

Procedures and services requiring prior authorization



Moda Health Medicare Advantage	
Updated 6.14.2021	
Services requiring prior authorization	
Urgent/Emergent Admission	All urgent/emergent admissions to an inpatient facility requires notification to Moda Health within 48 hours of admission and must meet the definition of an "emergency medical condition"
Inpatient Elective Admissions	Prior authorization is required for all inpatient elective admissions to an acute care facility
Skilled Nursing	Prior authorization is required prior to patient admission
Inpatient Rehabilitation Facility	Prior authorization is required prior to patient admission
Long Term Acute Care	Prior authorization is required prior to patient admission
Transplants	Prior authorization is required for the transplant evaluation and the transplant event
Advanced Imaging/ Echocardiography/ Musculoskeletal/ Pain Intervention/ Cardiology	Prior authorization is required for select advanced imaging, echocardiography studies, musculoskeletal, pain intervention, and cardiology procedures. Authorization is obtained through eviCore at www.eviCore.com 24/7, or by calling 844-303-8451 between 7am and 7pm Monday through Friday unless otherwise indicated. Refer to the Moda Health Advanced Imaging and Cardiology or Musculoskeletal pages for more information.
Specialty Drugs	Prior authorization is required for select specialty drugs through Magellan RX Management at: https://specialtydrug.magellanprovider.com/MagellanProvider/do/LoadHome . Refer to the Moda Health Injectables, Infusion and Specialty Drugs page for more information.
Self-Injectable Drugs	Prior authorization for self-injectable medications is obtained through the Moda Health Pharmacy Benefit - contact Pharmacy Customer Service at: 888-361-1610
Clinical Trials	Notification is required for participation in a clinical trial. The trial number, chart notes, protocol and signed consent should be sent for review by the Medical Director.
Therapeutic Drug Monitoring (Urine Drug Testing) , (80305, 80306, 80307, G0480, G0481, G0482, G0483)	Prior authorization is NOT required but will be reviewed with claim submission for medical necessity and appropriate codes. Please refer to Medicare Local Coverage Determination (LCD) L36707 for Controlled Substance Monitoring and Drugs of Abuse Testing.
Durable Medical Equipment	CMS guidelines are applied for prior authorization unless otherwise stated in Moda Health criteria (MHMNC). DME requests \$250 or more require prior authorization or may be reviewed for medical necessity upon claim submission.
Unlisted or unclassified codes	Prior authorization is not required but will be reviewed with claim submission for medical necessity.
"S" Codes	"S" Codes are statutorily non-covered by Medicare. Moda Health Medicare Advantage adheres to this policy with the exception of select contracted providers.

Description	CPT/HCPC Codes	Instructions
Mental health and chemical dependency prior authorizations		
Inpatient Mental Health		MHMNC - Inpatient Mental Health. (Contact Moda Health within two days of an emergency admission)
Inpatient Chemical Dependency	H0011	ASAM
Residential Mental Health	H0010, H0017, H0018, H0019	MHMNC - Residential Mental Health
Residential Chemical Dependency	H0011, H0012, H0013	ASAM
Partial Hospital Program Mental Health	H0035	MHMNC - Psych Partial Hospital and Intensive Outpatient Programs
Partial Hospitalization Chemical Dependency	H0035	ASAM
Intensive Outpatient Treatment--Mental Health	S9480	MHMNC - Psych Partial Hospital and Intensive Outpatient Programs
Applied Behavioral Analysis	0362T, 0373T, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158	MHMNC - Applied Behavioral Analysis
Transcranial Magnetic Stimulation	90867, 90868, 90869	Milliman Care Guidelines (MCG) A-0240
Medical/Surgical Services Prior Authorization List		
Ablation, Cryosurgical of Fibroadenoma	19105	Medical Necessity Review
Acupuncture	97810, 97811, 97813, 97814	Acupuncture National Coverage Determination (NCD) (30.3) Acupuncture for Fibromyalgia NCD (30.3.1) Acupuncture for Osteoarthritis NCD (30.3.2) Acupuncture for Chronic Low Back Pain (cLBP) NCD (30.3.3)
Air Ambulance	A0430, A0431, A0435, A0436	Medicare Benefit Policy Manual Chapter 10, Section 10.4
Allergy Testing - RAST and ALCAT	82785, 83516, 86001, 86003, 86005, 86008, 86849	MHMNC for Allergy Testing, Blood
Allograft	20932, 20933, 20934	Medical necessity review required
Alpha Stim (MENS Unit)	E1399 (Misc. DME code)	
Ankle-Foot Orthosis/Knee-Ankle-Foot Orthosis	L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2000, L2005, L2006, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2106, L2108, L2112, L2114, L2116, L2126, L2128, L2132, L2134, L2136, L2180, L2182, L2184, L2186, L2188, L2190, L2192, L2200, L2210, L2220, L2230, L2240, L2250, L2260, L2265, L2270, L2275, L2280, L2300, L2310, L2320, L2330, L2335, L2340, L2350, L2360, L2370, L2375, L2380, L2385, L2387, L2390, L2395, L2397, L2405, L2415, L2425, L2430, L2492, L2500, L2510, L2520, L2525, L2526, L2530, L2540, L2550, L2570, L2750, L2755, L2760, L2768, L2780, L2785, L2795, L2800, L2810, L2820, L2930, L2999, L4002, L4010, L4020, L4030, L4040, L4045, L4050, L4055, L4060, L4070, L4080, L4090, L4100, L4110, L4130, L4205, L4210, L4350, L4360, L4361, L4370, L4370, L4380, L4386, L4392, L4396 Non-Covered by Medicare: K1007, L2840, L2850, L4394, L4398	AFO/KAFO Local Coverage Determination (LCD) (L33686) and Policy Article (A52457) Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Antihemophilic Factor	J7212	Moda Health Pharmacy
Applied Behavior Analysis	Non-Covered by Medicare: 0359T, 0360T, 0361T, 0362T, 0363T, 0365T 0364T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0373T, 0374T	Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Artificial Larynx	L8500, L8505	MHMNC General DME
