roxaparovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes	1/1/2024				X	X
J1413	Injection, delandistrogene moxeparovec-rokl, per therapeutic dose	1/1/2024				X	X
J1414	Injection, fidanacogene elaparovec-dzkt, per therapeutic dose	1/1/2025				X	X
J1426	Injection, casimersen, 10 mg	10/1/2021				X	X
J1427	Injection, viltolarsen, 10 mg	4/1/2021				X	X
J1428	Injection, eteplirsen, 10 mg	1/1/2018				X	X

“Cigna Companies” refers to operating subsidiaries of Cigna Corporation. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. © 2026 Cigna.

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
J1429	Injection, golodirsén, 10 mg	7/1/2020				X	X
J1437	Injection, ferric derisomaltose, 10 mg	1/1/2022				X	X
J1438	Injection, etanercept, 25 mg	10/1/2006				X	X
J1439	Injection, ferric carboxymaltose, 1 mg	1/1/2022				X	X
J1440	Fecal microbiota, live - jsfm, 1 ml	7/1/2023				X	X
J1442*	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram - Brand name: Neupogen	8/27/2015			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
J1447*	Injection, tbo-filgrastim, 1 microgram	7/1/2021			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
J1448*	Injection, trilaciclib, 1mg	10/1/2021				X	X
J1449*	Injection, eflapegrastim-xnst, 0.1 mg	4/28/2023				X	X
J1458	Injection, galsulfase, 1 mg	1/1/2007				X	X
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	1/1/2009				X	X
J1551	Injection, immune globulin (cutaquis), 100 mg	7/1/2022				X	X
J1552	Injection, immune globulin (alyglo), 100 mg	1/1/2025				X	X
J1553	Injection, immune globulin (yimmugo), 100 mg	4/1/2026				X	X
J1554	Injection, immune globulin (asceniv), 500 mg	4/1/2021				X	X
J1555	Injection, immune globulin (cuvitru), 100 mg	1/1/2018				X	X
J1556	Injection, immune globulin (bivigam), 500 mg	1/1/2014				X	X
J1557	Injection, immune globulin, (gammplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	1/1/2012				X	X
J1558	Injection, immune globulin (xembify), 100 mg	7/1/2020				X	X
J1559	Injection, immune globulin (hizentra), 100 mg	1/1/2011				X	X
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	1/1/2008				X	X
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	1/1/2006				X	X
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	1/1/2008				X	X
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	1/1/2008				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	1/1/2008				X	X
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	1/1/2016				X	X
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	7/1/2023				X	X
J1595	Injection, glatiramer acetate, 20 mg	1/1/2004				X	X
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	1/1/2011				X	X
J1602	Injection, golimumab, 1 mg, for intravenous use	1/1/2014				X	X
J1628	Injection, guselkumab, 1 mg	1/1/2019				X	X
J1632	Injection, brexanolone, 1 mg	10/1/2020				X	X
J1675	Injection, histrelin acetate, 10 micrograms	1/1/2006				X	X
J1726	Injection, hydroxyprogesterone caproate, (makena), 10 mg	1/1/2018				X	X
J1743	Injection, idursulfase, 1 mg	1/1/2008				X	X
J1744	Injection, icatibant, 1 mg	1/1/2013				X	X
J1745	Injection, infliximab, excludes biosimilar, 10 mg	10/1/2006				X	X
J1746	Injection, ibalizumab-uiyk, 10 mg	1/1/2019				X	X
J1747	Injection, spesolimab-sbzo, 1 mg	4/28/2023				X	X
J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	7/1/2024				X	X
J1786	Injection, imiglucerase, 10 units	1/1/2011				X	X
J1809	Injection, fosdenopterin, 0.1 mg	10/1/2025				X	X
J1823	Injection, inebilizumab-cdon, 1 mg	1/1/2021				X	X
J1826	Injection, interferon beta-1a, 30 mcg	1/1/2011				X	X
J1830	Injection, interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	9/1/2012			NDC# must be submitted on medical claim form.	X	X
J1930*	Injection, lanreotide, 1 mg -Brand name: Somatuline Depot	2/17/2017			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
J1931	Injection, laronidase, 0.1 mg	1/1/2005				X	X
J1932*	Injection, lanreotide, (ciplra), 1 mg	10/1/2022				X	X
J1950*	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	7/1/2021			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	7/1/2021				X	X
J1952*	Leuprolide injectable, camcevi, 1 mg	1/1/2022				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
J1954*	Injection, leuprolide acetate for depot suspension (lutrate depot), 7.5 mg	1/1/2023			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
J1961	Injection, lenacapavir, 1 mg	7/1/2023				X	X
J2170	Injection, mecasermin, 1 mg	1/1/2007				X	X
J2182	Injection, mepolizumab, 1 mg	1/1/2017				X	X
J2267	Injection, mirikizumab-mrkz, 1 mg	7/1/2024				X	X
J2277	Injection, motixafortide, 0.25 mg	4/1/2024				X	X
J2323	Injection, natalizumab, 1 mg	1/1/2008				X	X
J2326	Injection, nusinersen, 0.1 mg	1/1/2018				X	X
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	1/1/2023				X	X
J2329	Injection, ublituximab-xiyy, 1mg	7/1/2023				X	X
J2350	Injection, ocrelizumab, 1 mg	1/1/2018				X	X
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	4/1/2025				X	X
J2353*	Injection, octreotide, depot form for intramuscular injection, 1 mg	2/17/2017			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
J2354*	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	2/17/2017			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
J2356	Injection, tezepelumab-ekko, 1 mg	7/1/2022				X	X
J2357	Injection, omalizumab, 5 mg	1/1/2005				X	X
J2502	Injection, pasireotide long acting, 1 mg	1/1/2016				X	X
J2506*	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	1/1/2022				X	X
J2507	Injection, pegloticase, 1 mg	1/1/2012				X	X
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	1/1/2024				X	X
J2562	Injection, plerixafor, 1 mg	1/1/2010				X	X
J2724	Injection, protein c concentrate, intravenous, human, 10 iu	8/26/2016				X	X
J2777	Injection, faricimab-svoa, 0.1 mg	10/1/2022				X	X
J2778	Injection, ranibizumab, 0.1 mg	8/6/2012				X	X
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	7/1/2022				X	X
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	10/1/2023				X	X
J2782	Injection, avacincaptad pegol, 0.1 mg	4/1/2024				X	X
J2786	Injection, reslizumab, 1 mg	1/1/2017				X	X
J2793	Injection, rilonacept, 1 mg	1/1/2010				X	X
J2797*	Injection, rolapitant, 0.5 mg	1/1/2019				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
J2802*	Injection, romiplostim, 1 microgram	1/1/2025			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
J2840	Injection, sebelipase alfa, 1 mg	1/1/2017				X	X
J2860*	Injection, siltuximab, 10 mg	1/1/2016				X	X
J2941	Injection, somatropin, 1 mg	9/1/2012			NDC# must be submitted on medical claim form.	X	X
J2998	Injection, plasminogen, human-tvmh, 1 mg	7/1/2022				X	X
J3031	Injection, fremanezumab-vfrm, 1 mg	10/1/2019				X	X
J3032	Injection, eptinezumab-jjmr, 1 mg	10/1/2020				X	X
J3055*	Injection, talquetamab-tgvs, 0.25 mg	4/1/2024				X	X
J3060	Injection, taliglucerase alfa, 10 units	1/1/2014				X	X
J3111	Injection, romosozumab-aqgg, 1 mg	10/1/2019				X	X
J3145	Injection, testosterone undecanoate, 1 mg	4/1/2015				X	X
J3241	Injection, teprotumumab-trbw, 10 mg	10/1/2020				X	X
J3245	Injection, tildrakizumab, 1 mg	1/1/2019				X	X
J3247	Injection, secukinumab, intravenous, 1 mg	7/1/2024				X	X
J3262*	Injection, tocilizumab, 1 mg - Brand name: Actemra	2/17/2017			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
J3263*	Injection, toripalimab-tpzi, 1 mg	7/1/2024				X	X
J3285	Injection, trestipenil, 1 mg	1/1/2006				X	X
J3299	Injection, triamcinolone acetonide (xipere), 1 mg	7/1/2022				X	X
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	1/1/2019				X	X
J3315*	Injection, triptorelin pamoate, 3.75 mg	7/1/2021				X	X
J3316	Injection, triptorelin, extended-release, 3.75 mg	1/1/2019				X	X
J3357	Ustekinumab, for subcutaneous injection, 1 mg	1/1/2011				X	X
J3358	Ustekinumab, for intravenous injection, 1 mg	1/1/2018				X	X
J3380	Injection, vedolizumab, intravenous, 1 mg	1/1/2016				X	X
J3385	Injection, velaglucerase alfa, 100 units	1/1/2011				X	X
J3387	Injection, elivaldogene autotemcel, per treatment	1/1/2026				X	X
J3389	Topical administration, prademagene zamikeracel, per treatment	1/1/2026				X	X
J3391	Injection, atidarsagene autotemcel, per treatment	7/1/2025				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
J3392	Injection, exagamglogene autotemcel, per treatment	1/1/2025				X	X
J3393	Injection, betibeglogene autotemcel, per treatment	7/1/2024				X	X
J3394	Injection, lovetibeglogene autotemcel, per treatment	7/1/2024				X	X
J3397	Injection, vestronidase alfa-vjvk, 1 mg	1/1/2019				X	X
J3398	Injection, voretigene neparovec-rzyl, 1 billion vector genomes	1/1/2019				X	X
J3399	Injection, onasemnogene abeparovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	7/1/2020				X	X
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ pfu/ml vector genomes, per 0.1 ml	1/1/2024				X	X
J3402	Injection, remestemcel-l-rknd, per therapeutic dose	10/1/2025				X	X
J3403	Revakinagene taroretcel-lwey, per implant	10/1/2025				X	X
J3404	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	4/1/2026				X	X
J3490*	Unclassified drugs	2/17/2017			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
J3520	Edetate disodium, per 150 mg	10/1/2006				X	X
J3590*	Unclassified biologics	2/17/2017			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
J3591	Unclassified drug or biological used for esrd on dialysis	1/1/2019				X	X
J7170	Injection, emicizumab-kxwh, 0.5 mg	1/1/2019				X	X
J7171	Injection, adamts13, recombinant-krhn, 10 iu	7/1/2024				X	X
J7172	Injection, marstacimab-hncq, 0.5 mg	7/1/2025				X	X
J7173	Injection, concizumab-mtci, 0.5 mg	10/1/2025				X	X
J7174	Injection, fitusiran, 0.04 mg	10/1/2025				X	X
J7175	Injection, factor x, (human), 1 i.u.	1/1/2017				X	X
J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg	1/1/2019				X	X
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	1/1/2013				X	X
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0	1/1/2017				X	X
J7180	Injection, factor xiii (antihemophilic factor, human), 1 i.u.	1/1/2012				X	X
J7181	Injection, factor xiii a-subunit, (recombinant), per iu	1/1/2015				X	X
J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	1/1/2015				X	X
J7183	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rc0	1/1/2012				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
J7185	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.	1/1/2010				X	X
J7186	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.	1/1/2009				X	X
J7187	Injection, von willebrand factor complex (humate-p), per iu vwf:rco	1/1/2007				X	X
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	1/1/2016				X	X
J7189	Factor viia (antihemophilic factor, recombinant), (novoseven rt), 1 microgram	1/1/2006				X	X
J7190	Factor viii (antihemophilic factor, human) per i.u.	10/1/2006				X	X
J7191	Factor viii (antihemophilic factor (porcine)), per i.u.	10/1/2006				X	X
J7192	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	10/1/2006				X	X
J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	1/1/2002				X	X
J7194	Factor ix, complex, per i.u.	10/1/2006				X	X
J7195	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	1/1/2002				X	X
J7196	Injection, antithrombin recombinant, 50 i.u.	1/1/2011				X	X
J7197	Antithrombin iii (human), per i.u.	10/1/2006				X	X
J7198	Anti-inhibitor, per i.u.	10/1/2006				X	X
J7199	Hemophilia clotting factor, not otherwise classified	10/1/2006				X	X
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	1/1/2015				X	X
J7201	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	1/1/2015				X	X
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	1/1/2017				X	X
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	1/1/2019				X	X
J7204	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	7/1/2020				X	X