Auditory Brainstem Implant (ABI)	S2230, S2235	
Auditory Osseointegrated Device	L8691 Non-Covered by Medicare: L8692	Reference Milliman and Moda Health Criteria for coverage guidance of L8691
Avastin (bevacizumab)	J9035, C9257 Q5107, Q5118 are for cancer indication and are reviewed by Magellan Rx	MHMNC for Avastin for Intraocular Injections (Invitreal, injections into the eye). All other uses require PA through Magellan Rx Local Coverage Article (LCA): Intraocular Bevacizumab Billing and Coding Guidelines (A53009)
Behavior Identification Assessment and Treatment	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158	Medical necessity review required

Description	CPT/HCPC Codes	Instructions
Benign Skin Lesion Removal	17106, 17107, 17108 - Laser Removal 17110, 17111 - Laser or Cryotherapy	Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs) For Treatment of Actinic Keratosis LCD (L33979), See NCD (250.4)
Blepharoplasty & Browlift	15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15829, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924	Blepharoplasty & Browlift LCD (L36286) CMS CBG Billing and Coding Guidelines for Cosmetic Services
Bowel Management Devices	Non-Covered by Medicare: A4337, A4458, A4459, A4459, A4520, A4554, A4563, A9270, E0350, E0352	Bowel Management Devices LCD (L36267) and LCA (A54516)
BRCA Gene Mutation Testing	81162, 81211, 81212, 81213, 81214, 81215, 81216, 81217, 81432, 81445, 81455, 81479, 81163, 81164, 81165, 81166, 81167	BRCA1 and BRCA2 Genetic Testing LCD (L36163)
Breast Brachytherapy/ Partial Breast Irradiation / Brachytherapy	19296, 19297, 19298, 77014, 77326, 77327, 77328, 77750, 77761, 77762, 77763, 77776, 77777, 77778, 77785, 77786, 77787, 77789, 77767, 77768, 77770, 77771, 77772	MCG S-0270 Brachytherapy
Breast Implant Removal	19328, 19330	MHMNC Breast Implant Removal
Breast Reconstruction Surgery	Outpatient: 11920, 11921, 11970, 15777, 19342, 19355, 19370, 19371, 19380, 19396, 19499, Q4116 1 LOS: 11920, 11921, 11970, 11971, 15777, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, C1789, L8600, Q4100 3 LOS (Inpatient Only): 19361, 19364, 19367, 19368, 19369	Breast Reconstruction Following Mastectomy NCD 140.2
Breast Reduction /Augmentation Surgery	19316, 19318, 19325	Plastic Surgery LCD (L37020) and LCA (A57222) MHMNC Breast Reconstruction
Brineura	J0567	MHMNC Brineura
Bronchial Thermoplasty	C9730, C9731, 31660, 31661	Medical Director Review
Calprotectin, Fecal	83993	MHMNC Serum Antibodies for IBD Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Capsule Endoscopy	91110, 91111, 91299, 44799	Endoscopy NCD (100.2) CMS Billing Guidelines for Capsule Endoscopy
Cardiac Ablation	93600, 93602, 93603, 93609, 93613, 93618, 93619, 93620, 93621, 93622, 93623, 93624, 93650, 93651, 93652	Reference Milliman and Moda Health Criteria for coverage guidance
Cardiac Rehabilitation	93797, 93798, G0422, G0423	Code of Federal Regulations (CFR) Title 42 Section 410.49 Outpatient Cardiac Rehabilitation LCA (A54069) Outpatient Cardiac Rehabilitation LCA (A54070)
Cardiac Valve Replacement or Repair	4 LOS (Inpatient Only): 33400, 33401, 33403, 33405, 33406, 33410, 33411, 33412, 33414, 33415, 33416, 33417, 33420, 33422, 33425, 33426, 33427, 33430, 33460, 33463, 33464, 33465, 33468, 33470, 33471, 33472, 33474, 33475, 33600, 33602	Auth required for inpatient services
Cardiology - eviCore	0515T, 0516T, 0517T, 0519T, 0520T, 0614T, 33206, 33207, 33208, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33240, 33249, 33262, 33263, 33264, 33274, 33275, 33289, 75571, 75572, 75573, 75574, 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93530, 93531, 93532, 93533, 93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317, C8921, C8922, C8923, C8924, C8928, C8930, 93350, 93351, C9762, C9763, 75557, 75559, 75561, 75563, 75565, 78429, 78430, 78431, 78432, 78433, 78434, 78451, 78452, 78453, 78454, 78459, 78491, 78492, 93356, 93985, 93986 Effective 9/1/2021 - 0623T, 0624T, 0625T, 0626T	eviCore/NCD/LCDs
Cardiovascular Disease Screening Tests	80061, 82465, 83718, 84478	CMS Quick Reference for Preventative Services MoDX BioMarkers in Cardiovascular Risk Assessment LCD (L36362) (if not preventative as previously noted)
Carotid Sinus Baroreflex System for Hypertension	0269T, 0270T, 0271T Non-Covered by Medicare: 0266T, 0267T, 0268T, 0272T, 0273T	Carotid Body Resection/Carotid Body Denervation NCD (20.18) Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Carpal Tunnel Endoscopic Surgical Release	29848, 64721	MCG A-0211 Carpel Tunnel Decompression
Certolizumab Pegol (Cimzia)	J0717, J0718	Contact Pharm OPS/PAC teams for Part B vs. Part D determination
Cervical Thoracic Lumbar Sacral Orthoses	L0710, L1000, L1001, L1005, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120	MHMNC General DME
Cervical Traction Devices	E0856	Cervical Traction Devices LCD (L33823)
Cholecystectomy	(Inpatient Only): 47612, 47620, 47564 4 LOS (Inpatient Only): 47600, 47605 5 LOS (Inpatient Only): 47610	No medical necessity review required. PA is required on all inpatient stays.
Cochlear Implantation	L8614, L8615, L8616, L8617, L8618, L8619, 69930	Cochlear Implantation NCD (50.3) Code Specific details found in MLN Matters MM3796
Cold Therapy	Non-Covered by Medicare: E0218	Cold Therapy LCD (L33735)
Colectomy	4 LOS (Inpatient Only): 44204, 44205, 44206, 44207, 44208, 44210, 44211, 44212, 44213 5 LOS (Inpatient Only): 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44160 6 LOS (Inpatient Only): 44150, 44151, 44155, 44156, 44157, 44158	No medical necessity review required. PA is required on all inpatient stays.
Colon Cancer Genetic Testing	81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81327, 81479	MoDX Specific to test

Description	CPT/HCPC Codes	Instructions
Commodes	E0170, E0171 Non-Covered by Medicare: E0172, E0175	Commodes LCD (L33736) and LCA (A52461)
Compounded Drug, Not Otherwise Classified	J7999	Intraocular Bevacizumab LCA (A53009) Reference Milliman and Moda Health Criteria for coverage guidance
Compression Stockings	A6531, A6532, A6545 Non-Covered by Medicare: A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6549	Surgical Dressings LCD (L33831) and Policy Article (A54563)
Computer Assisted Navigation for Musculoskeletal Procedures	20985, 20986, 20987 Non-Covered by Medicare: 0054T, 0055T	MHMNC for Computer Assisted Navigation 20985, 20986, and 20987 Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria for codes 0054T and 0055T
Congenital Heart Defect Repair	33622	No medical necessity review is required for these codes for initial 4 nights. Authorization is required for inpatient services.
Continuous Glucose Monitors	95249, K0553, K0554 Non-Covered by Medicare: A4257, A9276, A9277, A9278, E0620	Glucose Monitors LCD (L33822) and Policy Article (A52464) CMS Ruling 1682R
Continuous Positive Airway Pressure (CPAP) Device	E0601	CPAP NCD (240.4) CPAP LCD (L33718) and Policy Article (A52467)
Continuous Passive Motion Device (CPM)	E0935, E0936	Durable Medical Equipment Reference List NCD (280.1) Noridian CPM Coverage and Payment Rules
Cord Blood Collection and Storage		Medical necessity review
Coronary Artery Bypass Graft (CABG)	1 LOS (Inpatient Only) *Note: if 33533 if CABG is minimally invasive (MIDCAB) 4 LOS (Inpatient Only): 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536 5 LOS (Inpatient Only): 33542, 33545, 33548	No medical necessity review required. PA is required on all inpatient stays
Coronary Stents/Angioplasty	92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944, 92997 A-1 LOS: 92986, 92987, 92990, 92998	Percutaneous Transluminal Angioplasty NCD (20.7)
Cranial Orthotic/Protective Helmets	A8000, A8001, A8002, A8003, A8004, L0112, L0113	MHMNC General DME
Craniotomy	3 LOS (Inpatient Only): 61304, 61320, 61510, 61512, 61514, 61516, 61537, 61538, 61539, 61540, 61541, 61542, 61543, 61544, 61566, 61567, 61680, 61682, 61690, 61692, 61697, 61698, 61700 7 LOS (Inpatient Only): 00211, 61312, 61313, 61314, 61315, 61322, 61323, 61570, 61571, 62005, 62010 8 LOS (Inpatient Only): 61697, 61698, 61700	No medical necessity review required. PA is required on all inpatient stays
Crutch	Non-Covered by Medicare: E0117	Canes and Crutches LCD (L33733)
Cystic Fibrosis Genetic Carrier Testing	Non-Covered by Medicare: 81220, 81221, 81222, 81223, 81224	MolDX CFTR Gene Analysis Billing and Coding Guidelines
Dental Accidents/Dental Implants/Dental Procedures		Medicare Benefit Policy Manual: Chapter 16, Section 140 CMS Medicare Dental Coverage Routine Dental Services LCA (A52977)
Dermabrasion/Chemical Peel/Rhytidectomy	15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15790, 15791, 15792, 15793, 15824, 15847, 15877, 17360	Medicare Benefit Policy Manual 100-02, Chapter 16, Section 120 CMS CBG Billing and Coding Guidelines for Cosmetic Services
Dermal Filler Injection(s)	Q2026, Q2028	Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome NCD (250.5)
Diabetes Prevention Program	G9874, G9875, G9876, G9877, G9878, G9879, G9880, G9881, G9882, G9883, G9884, G9885, G9890, G9891	Medicare Program Integrity Manual Chapter 15, 15.4.6.4 – Medicare Diabetes Prevention Program (MDPP) Suppliers (Rev. 765; Issued: 01-08-18; Effective: 01-01-18; Implementation: 01-19-18)
Diabetic Shoes and Inserts	A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5508, A5510, A5512, A5513	Diabetic Shoes LCD (L33369) and Policy Article (A52501)
DME Repair/Replacement		Jurisdiction D Supplier Manual Chapter 5 Medicare Benefit Policy Manual 100-02, Chapter 15, Section 110.2
Dynamic Spine Stabilization Device Systems (Dynesys)		Medical necessity review
Dynasplint / JAS / Mechanical Stretching Devices	E1800, E1801, E1802, E1805, E1806, E1810, E1811, E1812, E1815, E1816, E1818, E1825, E1830, E1831, E1840, E1841	AFO/KAFO LCD (L33686) MHMNC Mechanical Stretching Devices Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Ear Piercing	69090	Review for medical necessity vs cosmetic
Elbow Arthroscopy	29838	MCG S-421 Elbow Arthroscopy

Description	CPT/HCPC Codes	Instructions
Elbow Orthosis	L3702, L3710, L3720, L3730, L3740, L3760, L3762, L3763, L3764, L3765, L3766	MHMNC General DME
Elbow Prosthesis	L6100, L6110, L6120, L6130, L6400, L6500, L6930, L6935, L6950, L6955	MHMNC General DME
Electric Hand/Hook/Elbow	L6880, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191	MHMNC General DME
Electroretinography (ERG)	92273, 92274, 0509T	Medical necessity review required
Enbrel	J1438	Self-Administered Drug Exclusion List LCA (A53033) Reference Milliman and Moda Health criteria for coverage guidance.