J7205	Injection, factor viii fc fusion protein (recombinant), per iu	1/1/2016				X	X
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	1/1/2017				X	X
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	7/1/2019				X	X
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	1/1/2017				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
J7210	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.	1/1/2018				X	X
J7211	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.	1/1/2018				X	X
J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	1/1/2021				X	X
J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.	7/1/2025		1/1/2026		X	X
J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviiio), per factor viii i.u.	10/1/2023				X	X
J7316	Injection, ocriplasmin, 0.125 mg	1/1/2014				X	X
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	1/1/2019				X	X
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	1/1/2017				X	X
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	8/18/2014				X	X
J7322	Hyaluronan or derivative, hymovis or hymovis one, for intra-articular injection, 1 mg	1/1/2017				X	X
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	8/18/2014				X	X
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	8/18/2014				X	X
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	8/18/2014				X	X
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	8/18/2014				X	X
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	1/1/2015				X	X
J7328	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	1/1/2016				X	X
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	1/1/2019				X	X
J7330*	Autologous cultured chondrocytes, implant	10/1/2017				X	
J7331	Hyaluronan or derivative, synjoynnt, for intra-articular injection, 1 mg	10/1/2019				X	X
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	10/1/2019				X	X
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	1/1/2016				X	X
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	10/1/2020				X	X
J7352	Afamelanotide implant, 1 mg	1/1/2021				X	X
J7355	Injection, travoprost, intracameral implant, 1 microgram	7/1/2024				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
J7356	Injection, foscarbidopa 0.25 mg/foslevodopa 5 mg	7/1/2025				X	X
J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms	4/1/2021				X	X
J7677	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	7/1/2019				X	X
J7686	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg	8/27/2015				X	X
J7999	Compounded drug, not otherwise classified	1/1/2016				X	X
J9000*	Injection, doxorubicin hydrochloride, 10 mg	1/1/2018				X	X
J9003*	Leuprolide injectable (camcevi etm), 1 mg	4/1/2026				X	X
J9011*	Injection, datopotamab deruxtecandlnk, 1 mg	10/1/2025				X	X
J9015*	Injection, aldesleukin, per single use vial	1/1/2018				X	X
J9017*	Injection, arsenic trioxide, 1 mg	1/1/2018				X	X
J9021*	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	1/1/2022				X	X
J9022*	Injection, atezolizumab, 10 mg	1/1/2018				X	X
J9023*	Injection, avelumab, 10 mg	1/1/2018				X	X
J9024*	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	4/1/2025				X	X
J9025*	Injection, azacitidine, 1 mg	1/1/2018				X	X
J9026*	Injection, tarlatamab-dlle, 1 mg	1/1/2025				X	X
J9027*	Injection, clofarabine, 1 mg	1/1/2018				X	X
J9028*	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	1/1/2025				X	X
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	7/1/2023				X	X
J9032*	Injection, belinostat, 10 mg	1/1/2016				X	X
J9033*	Injection, bendamustine hcl (treanda), 1 mg	8/6/2012				X	X
J9034*	Injection, bendamustine hcl (bendeka), 1 mg	1/1/2017				X	X
J9035*	Injection, bevacizumab, 10 mg	5/1/2011			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
J9036*	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg	7/1/2019				X	X
J9038	Injection, axatilimab-csfr, 0.1 mg	4/1/2025				X	X
J9039*	Injection, blinatumomab, 1 microgram	1/1/2016				X	X
J9040*	Injection, bleomycin sulfate, 15 units	1/1/2018				X	X
J9041*	Injection, bortezomib, 0.1 mg	1/1/2018				X	X
J9042*	Injection, brentuximab vedotin, 1 mg	1/1/2013				X	X
J9043*	Injection, cabazitaxel, 1 mg	8/6/2012				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
J9045*	Injection, carboplatin, 50 mg	1/1/2018				X	X
J9046*	Injection, bortezomib (dr. reddy's), not therapeutically equivalent to J9041, 0.1 mg	1/1/2023				X	X
J9047*	Injection, carfilzomib, 1 mg	1/1/2014				X	X
J9048*	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to J9041, 0.1 mg	1/1/2023				X	X
J9049*	Injection, bortezomib (hospira), not therapeutically equivalent to J9041, 0.1 mg	1/1/2023				X	X
J9051*	Injection, bortezomib (maia), not therapeutically equivalent to J9041, 0.1 mg	10/1/2023				X	X
J9054*	Injection, bortezomib (boruzu), 0.1 mg	4/1/2025				X	X
J9055*	Injection, cetuximab, 10 mg	5/1/2011				X	X
J9056*	Injection, bendamustine hydrochloride (vivimusta), 1 mg	7/1/2023				X	X
J9057*	Injection, copanlisib, 1 mg	1/1/2019				X	X
J9060*	Injection, cisplatin, powder or solution, 10 mg	1/1/2018				X	X
J9061*	Injection, amivantamab-vmjw, 2 mg	1/1/2022				X	X
J9063*	Injection, mirvetuximab soravtansine-gynx, 1 mg	7/1/2023				X	X
J9064*	Injection, cabazitaxel (sandoz), not therapeutically equivalent to J9043, 1 mg	10/1/2023				X	X
J9065*	Injection, cladribine, per 1 mg	1/1/2018				X	X
J9100*	Injection, cytarabine, 100 mg	1/1/2018				X	X
J9118*	Injection, calaspargase pegol-mknl, 10 units	10/1/2019				X	X
J9119*	Injection, cemiplimab-rwlc, 1 mg	10/1/2019				X	X
J9120*	Injection, dactinomycin, 0.5 mg	1/1/2018				X	X
J9130*	Dacarbazine, 100 mg	1/1/2018				X	X
J9144*	Injection, daratumumab, 10 mg and hyaluronidase-fihj	1/1/2021				X	X
J9145*	Injection, daratumumab, 10 mg	1/1/2017				X	X
J9150*	Injection, daunorubicin, 10 mg	1/1/2018				X	X
J9153*	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	1/1/2019				X	X
J9155*	Injection, degarelix, 1 mg	7/1/2021				X	X