Endoscopic Anti-Reflux Procedures for the Treatment of Gastroesophageal Reflux Disease	43236, 43289, C9724 Non-Covered by Medicare: 43257	MHMNC Endoscopic Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD) criteria Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria For 43236: If for Botox for Dx of achalasia, Botulinum toxin types A and B Medicare LCD (L35172) & LCA (A57186)
Enteral Nutrition	B4105, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B9000, B9002, B9998, S9433 Non-Covered by Medicare: B4102, B4103	Enteral and Parenteral Nutritional Therapy NCD (180.2)
Esketamine	S0013	Moda Health Pharmacy
Evacuation of Meibomian Glands (Lipiflow device)	Non-Covered by Medicare: 0207T	Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
eviCore Advanced Imaging Codes	0042T, 0609T, 0610T, 0611T, 0612T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 72195, 72196, 72197, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 74263, 75635, 76380, 76497, 77078, S8092, 77046, 70544, 70545, 70546, 70547, 70548, 70549, 71555, 72159, 72198, 73225, 73725, 74185, C8900, C8901, C8902, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, 70336, 70540, 70542, 70543, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73723, 74181, 74182, 74183, 74712, 74713, 76390, 76391, 76498, 77084, C8903, C8905, C8906, C8908, 78414, 78428, 78445, 78468, 78469, 78473, 78481, 78483, 78494, 78496, 78499, 78012, 78013, 78016, 78020, 78072, 78103, 78104, 78185, 78216, 78230, 78231, 78232, 78258, 78265, 78266, 78278, 78291, 78457, 78458, 78580, 78582, 78601, 78605, 78606, 78610, 78630, 78635, 78645, 78650, 78660, 78701, 78707, 78708, 78709, 78725, 78730, 78761, 78801, 78802, 78803, 78804, 78608, 78609, 78811, 78812, 78813, G0219, G0235, 78814, 78815, 78816, 78830, 78831, 78832 Effective 7/1/2021 - 0648T, 0649T	eviCore/NCD/LCDs
eviCore Spine Surgery	0164T, 20930, 20931, 22206, 22207, 22208, 22210, 22212, 22214, 22216, 22220, 22222, 22224, 22226, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22861, 22862, 22864, 22865, 22867, 22868, 22869, 22870, 62287, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, C9757	eviCore/NCD/LCDs
Eventy	J3111	MHMNC Eventy (romosuzumab-aqqg)
External Counterpulsation (Enhanced External Counterpulsation - EECp)	G0166 92971 - Inpatient Only	External Counterpulsation Therapy for Severe Angina NCD (20.20)
External Defibrillators	93745, E0617, K0606, K0607, K0608, K0609	Automatic External Defibrillators LCD (L33690) and Policy Article (A52458)
External Infusion Pumps	E0784, E0787 Non-Covered by Medicare: A4305, A4306, A9274	External Infusion Pumps LCD (L33794) and Policy Article (A52507)
Extracorporeal Membrane Oxygenation (ECMO) or Extracorporeal Life Support (ECLS)	Insertion codes: 33946, 33947, 33948, 33949, 33951, 33952, 33953, 33954, 33955, 33956, 33987, 33988	MCG SG-CVS
Eye Prostheses	L9900, L8609, L8610, L8612, L8613, L8619, L8042, V2623, V2624, V2625, V2626, V2627, V2628, V2629	Eye Prostheses LCD (L33737) and Policy Article (A52462)
Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T	Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radio frequency Neurotomy LCD (L34995)
Facial Moulage (Sectional/Complete)	D5911, D5912	Reference Milliman and Moda Health criteria for coverage guidance
Facial Prostheses	L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049	Facial Prostheses LCD (L33738) and Policy Article (A52463)
First Trimester Screening for Down Syndrome (Also known as: Nuchal Translucency Test or Ultrascreen)	Non-Covered by Medicare: 83632, 84702	
Flolan (Epoprostenol)	J1325	External Infusion Pumps LCD (L33794) and Policy Article (A52507)

Description	CPT/HCPC Codes	Instructions
Forehead Reduction	21137, 21138, 21139	Medical necessity review
Fremanezumab-vfrm	J3031	Moda Health Pharmacy
Functional Electrical Stimulation Devices	E0764, E0770	Neuromuscular Electrical Stimulation (NMES) NCD (160.12) Noridian Functional Electrical Stimulation Devices Coding and Coverage Document
Gastric Bypass/Gastric Restrictive Procedure	43659, 43999, 43770 Inpatient Only: 43644, 43645, 43843, 43845, 43846, 43847, 43848, 43771, 43772, 43773, 43774 Non-Covered by Medicare: 43842	Bariatric Surgery Coverage LCA (A53027) Bariatric Surgery NCD (100.1)
Gastric Neurostimulator / Gastric Pacers	43647, 43648, 64595, 0155T, 0156T, 0157T, 0158T, 0162T, E0765, S2213 Inpatient Only: 43881, 43882,	MCG A-0395 Gastric Stimulation Sacral Nerve Stimulation For Urinary Incontinence NCD (230.18) Sacral Nerve Stimulation for Urinary and Fecal Incontinence LCA (A53017) Peripheral Nerve Stimulation LCD (L37360) and LCA (A55531)
Gender Affirming Surgery	Female to Male Procedures: 19301, 19303 Male to Female procedures: 54520, 54690 Reassignment Procedures: 54400, 54401, 54405, 54406, 55408, 54410, 54411, 54415, 54416, 54417, 55970, 55980, 56625, 56800, 56805, 56810, 57106, 57107, 57291, 57292, 57335 Inpatient Only: 57110, 57111, 58720	CMS Change Request 8825 - Invalidation of National Coverage Determination 140.3 - Transsexual Surgery MHMNC Gender Reassignment Surgery
Genetic Testing	81161, 81170, 81171, 81172, 81173, 81174, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81202, 81203, 81204, 81205, 81209, 81210, 81218, 81219, 81233, 81234, 81235, 81236, 81237, 81239, 81240, 81241, 81242, 81243, 81244, 81246, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81260, 81270, 81271, 81274, 81280, 81281, 81282, 81284, 81285, 81286, 81288, 81289, 81302, 81303, 81304, 81306, 81312, 81313, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81329, 81330, 81331, 81333, 81336, 81337, 81343, 81344, 81345, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81415, 81416, 81417, 81420, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81440, 81442, 81443, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81518, 81535, 81538, 81540, 81595, 81596, 81599, 82642, 83722, 0168U, 0169U, 0170U, 0171U, 0172U, 0173U, 0174U, 0175U, 0177U, 0179U, 0180U, 0181U, 0182U, 0183U, 0184U, 0185U, 0186U, 0187U, 0188U, 0189U, 0190U, 0191U, 0192U, 0193U, 0194U, 0195U, 0196U, 0197U, 0198U, 0199U, 0200U, 0201U, 0202U	MoldX; https://med.noridianmedicare.com/web/jeb/policies/moldx
Genioplasty	21120, 21121, 21122, 21123	Medical necessity review for cosmetic procedure only
Genomic Sequencing Procedures (Genetic Testing)	81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81420, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81448, 81439, 81440, 81442, 81445, 81450, 81455, 81460, 81465, 81470, 81471, 81479	MoldX
Growth Hormone	J2941 Non Covered by Medicare: J2940	Self-Administered Drug Exclusion List LCA (A53035)
Gynecomastia Surgery	19300	Breast Reconstruction Following Mastectomy NCD (140.2) Plastic Surgery LCD (L37020) and LCA (A57222)
Hand Restoration	L6900, L6905, L6910, L6915	MHMNC General DME
Heating Pads, Heat Lamps, and Hydrocollator Units	Non-Covered by Medicare: E0200, E0205, E0215, E0217, E0225, E0236, E0239, E0249	Heating Pads and Heat Lamps LCD (L33784) and LCA (A52502)
Hemodialysis	90935, 90937, 90945, 90947, 90999	Medical necessity review for outpatient only
Hernia Repair	A-1 LOS: 49521, 49561, 49565, 49566, 49570, 49582, 49585 49581 - Code no longer valid for submission	MCG S-1305 Hernia Repair (Non-hiatal) MCG S-540 Hiatal Hernia Repair, Abdominal MCG S-550 Hiatal Hernia Repair- Transthoracic
Herniated Disc Treatment	62292, 62287, 0274T, 0275T	Reference Milliman and Moda Health Criteria for coverage guidance. Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
High Density Lipid Profile/Cardiac Disease Screening	82163, 83695, 83700, 83701, 83704, 83718, 83719, 83090, 0026T, 82172, 83698	Lipid Testing NCD (190.23) MoldX: Biomarkers in a Cardiovascular Risk Assessment LCD (L36362)
High Frequency Chest Wall Oscillation Devices	E0483, A7025, A7026	High Frequency Chest Wall Oscillation Devices LCD (L33785) and Policy Article (A52494)
Hip Orthosis	L1600, L1610, L1620, L1630, L1640, L1650, L1652, L1660, L1680, L1685, L1686, L1690	MHMNC General DME
Hip-Knee-Ankle-Foot Orthosis (HKAFO)	L2040, L2050, L2060, L2070, L2080, L2090	MHMNC General DME
Home Health Services	G0089, G0090, G2168, G2169, S9123, S9124	Medicare Benefit Policy Manual Chapter 7. Section 10.
Home Infusion Services	S5035, S5036, S5497, S5498, S5501, S5502, S5517, S5518, S5520, S5521, S5522, S5523, S9325, S9326, S9327, S9328, S9329, S9330, S9331, S9336, S9338, S9345, S9346, S9347, S9348, S9349, S9351, S9353, S9357, S9359, S9361, S9363, S9364, S9365, S9366, S9367, S9368, S9372, S9373, S9374, S9375, S9376, S9377, S9379, S9494, S9497, S9500, S9501, S9502, S9503, S9504	S Codes are Statutorily Non-Covered by Medicare with the exception of select contracted providers for Home Infusion. These are non covered codes unless the provider contract specifically includes them

Description	CPT/HCPC Codes	Instructions
Home Infusion, Specialty Drug Administration	99601, 99602	99601 and 99602 are Statutorily Non-Covered by Medicare with the exception of select contracted providers for Home Infusion. These are non covered codes unless the provider contract specifically includes them
Hospice Care		Hospice is not covered by Medicare Advantage plans and should be billed directly to original Medicare
Hospital Beds	E0260, E0261, E0270, E0294, E0295, E0297, E0300, E0301, E0302, E0303, E0304, E0328, E0329, E0910, E0940 Non-Covered by Medicare: E0265, E0266, E0296, E0297	Hospital Beds LCD (L33820) and Policy Article (A52508)
Hyperbaric Oxygen Therapy	G0277	Hyperbaric Oxygen Therapy NCD (20.29)
Hysterectomy	A-1 LOS: 58260, 58262, 58263, 58270, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573 Inpatient Only: 58267, 58275, 58280, 58285, 58548, 58150, 58152, 58180, 58200, 58210, 58953, 58954, 58956	Sterilization NCD (230.3)
Immediate Post-Surgical or Early Fitting of Prosthesis	L6380, L6382, L6384, L6386, L6388	MHMNC General DME
Implantable Neurostimulator	L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689, C1823, 95970	Electrical Nerve Stimulators NCD (160.7) for Implanted Peripheral and 160.7.1 for the assessment of patients suitability for Electrical Nerve Stimulation MCG A-0716 for analysis Deep Brain Stimulation for Essential Tremor and Parkinson's Disease NCD (160.24)