J9161*	Injection, denileukin diftitox-cxdl, 1 mcg	4/1/2025				X	X
J9171*	Injection, docetaxel, 1 mg	1/1/2018				X	X
J9172*	Injection, docetaxel (docivyx), 1 mg	1/1/2024				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
J9173*	Injection, durvalumab, 10 mg	1/1/2019				X	X
J9174*	Injection, docetaxel (beizray), 1 mg	7/1/2025				X	X
J9176*	Injection, elotuzumab, 1 mg	1/1/2017				X	X
J9177*	Injection, enfortumab vedotin-ejfv, 0.25 mg	7/1/2020				X	X
J9178*	Injection, epirubicin hcl, 2 mg	1/1/2018				X	X
J9179*	Injection, eribulin mesylate, 0.1 mg	8/6/2012				X	X
J9181*	Injection, etoposide, 10 mg	1/1/2018				X	X
J9183*	Gemcitabine intravesical system, 225 mg	4/1/2026				X	X
J9184*	Injection, gemcitabine hydrochloride (avyxa), 200 mg	1/1/2026				X	X
J9185*	Injection, fludarabine phosphate, 50 mg	1/1/2018				X	X
J9190*	Injection, fluorouracil, 500 mg	1/1/2018				X	X
J9196*	Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to J9201, 200 mg	4/28/2023				X	X
J9198*	Injection, gemcitabine hydrochloride, (infugem), 100 mg	7/1/2020				X	X
J9200*	Injection, floxuridine, 500 mg	1/1/2018				X	X
J9201*	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg	1/1/2018				X	X
J9202*	Goserelin acetate implant, per 3.6 mg	7/1/2021			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
J9203*	Injection, gemtuzumab ozogamicin, 0.1 mg	1/1/2018				X	X
J9204*	Injection, mogamulizumab-kpkc, 1 mg	10/1/2019				X	X
J9205*	Injection, irinotecan liposome, 1 mg	1/1/2017				X	X
J9206*	Injection, irinotecan, 20 mg	1/1/2018				X	X
J9207*	Injection, ixabepilone, 1 mg	1/1/2018				X	X
J9208*	Injection, ifosfamide, 1 gram	1/1/2018				X	X
J9210	Injection, emapalumab-lzsg, 1 mg	10/1/2019				X	X
J9211*	Injection, idarubicin hydrochloride, 5 mg	1/1/2018				X	X
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	1/1/2018				X	X
J9214*	Injection, interferon, alfa-2b, recombinant, 1 million units	2/17/2017			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
J9215	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu	10/1/2006				X	X
J9216*	Injection, interferon, gamma 1-b, 3 million units	2/6/2012			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
J9217*	Leuprolide acetate (for depot suspension), 7.5 mg	7/1/2021			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
J9223*	Injection, lurbinedetin, 0.1 mg	1/1/2021				X	X
J9225*	Histrelin implant (vantas), 50 mg	2/17/2017				X	X
J9226	Histrelin implant (supprelin la), 50 mg	1/1/2008				X	X
J9227*	Injection, isatuximab-irfc, 10 mg	10/1/2020				X	X
J9228*	Injection, ipilimumab, 1 mg	1/1/2012				X	X
J9229*	Injection, inotuzumab ozogamicin, 0.1 mg	1/1/2019				X	X
J9230*	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	1/1/2018				X	X
J9245*	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	1/1/2018				X	X
J9246*	Injection, melphalan (evomela), 1 mg	7/1/2020				X	X
J9248*	Injection, melphalan (hepzato), 1 mg	4/1/2024				X	X
J9249*	Injection, melphalan (apotex), 1 mg	4/1/2024				X	X
J9256	Injection, nipocalimab-aahu, 3 mg	1/1/2026				X	X
J9261*	Injection, nelarabine, 50 mg	1/1/2018				X	X
J9262*	Injection, omacetaxine mepesuccinate, 0.01 mg	1/1/2014				X	X
J9263*	Injection, oxaliplatin, 0.5 mg	1/1/2018				X	X
J9264*	Injection, paclitaxel protein-bound particles, 1 mg	2/6/2012				X	X
J9266*	Injection, pegaspargase, per single dose vial	1/1/2018				X	X
J9267*	Injection, paclitaxel, 1 mg	1/1/2018				X	X
J9268*	Injection, pentostatin, 10 mg	1/1/2018				X	X
J9269*	Injection, tagraxofusp-erzs, 10 micrograms	10/1/2019				X	X
J9271*	Injection, pembrolizumab, 1 mg	1/1/2016				X	X
J9272*	Injection, dostarlimab-gxly, 10 mg	1/1/2022				X	X
J9273*	Injection, tisotumab vedotin-tftv, 1 mg	4/1/2022				X	X
J9274*	Injection, tebentafusp-tebn, 1 microgram	10/1/2022				X	X
J9275*	Injection, cosibelimab-ipdl, 2 mg	7/1/2025				X	X
J9276*	Injection, zanidatamab-hrii, 2 mg	7/1/2025				X	X
J9277*	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph	4/1/2026				X	X
J9278*	Injection, carboplatin (avyxa), 1 mg	4/1/2026				X	X
J9280*	Injection, mitomycin, 5 mg	1/1/2018				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
J9281*	Mitomycin pyelocalyceal instillation, 1 mg	1/1/2021				X	X
J9282*	Mitomycin, intravesical instillation, 1 mg	1/1/2026				X	X
J9285*	Injection, olaratumab, 10 mg	1/1/2018				X	X
J9286*	Injection, glofitamab-gxbm, 2.5 mg	1/1/2024				X	X
J9289*	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	7/1/2025				X	X
J9292*	Injection, pemetrexed (avyxa), not therapeutically equivalent to J9305, 10 mg	1/1/2025				X	X
J9293*	Injection, mitoxantrone hydrochloride, per 5 mg	1/1/2018				X	X
J9294*	Injection, pemetrexed (hospira), not therapeutically equivalent to J9305, 10 mg	4/28/2023				X	X
J9295*	Injection, necitumumab, 1 mg	1/1/2017				X	X
J9296*	Injection, pemetrexed (accord), not therapeutically equivalent to J9305, 10 mg	4/28/2023				X	X
J9297*	Injection, pemetrexed (sandoz), not therapeutically equivalent to J9305, 10 mg	4/28/2023				X	X
J9298*	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	10/1/2022				X	X
J9299*	Injection, nivolumab, 1 mg	1/1/2016				X	X
J9301*	Injection, obinutuzumab, 10 mg	1/1/2015				X	X
J9302*	Injection, ofatumumab, 10 mg	1/1/2018				X	X
J9303*	Injection, panitumumab, 10 mg	5/1/2011				X	X
J9304*	Injection, pemetrexed (pemfexy), 10 mg	10/1/2020				X	X
J9305*	Injection, pemetrexed, not otherwise specified, 10 mg	2/6/2012				X	X
J9306*	Injection, pertuzumab, 1 mg	1/1/2014				X	X
J9307*	Injection, pralatrexate, 1 mg	1/1/2018				X	X
J9308*	Injection, ramucirumab, 5 mg	1/1/2016				X	X
J9309*	Injection, polatuzumab vedotin-piiq, 1 mg	1/1/2020				X	X
J9311*	Injection, rituximab 10 mg and hyaluronidase	1/1/2019				X	X
J9312*	Injection, rituximab, 10 mg	1/1/2019			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
J9313*	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	10/1/2019				X	X
J9314*	Injection, pemetrexed (teva), not therapeutically equivalent to J9305, 10 mg	1/1/2023				X	X
J9316*	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	1/1/2021				X	X
J9317*	Injection, sacituzumab govitecan-hziy, 2.5 mg	1/1/2021				X	X
J9318*	Injection, romidepsin, non-lyophilized, 0.1 mg	10/1/2021				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
J9319*	Injection, romidepsin, lyophilized, 0.1 mg	10/1/2021				X	X
J9320*	Injection, streptozocin, 1 gram	1/1/2018				X	X
J9321*	Injection, eporitamab-bysp, 0.16 mg	1/1/2024				X	X
J9322*	Injection, pemetrexed (bluepoint), not therapeutically equivalent to J9305, 10 mg	7/1/2023				X	X
J9323*	Injection, pemetrexed ditromethamine, 10 mg	7/1/2023				X	X
J9324*	Injection, pemetrexed (pemrydi rtu), 10 mg	1/1/2024				X	X
J9325*	Injection, talimogene laherparepvec, per 1 million plaque forming units - Brand name: Imlygic	1/1/2017				X	X
J9326*	Injection, telisotuzumab vedotin-tllv, 1 mg	1/1/2026				X	X
J9328*	Injection, temozolomide, 1 mg	1/1/2018				X	X
J9329*	Injection, tislelizumab-jsgr, 1mg	10/1/2024				X	X
J9330*	Injection, temsirolimus, 1 mg	1/1/2018				X	X
J9331*	Injection, sirolimus protein-bound particles, 1 mg	7/1/2022				X	X
J9332	Injection, efgartigimod alfa-fcab, 2mg	7/1/2022				X	X
J9333	Injection, rozanolixizumab-noli, 1 mg	1/1/2024				X	X
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	1/1/2024				X	X
J9341*	Injection, thiotepa (tepylute), 1 mg	7/1/2025				X	X
J9342*	Injection, thiotepa, not otherwise specified, 1 mg	7/1/2025				X	X
J9345*	Injection, retifanlimab-dlwr, 1 mg	10/1/2023				X	X
J9347*	Injection, tremelimumab-actl, 1 mg	7/1/2023				X	X
J9348*	Injection, naxitamab-gqgk, 1 mg	7/1/2021				X	X
J9349*	Injection, tafasitamab-cxix, 2 mg	4/1/2021				X	X
J9350*	Injection, mosunetuzumab-axgb, 1 mg	7/1/2023				X	X
J9351*	Injection, topotecan, 0.1 mg	1/1/2018				X	X
J9352*	Injection, trabectedin, 0.1 mg	1/1/2017				X	X
J9353*	Injection, margetuximab-cmkb, 5 mg	7/1/2021				X	X
J9354*	Injection, ado-trastuzumab emtansine, 1 mg	1/1/2014				X	X
J9355*	Injection, trastuzumab, excludes biosimilar, 10 mg	5/1/2011				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
J9356*	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	7/1/2019				X	X
J9358*	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	7/1/2020				X	X
J9359*	Injection, loncastumab tesirine-lpyl, 0.075 mg	4/1/2022				X	X
J9360*	Injection, vinblastine sulfate, 1 mg	1/1/2018				X	X
J9361*	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	7/1/2024				X	X
J9370*	Vincristine sulfate, 1 mg	1/1/2018				X	X
J9376	Injection, pozelimab-bbfg, 1 mg	4/1/2024				X	X
J9380*	Injection, teclistamab-cqyv, 0.5 mg	7/1/2023				X	X
J9381	Injection, teplizumab-mzwv, 5 mcg	7/1/2023				X	X
J9382*	Injection, zenocutuzumab-zbco, 1 mg	7/1/2025				X	X
J9390*	Injection, vinorelbine tartrate, 10 mg	1/1/2018				X	X
J9393*	Injection, fulvestrant (teva), not therapeutically equivalent to J9395, 25 mg	1/1/2023				X	X
J9394*	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to J9395, 25 mg	1/1/2023				X	X
J9395*	Injection, fulvestrant, 25 mg	1/1/2018				X	X
J9400*	Injection, ziv-aflibercept, 1 mg	1/1/2014				X	X
J9601*	Injection, linvoseltamab-gcpt, 1 mg	4/1/2026				X	X
J9999*	Not otherwise classified, antineoplastic drugs	2/17/2017			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
K0899*	Power mobility device, not coded by dme pdac or does not meet criteria	10/1/2006				X	
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, <u>motors, microprocessors, sensors</u>	5/30/2025		1/1/2026		X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
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	8/6/2012				X	
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	8/6/2012				X	
L2006*	Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	1/1/2020				X	X
L2221*	Addition to lower extremity orthosis, ankle system, microprocessor-controlled feature plantarflexion and/or dorsiflexion, includes power source	4/1/2026				X	X
L5781*	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	1/1/2003				X	
L5827*	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping	4/1/2025				X	
L5828*	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	2/16/2015				X	
L5856*	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	1/1/2005				X	
L5859*	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	1/1/2013				X	
L5973*	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	1/1/2010				X	
L5999*	Lower extremity prosthesis, not otherwise specified	1/1/2009				X	X
L6700*	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement	4/1/2025				X	X
L6880*	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	1/1/2012				X	
L6881*	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	1/1/2020				X	
L6882*	Microprocessor control feature, addition to upper limb prosthetic terminal device	7/1/2011				X	
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	1/1/2009				X	
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	7/1/2011				X	
L7007*	Electric hand, switch or myoelectric controlled, adult	7/1/2011				X	
L7259*	Electronic wrist rotator, any type	1/1/2015				X	
L8499*	Unlisted procedure for miscellaneous prosthetic services	1/1/2009				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
L8614*	Cochlear device, includes all internal and external components	10/1/2006				X	
L8641*	Metatarsal joint implant	10/27/2006				X	X
L8642*	Hallux implant	10/27/2006				X	X
L8679*	Implantable neurostimulator, pulse generator, any type	1/1/2014				X	
L8680*	Implantable neurostimulator electrode, each	2/18/2013				X	
L8681*	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	1/1/2016				X	
L8682*	Implantable neurostimulator radiofrequency receiver	1/1/2016				X	
L8683*	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	1/1/2016				X	