Influenza (Flu) Vaccine		Medicare Learning Network (MLN) Matters Article SE1431
Infrared Heating Pad System	Non-Covered by Medicare: A4639, E0221	Infrared Heating Pad Systems LCD (L33825) and Policy Article (A52477)
Injection, blinatumomab, 1 microgram	J9039	MHMNC for Blincyto
Injection of filling material (collagen)	11950, 11951, 11952, 11954, 51715	Review for medical necessity vs cosmetic
Inpatient Only Code List	00176, 00211, 00214, 00215, 00524, 00540, 00542, 00546, 00560, 00561, 00562, 00567, 00580, 00632, 0075T, 0076T, 00792, 00794, 00796, 00844, 00846, 00848, 00864, 00866, 00868, 00882, 00908, 00932, 00934, 00936, 01272, 01442, 01444, 01502, 01652, 01654, 01656, 0195T, 0196T, 01990, 0235T, 0345T, 0375T, 0451T, 0452T, 0455T, 0456T, 0459T, 0461T, 0483T, 0484T, 0494T, 0495T, 0496T, 11004, 11005, 11006, 11008, 15756, 15757, 15758, 16036, 19305, 19306, 19361, 19364, 19367, 19368, 19369, 31225, 31230, 31290, 31291, 31360, 31365, 31367, 31368, 31370, 31375, 31380, 31382, 31390, 31395, 31725, 31760, 31766, 31770, 31775, 31780, 31781, 31786, 31800, 31805, 32035, 32036, 32096, 32097, 32098, 32100, 32110, 32120, 32124, 32140, 32141, 32150, 32151, 32160, 32200, 32215, 32220, 32225, 32310, 32320, 32440, 32442, 32445, 32480, 32482, 32484, 32486, 32488, 32491, 32501, 32503, 32504, 32505, 32506, 32507, 32540, 32650, 32651, 32652, 32653, 32654, 32655, 32656, 32658, 32659, 32661, 32662, 32663, 32664, 32665, 32666, 32667, 32668, 32669, 32670, 32671, 32672, 32673, 32674, 32800, 32810, 32815, 32820, 32850, 32851, 32852, 32853, 32854, 32855, 32856, 32900, 32905, 32906, 32940, 32997, 33020, 33025, 33030, 33031, 33050, 33120, 33130, 33140, 33141, 33202, 33203, 33236, 33237, 33238, 33243, 33250, 33251, 33254, 33255, 33256, 33257, 33258, 33259, 33261, 33265, 33266, 33300, 33305, 33310, 33315, 33320, 33321, 33322, 33330, 33335, 33340, 33361, 33362, 33363, 33364, 33365, 33366, 33367, 33368, 33369, 33390, 33391, 33404, 33405, 33406, 33410, 33411, 33412, 33413, 33414, 33415, 33416, 33417, 33418, 33420, 33422, 33425, 33426, 33427, 33430, 33460, 33463, 33464, 33465, 33468, 33470, 33471, 33474, 33475, 33476, 33477, 33478, 33496, 33500, 33501, 33502, 33503, 33504, 33505, 33506, 33507, 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536, 33542, 33545, 33548, 33572, 35001, 35002, 35005, 35013, 35021, 35022, 35081, 35082, 35091, 35092, 35102, 35103, 35111, 35112, 35121, 35122, 35131, 35132, 35141, 35142, 35151, 35152, 35182, 35189, 35211, 35216, 35221, 35241, 35246, 35251, 35271, 35276, 35281, 35301, 35302, 35303, 35304, 35305, 35306, 35311, 35331, 35341, 35351, 35355, 35361, 35363, 35371, 35390, 35400, 35501, 35506, 35508, 35509, 35510, 35511, 35512, 35515, 35516, 35518, 35521, 35522, 35523, 35525, 35526, 35531, 35533, 35535, 35536, 35537, 35538, 35539, 35540, 35556, 35558, 35560, 35563, 35565, 35566, 35570, 35571, 35583, 35585, 35587, 35600, 35601, 35606, 35612, 35616, 35621, 35623, 35626, 35631, 35632, 35633, 35634, 35636, 35637, 35638, 35642, 35645, 35646, 35647, 35650, 35654, 35656, 35661, 35663, 35665, 35666, 35671, 35681, 35682, 35683, 35691, 35693, 35694, 35695, 35697, 35700, 35701, 35820, 35840, 35870, 35901, 35905, 35907, 36660, 36823, 37140, 37145, 37160, 37180, 37181, 37215, 37217, 37218, 37616, 37618, 37660, 37788	Addendum EE -- Surgical Procedures Finalized to be Excluded from Payment in ASCs for CY 2021 (CMS-1736-FC)
Inpatient Only Code List (cont.)	33600, 33602, 33606, 33608, 33610, 33611, 33612, 33615, 33617, 33619, 33620, 33621, 33622, 33641, 33645, 33647, 33660, 33665, 33670, 33675, 33676, 33677, 33681, 33684, 33688, 33690, 33692, 33694, 33697, 33702, 33710, 33720, 33722, 33724, 33726, 33730, 33732, 33735, 33736, 33737, 33750, 33755, 33762, 33764, 33766, 33767, 33768, 33770, 33771, 33774, 33775, 33776, 33777, 33778, 33779, 33780, 33781, 33782, 33783, 33786, 33788, 33800, 33802, 33803, 33813, 33814, 33820, 33822, 33824, 33840, 33845, 33851, 33852, 33853, 33863, 33864, 33875, 33877, 33880, 33881, 33883, 33884, 33886, 33888, 33889, 33891, 33910, 33915, 33916, 33917, 33920, 33922, 33924, 33925, 33926, 33927, 33928, 33929, 33930, 33933, 33935, 33940, 33944, 33945, 33946, 33947, 33948, 33949, 33951, 33952, 33953, 33954, 33955, 33956, 33957, 33958, 33959, 33962, 33963, 33964, 33965, 33966, 33967, 33968, 33969, 33970, 33971, 33973, 33974, 33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982, 33983, 33984, 33985, 33986, 33987, 33988, 33989, 33990, 33991, 33992, 33993, 34001, 34051, 34151, 34401, 34451, 34502, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34709, 34710, 34711, 34712, 34808, 34812, 34813, 34820, 34830, 34831, 34832, 34833, 34834, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848	Addendum EE -- Surgical Procedures Finalized to be Excluded from Payment in ASCs for CY 2021 (CMS-1736-FC)

Description	CPT/HCPC Codes	Instructions