L8685*	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	1/1/2016				X	
L8686*	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	2/18/2013				X	
L8687*	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	2/18/2013				X	
L8688*	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	1/1/2016				X	
L8689*	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	1/1/2016				X	
L8695*	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	1/1/2016				X	
L8702*	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	1/1/2019				X	X
M0224	Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring	9/27/2024				X	X
M0233	Intravenous infusion, tocilizumab aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, first dose	4/1/2026				X	X
M0234	Intravenous infusion, tocilizumab aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, second dose	4/1/2026				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
M0235	Intravenous infusion, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, not otherwise classified, first dose	10/1/2025				X	X
M0236	Intravenous infusion, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, not otherwise classified, second dose	10/1/2025				X	X
M0237	Intravenous infusion, tocilizumab-anoh, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, first dose	10/1/2025				X	X
M0238	Intravenous infusion, tocilizumab-anoh, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, second dose	10/1/2025				X	X
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	1/1/2022				X	X
Q0224	Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, and who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to COVID-19 vaccination, 4500 mg	9/27/2024				X	X
Q0235	Injection, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, not otherwise classified, 1 mg	10/1/2025				X	X
Q0237	Injection, tocilizumab-anoh, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, 1 mg	10/1/2025				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
Q0238	Injection, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, 1 mg	4/1/2026				X	X
Q2026*	Injection, radiess, 0.1 ml	7/1/2010				X	X
Q2028*	Injection, sculptra, 0.5 mg	1/1/2014				X	X
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	4/1/2014				X	X
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	1/1/2019				X	X
Q2043*	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	7/1/2011				X	X
Q2050*	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	1/1/2018				X	X
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	4/1/2021				X	X
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	10/1/2021				X	X
Q2055	Idecabtagene vicleucel, up to 510 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	1/1/2022				X	X
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	10/1/2022				X	X
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	4/1/2025				X	X
Q2058	Obecabtagene autoleucel, up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	7/1/2025				X	X
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	1/1/2014				X	X
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	1/1/2014				X	X
Q4074	roprost, irrigation solution, rda approved final product, non-compounded, administered through dme, unit dose form, up to 20	8/27/2015				X	X
Q4081	Injection, epoetin alfa, 100 units (for esrd on dialysis)	2/16/2015				X	X
Q4102*	Oasis wound matrix, per square centimeter	1/1/2009				X	
Q4103*	Oasis burn matrix, per square centimeter	1/1/2009				X	X
Q4113*	Graftjacket xpress, injectable, 1 cc	1/1/2009				X	X
Q4114*	Integra flowable wound matrix, injectable, 1 cc	1/1/2009				X	X
Q4118*	Matristem micromatrix, 1 mg	2/6/2012				X	X
Q4122*	Dermacell, dermacell awm or dermacell awm porous, per square centimeter	1/1/2012				X	

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
Q4124*	Oasis ultra tri-layer wound matrix, per square centimeter	1/1/2012				X	
Q4125*	Arthroflex, per square centimeter	1/1/2012				X	X
Q4126*	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter	1/1/2012				X	X
Q4128*	Flex hd, or allopatch hd, per square centimeter	1/1/2012				X	X
Q4130*	Strattice tm, per square centimeter	1/1/2012				X	X
Q4132*	Grafix core and grafixpl core, per square centimeter	1/1/2013				X	
Q4133*	Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter	1/1/2013				X	X
Q4137*	Amnioexcel, amnioexcel plus or biodexcel, per square centimeter	1/1/2014				X	X
Q4138*	Biodfence dryflex, per square centimeter	1/1/2014				X	X
Q4139*	Amniomatrix or biodmatrix, injectable, 1 cc	1/1/2014				X	X
Q4140*	Biodfence, per square centimeter	1/1/2014				X	X
Q4148*	Neox cord 1k, neox cord rt, or clarix cord 1k, per square centimeter	1/1/2014				X	X
Q4150*	Allowrap ds or dry, per square centimeter	1/1/2015				X	X
Q4151*	Amnioband or guardian, per square centimeter	1/1/2015				X	
Q4152*	Dermapure, per square centimeter	1/1/2015				X	X
Q4155*	Neoxflo or clarixflo, 1 mg	1/1/2015				X	X
Q4156*	Neox 100 or clarix 100, per square centimeter	1/1/2015				X	X
Q4158*	Kerecis omega3, per square centimeter	1/1/2015				X	
Q4159*	Affinity, per square centimeter	1/1/2015				X	X
Q4160*	Nushield, per square centimeter	1/1/2015				X	X
Q4162*	Woundex flow, bioskin flow, 0.5 cc	1/1/2016				X	X
Q4163*	Woundex, bioskin, per square centimeter	1/1/2016				X	X
Q4164*	Helicoll, per square centimeter	1/1/2016				X	X
Q4166*	Cytal, per square centimeter	1/1/2017				X	X
Q4168*	Amnioband, 1 mg	1/1/2017				X	X
Q4170*	Cygnus, per square centimeter	1/1/2017				X	X
Q4173*	Palingen or palingen xplus, per square centimeter	1/1/2017				X	X
Q4174*	Palingen or promatrx, 0.36 mg per 0.25 cc	1/1/2017				X	X
Q4180*	Revita, per square centimeter	1/1/2018				X	X
Q4186*	Epifix, per square centimeter	1/1/2019				X	
Q4187*	Epicord, per square centimeter	1/1/2019				X	X
Q4189*	Artacent ac, 1 mg	1/1/2019				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
Q4192*	Restorin, 1 cc	1/1/2019				X	X