Inpatient Only Code List (cont.)	38100, 38101, 38102, 38115, 38380, 38381, 38382, 38564, 38724, 38746, 38747, 38765, 38770, 38780, 39000, 39010, 39200, 39220, 39499, 39501, 39503, 39540, 39541, 39545, 39560, 39561, 39599, 41130, 41135, 41140, 41145, 41150, 41153, 41155, 42426, 42845, 42894, 42953, 42961, 42971, 43045, 43100, 43101, 43107, 43108, 43112, 43113, 43116, 43117, 43118, 43121, 43122, 43123, 43124, 43135, 43279, 43283, 43286, 43287, 43288, 43300, 43305, 43310, 43312, 43313, 43314, 43320, 43325, 43327, 43328, 43330, 43331, 43332, 43333, 43334, 43335, 43336, 43337, 43338, 43340, 43341, 43351, 43352, 43360, 43361, 43400, 43405, 43410, 43415, 43425, 43460, 43496, 43500, 43501, 43502, 43520, 43605, 43610, 43611, 43620, 43621, 43622, 43631, 43632, 43633, 43634, 43635, 43640, 43641, 43644, 43645, 43771, 43775, 43800, 43810, 43820, 43825, 43832, 43843, 43845, 43846, 43847, 43848, 43850, 43855, 43860, 43865, 43880, 43881, 43882, 44005, 44010, 44015, 44020, 44021, 44025, 44050, 44055, 44110, 44111, 44120, 44121, 44122, 44125, 44126, 44127, 44128, 44130, 44132, 44133, 44135, 44136, 44137, 44139, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44155, 44156, 44157, 44158, 44160, 44187, 44188, 44202, 44203, 44204, 44205, 44206, 44207, 44208, 44210, 44211, 44212, 44213, 44227, 44310, 44316, 44320, 44322, 44603, 44604, 44605, 44615, 44620, 44625, 44626, 44640, 44650, 44660, 44661, 44680, 44700, 44715, 44720, 44721, 44800, 44820, 44850, 44899, 44900, 44960, 45110, 45111, 45112, 45113, 45114, 45116, 45119, 45120, 45121, 45123, 45126, 45130, 45135, 45136, 45395, 45397, 45400, 45402, 45540, 45550, 45562, 45563, 45800, 45805, 45820, 45825, 46705, 46710, 46712, 46715, 46716, 46730, 46735, 46740, 46742, 46744, 46746, 46748, 46751, 47010, 47015, 47100, 47120, 47122, 47125, 47130, 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 47300, 47350, 47360, 47361, 47362, 47380, 47381, 47400, 47420, 47425, 47460, 47480, 47550, 47570, 47600, 47605, 47610, 47612, 47620, 47700, 47701, 47711, 47712, 47715, 47720, 47721, 47740, 47741, 47760, 47765, 47780, 47785, 47800, 47801, 47802, 47900	Addendum EE -- Surgical Procedures Finalized to be Excluded from Payment in ASCs for CY 2021 (CMS-1736-FC)
Inpatient Only Code List (cont.)	48000, 48001, 48020, 48100, 48105, 48120, 48140, 48145, 48146, 48148, 48150, 48152, 48153, 48154, 48155, 48400, 48500, 48510, 48520, 48540, 48545, 48547, 48548, 48551, 48552, 48554, 48556, 49000, 49002, 49020, 49040, 49060, 49062, 49203, 49204, 49205, 49215, 49412, 49425, 49428, 49605, 49606, 49610, 49611, 49900, 49904, 49905, 49906, 50010, 50040, 50045, 50060, 50065, 50070, 50075, 50100, 50120, 50125, 50130, 50135, 50205, 50220, 50225, 50230, 50234, 50236, 50240, 50250, 50280, 50290, 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380, 50400, 50405, 50500, 50520, 50525, 50526, 50540, 50545, 50546, 50547, 50548, 50600, 50605, 50610, 50620, 50630, 50650, 50660, 50700, 50715, 50722, 50725, 50728, 50740, 50750, 50760, 50770, 50780, 50782, 50783, 50785, 50800, 50810, 50815, 50820, 50825, 50830, 50840, 50845, 50860, 50900, 50920, 50930, 50940, 51525, 51530, 51550, 51555, 51565, 51570, 51575, 51580, 51585, 51590, 51595, 51596, 51597, 51800, 51820, 51841, 51865, 51900, 51925, 51925, 51940, 51960, 51980, 53415, 53448, 54125, 54130, 54135, 54390, 54430, 54438, 55605, 55650, 55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55862, 55865, 56631, 56632, 56633, 56634, 56637, 56640, 57110, 57111, 57270, 57280, 57296, 57305, 57307, 57308, 57311, 57531, 57540, 57545, 58140, 58146, 58150, 58152, 58180, 58200, 58210, 58240, 58267, 58275, 58280, 58285, 58400, 58410, 58520, 58540, 58548, 58575, 58605, 58611, 58700, 58720, 58740, 58750, 58752, 58760, 58822, 58825, 58940, 58943, 58950, 58951, 58952, 58953, 58954, 58956, 58957, 58958, 58960, 59120, 59121, 59130, 59135, 59136, 59140, 59325, 59350, 59514, 59525, 59620, 59830, 59850, 59851, 59852, 59855, 59856, 59857	Addendum EE -- Surgical Procedures Finalized to be Excluded from Payment in ASCs for CY 2021 (CMS-1736-FC)
Inpatient Only Code List (cont.)	60254, 60270, 60505, 60521, 60522, 60540, 60545, 60600, 60605, 60650, 61105, 61107, 61108, 61120, 61140, 61150, 61151, 61154, 61156, 61210, 61250, 61253, 61304, 61305, 61312, 61313, 61314, 61315, 61316, 61320, 61321, 61322, 61323, 61332, 61333, 61340, 61343, 61345, 61450, 61458, 61460, 61480, 61500, 61501, 61510, 61512, 61514, 61516, 61517, 61518, 61519, 61520, 61521, 61522, 61524, 61526, 61530, 61531, 61533, 61534, 61535, 61536, 61537, 61538, 61539, 61540, 61541, 61543, 61544, 61545, 61546, 61548, 61550, 61552, 61556, 61557, 61558, 61559, 61563, 61564, 61566, 61567, 61570, 61571, 61575, 61576, 61580, 61581, 61582, 61583, 61584, 61585, 61586, 61590, 61591, 61592, 61595, 61596, 61597, 61598, 61600, 61601, 61605, 61606, 61607, 61608, 61611, 61613, 61615, 61616, 61618, 61619, 61630, 61635, 61645, 61650, 61651, 61680, 61682, 61684, 61686, 61690, 61692, 61697, 61698, 61700, 61702, 61703, 61705, 61708, 61710, 61711, 61735, 61750, 61751, 61760, 61850, 61860, 61863, 61864, 61867, 61868, 62005, 62010, 62100, 62115, 62117, 62120, 62121, 62140, 62141, 62142, 62143, 62145, 62146, 62147, 62148, 62161, 62162, 62164, 62165, 62180, 62190, 62192, 62200, 62201, 62220, 62223, 62256, 62258, 63050, 63051, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63250, 63251, 63252, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 63700, 63702, 63704, 63706, 63707, 63709, 63710, 63740, 64755, 64760, 64809, 64818, 64866, 64868, 65273, 69155, 69535, 69554, 69950, 75956, 75957, 75958, 75959, 92941, 92970, 92971, 92975, 93583, 99184, 99190, 99191, 99192, 99356, 99357, 99462, 99468, 99469, 99471, 99472, 99475, 99476, 99477, 99478, 99479, 99480, C9606, G0341, G0342, G0343	Addendum EE -- Surgical Procedures Finalized to be Excluded from Payment in ASCs for CY 2021 (CMS-1736-FC)