Q4193*	Coll-e-derm, per square centimeter	1/1/2019				X	X
Q4195*	Puraply, per square centimeter	1/1/2019				X	X
Q4196*	Puraply am, per square centimeter	1/1/2019				X	X
Q4215*	Axolotl ambient or axolotl cryo, 0.1 mg	10/1/2019				X	X
Q4222*	Progenamatrix, per square centimeter	10/1/2019				X	X
Q4227*	Amniocore, per square centimeter	7/1/2020				X	X
Q4229*	Cogenex amniotic membrane, per square centimeter	7/1/2020				X	X
Q4234*	Xcellerate, per square centimeter	7/1/2020				X	X
Q4235*	Amniorepair or altiPLY, per square centimeter	7/1/2020				X	X
Q4236*	Carepatch, per square centimeter	1/1/2023				X	X
Q4239*	Amnio-maxx or amnio-maxx lite, per square centimeter	7/1/2020				X	X
Q4246*	Coretext or protext, per cc	7/1/2020				X	X
Q4250*	Amnioamp-mp, per square centimeter	10/1/2020				X	X
Q4253*	Zenith amniotic membrane, per square centimeter	10/1/2021				X	X
Q4254*	Novafix dl, per square centimeter	10/1/2020				X	X
Q4262*	Dual layer impax membrane, per square centimeter	1/1/2023				X	X
Q4263*	Surgraft tl, per square centimeter	1/1/2023				X	X
Q4264*	Cocoon membrane, per square centimeter	1/1/2023				X	X
Q4265*	Neostim tl, per square centimeter	4/28/2023				X	X
Q4266*	Neostim membrane, per square centimeter	4/28/2023				X	X
Q4267*	Neostim dl, per square centimeter	4/28/2023				X	X
Q4268*	Surgraft ft, per square centimeter	4/28/2023				X	X
Q4269*	Surgraft xt, per square centimeter	4/28/2023				X	X
Q4270*	Complete sl, per square centimeter	4/28/2023				X	X
Q4271*	Complete ft, per square centimeter	4/28/2023				X	X
Q4272*	Esano a, per square centimeter	7/1/2023				X	X
Q4273*	Esano aaa, per square centimeter	7/1/2023				X	X
Q4274*	Esano ac, per square centimeter	7/1/2023				X	X
Q4275*	Esano aca, per square centimeter	7/1/2023				X	X
Q4276*	Orion, per square centimeter	7/1/2023				X	X
Q4331*	Axolotl graft, per square centimeter	7/1/2024				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
Q4332*	Axolotl dualgraft, per square centimeter	7/1/2024				X	X
Q4345*	Matrix hd allograft dermis, per square centimeter	10/1/2024				X	X
Q4361*	Epiexpress, per square centimeter	4/1/2025				X	X
Q4383*	Axolotl graft ultra, per square centimeter	10/1/2025				X	X
Q4385*	Apollo ft, per square centimeter	10/1/2025				X	X
Q4386*	Acesso trifaca, per square centimeter	10/1/2025				X	X
Q4388*	Neothelium 4l, per square centimeter	10/1/2025				X	X
Q4389*	Neothelium 4l plus, per square centimeter	10/1/2025				X	X
Q4392*	Grafix duo, per square centimeter	10/1/2025				X	
Q4393*	Surgraft ac, per square centimeter	10/1/2025				X	X
Q4394*	Surgraft aca, per square centimeter	10/1/2025				X	X
Q4395*	Acelagraft, per square centimeter	10/1/2025				X	X
Q4396*	Natalin, per square centimeter	10/1/2025				X	X
Q4397*	Summit aaa, per square centimeter	10/1/2025				X	X
Q4398*	Summit ac, per square centimeter	1/1/2026				X	X
Q4399*	Summit fx, per square centimeter	1/1/2026				X	X
Q4400*	Polygon3 membrane, per square centimeter	1/1/2026				X	X
Q4401*	Absolv3 membrane, per square centimeter	1/1/2026				X	X
Q4410*	Amchomatrixdl, per square centimeter	1/1/2026				X	X
Q4411*	Amniomatrixf4x, per square centimeter	1/1/2026				X	X
Q4413*	Cygnus solo, per square centimeter	1/1/2026				X	X
Q4420*	Nuform, per square centimeter	1/1/2026				X	X
Q4422*	A/c wrap, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026				X	X
Q4423*	Biolab tri-membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026				X	X
Q4424*	Revive ft, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026				X	X
Q4436*	Renati ac membrane, per square centimeter	4/1/2026				X	X
Q4437*	Revival ac, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026				X	X
Q4438*	Pretect, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
Q4440*	Curamatrix, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026				X	X
Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	7/1/2025				X	X
Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	7/1/2025				X	X
Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	7/1/2025				X	X
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	4/1/2014				X	X
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	4/1/2014				X	X
Q5105	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	7/1/2018				X	X
Q5106*	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	7/1/2018			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
Q5107*	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	1/1/2019				X	X
Q5108*	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	7/12/2018				X	X
Q5111*	Injection, pegfilgrastim-cbqv (udenycya), biosimilar, 0.5 mg	1/1/2019				X	X
Q5112*	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	7/1/2019				X	X
Q5113*	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	7/1/2019				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
Q5114*	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	7/1/2019				X	X
Q5115*	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	7/1/2019			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
Q5116*	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	10/1/2019				X	X
Q5117*	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	10/1/2019				X	X
Q5118*	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	10/1/2019				X	X
Q5119*	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	7/1/2020			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
Q5120*	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	7/1/2020				X	X
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	7/1/2020				X	X
Q5122*	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	1/1/2021				X	X
Q5123*	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	7/1/2021			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	4/1/2022				X	X
Q5125*	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	10/1/2022			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
Q5126*	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	1/1/2023				X	X
Q5127*	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	4/28/2023				X	X
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	4/28/2023				X	X
Q5129*	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	4/28/2023				X	X
Q5130*	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg	4/28/2023				X	X
Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	4/1/2024				X	X
Q5134	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	4/1/2024				X	X
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	10/1/2024				X	X
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	10/1/2024				X	X
Q5137	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	7/1/2024				X	X
Q5138	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	7/1/2024				X	X
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	1/1/2025				X	X
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	1/1/2025				X	X
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	1/1/2025				X	X
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	1/1/2025				X	X
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	1/1/2025				X	X

"Cigna Companies" refers to operating subsidiaries of Cigna Corporation. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. © 2026 Cigna.

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	1/1/2025				X	X
Q5146*	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	1/1/2025				X	X
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	4/1/2025				X	X
Q5148*	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	4/1/2025			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
Q5149	Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg	4/1/2025				X	X
Q5150	Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg	4/1/2025				X	X
Q5151	Injection, ecuzumab-aagh (epysqli), biosimilar, 2 mg	4/1/2025				X	X
Q5152	Injection, ecuzumab-aeeb (bkemv), biosimilar, 2 mg	4/1/2025				X	X
Q5153	Injection, aflibercept-yszy (opuviz), biosimilar, 1 mg	7/1/2025				X	X
Q5154	Injection, omalizumab-igec (omlyclo), biosimilar, 5 mg	10/1/2025				X	X
Q5155	Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg	10/1/2025				X	X
Q5156*	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	10/1/2025			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
Q5157*	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg	10/1/2025			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
Q5158*	Injection, denosumab-bnht (bomynta/conexence), biosimilar, 1 mg	10/1/2025			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
Q5159*	Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg	10/1/2025			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
Q5160*	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg	1/1/2026				X	X
Q5161*	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	4/1/2026			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
Q5162*	Injection, denosumab-nxxp (bilyos/bilprevda), biosimilar, 1 mg	4/1/2026			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	1/1/2025				X	X
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	1/1/2025				X	X
Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg	1/1/2025				X	X
Q9999	Injection, ustekinumab-aaaz (otulfi), biosimilar, 1 mg	4/1/2025				X	X
S0122	Injection, menoprogens, 75 iu	4/1/2002				X	X
S0126	Injection, follitropin alfa, 75 iu	4/1/2002				X	X
S0128	Injection, follitropin beta, 75 iu	4/1/2002				X	X
S0132	Injection, ganirelix acetate, 250 mcg	4/1/2002				X	X
S0145*	Injection, pegylated interferon alfa-2a, 180 mcg per ml	7/1/2005			EviCore Medical Oncology Program for oncology diagnoses. Cigna managed for non-oncology indications.	X	X
S1040*	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	10/1/2002				X	
S2053	Transplantation of small intestine and liver allografts	10/1/2006				X	X

"Cigna Companies" refers to operating subsidiaries of Cigna Corporation. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. © 2026 Cigna.

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
S2054	Transplantation of multivisceral organs	10/1/2006				X	X
S2060	Lobar lung transplantation	1/1/2001				X	X
S2061	Donor lobectomy (lung) for transplantation, living donor	1/1/2001				X	X
S2065	Simultaneous pancreas kidney transplantation	7/1/2001				X	X
S2095*	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	2/17/2014				X	X
S2102	Islet cell tissue transplant from pancreas; allogeneic	1/1/2001				X	X
S2117*	Arthroereisis, subtalar	8/17/2009				X	X
S2140	Cord blood harvesting for transplantation, allogeneic	1/1/2001				X	X
S2142	Cord blood-derived stem-cell transplantation, allogeneic	1/1/2001				X	X
S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre-and post-transplant care in the global definition	1/1/2002				X	X
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and post-transplant care in the global definition	4/1/2004				X	X
S5150	Unskilled respite care, not hospice; per 15 minutes	1/1/2003				X	
S5151	Unskilled respite care, not hospice; per diem	1/1/2003				X	
S8030*	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	8/1/2012				X	X
S8037*	Magnetic resonance cholangiopancreatography (mrCP)	7/1/2001				X	
S8092*	Electron beam computed tomography (also known as ultrafast ct, cine ct)	10/27/2006				X	
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	8/17/2009				X	
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used)	8/17/2009				X	X
S9124	Nursing care, in the home; by licensed practical nurse, per hour	8/17/2009				X	X
T1000	Private duty / independent nursing service(s) - licensed, up to 15 minutes	7/1/2001				X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	ACA/IFP Precert Effective Date	Comments	Complete/PHS+ /Preferred	Basic Standard
T1005	Respite care services, up to 15 minutes	7/1/2001				X	
T2044	Hospice inpatient respite care; per diem	10/1/2003				X	