Inpatient Rehabilitation	IP Rehab	Medicare Policy Manual
INR Monitor, Home Use	G0249	Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management NCD (190.11)
Intensity Modulated Radiation Therapy (IMRT) Plan	77014, 77301	Intensity Modulated Radiation Therapy (IMRT) LCA (A58245)
Interscapular Thoracic Prosthesis	L6350, L6360, L6370, L6570, L6970, L6975	MHMNC General DME
Interventional Pain Management	0627T, 0628T, 0629T, 0630T, 27096, 62280, 62281, 62282, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 63650, 63655, 63685, 64451, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64510, 64520, 64625, 64633, 64634, 64635, 64636 are reviewed by eviCore 64483 is reviewed by Moda Health (rather than eviCore) for sacral levels S2-S5	eviCore, NCD/LCDs, Moda Health, Milliman
Intradiscal Electrothermal Therapy (IDET)	Non-Covered by Medicare: 22526, 22527, 62287, S2348 64999 - Non-Covered by Medicare when billed for thermal intradiscal procedures such as IDET	Thermal Intradiscal Procedures (TIPs) NCD (150.11)
Intraocular Lens Implant (IOL)	Non-Covered by Medicare: V2787, V2788	CY 2016 Final Payment by HCPCS/CPT Code (Addendum B)

Description	CPT/HCPC Codes	Instructions
Intrapulmonary Percussive Ventilator	Non-Covered by Medicare: E0481	Intrapulmonary Percussive Ventilator NCD (240.5) Intrapulmonary Percussive Ventilator LCD (L33786) and Policy Article (A52495)
Intravenous Immune Globulin	J1562, 90281, 90283, 90284 are reviewed by Moda Health J1459 (Privigen), J1556 (Bivigam), J1557, J1558, J1559 (Hizentra), J1561 (Gamunex/Gammaked), J1566 (Gammagard/Carimune NF), J1568 (Octogam), J1569 (Gammagard), J1572 (Flebogamma), J1575, J1599 (IVIG) are reviewed by Magellan Rx	Immune Globulin Intravenous (IVIG) LCD (L34074)
Joint Arthroscopy	29999	Medical necessity review
Ketamine	J7999	Moda Pharmacy
Knee Arthroscopy	G0289	Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee NCD (150.9) Decision Memo for Arthroscopy for the Osteoarthritic Knee (CAG-00167N) MCG S-705 Knee Arthroscopy
Knee Orthoses	L1810, L1812, L1820, L1830, L1831, L1832, L1834, L1836, L1840, L1843, L1844, L1845, L1846, L1847, L1848, L1850, L1851, L1852, L1860	Knee Orthoses LCD (L33318) and Policy Article (A52465)
Percutaneous Vertebral Augmentation	O200T, O201T are reviewed by Moda Health 22510, 22511, 22512, 22513, 22514, & 22515 are reviewed by eviCore	Percutaneous Vertebral Augmentation LCD (L34106) and LCA (A57695)
Lanadelumab-flyo	J0593	Moda Health Pharmacy
Laser Treatment of Psoriasis	96920, 96921, 96922	Treatment of Psoriasis NCD (250.1) Reference Milliman and Moda Health Criteria for coverage guidance
Left Ventricular Assist Device	33797, 33980, 33981, 33982, 33983, 33990, 33995 Inpatient Only: 33979	Ventricular Assist Devices NCD (20.9.1)
Legg Perthes Orthosis	L1700, L1710, L1720, L1730, L1755	MHMNC General DME
Light Box (aka Sad Light)	Non-Covered by Medicare: E0203	Noridian DME Non-Covered List
Lipectomy	15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15878, 15879	Review for medical necessity vs cosmetic
Lower Extremity Additions	L2660, L2670, L2680 Non-Covered by Medicare: L2861	Noridian DME Non-Covered List
Lower Limb Prostheses	L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5450, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5680, L5681, L5682, L5683, L5684, L5685, L5686, L5688, L5690, L5692, L5694, L5695, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, L5930, L5940, L5950, L5960, L5961, L5962, L5964, L5966, L5968, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5999, L7510, L7520, L8400, L8410, L8417, L8420, L8430, L8440, L8460, L8470, L8480 Non-Covered by Medicare: L5969, L5990, L7600	Lower Limb Prostheses LCD (L33787) and Policy Article (A52496)
Lung Volume Reduction Surgery	Inpatient Only: 32491	Lung Volume Reduction Surgery NCD (240.1)
Luxturna (voretigene neparvovec-rzyl)	J3398	MHMNC Luxturna
Magellan selected chemotherapy and specialty drugs	C9053, C9056, C9061, C9062, C9063, C9064, C9066, C9069, C9070, C9071, C9072, C9073, C9399, J0129, J0178, J0179, J0180, J0202, J0221, J0222, J0223, J0256, J0257, J0490, J0517, J0584, J0585, J0586, J0587, J0588, J0596, J0597, J0598, J0638, J0641, J0791, J0800, J0881, J0885, J0896, J0897, J1290, J1300, J1301, J1303, J1303, J1322, J1437, J1439, J1442, J1447, J1454, J1458, J1459, J1555, J1556, J1557, J1559, J1561, J1566, J1568, J1569, J1572, J1575, J1599, J1602, J1627, J1726, J1743, J1745, J1746, J1786, J1823, J1931, J2182, J2323, J2326, J2350, J2353, J2357, J2469, J2503, J2505, J2507, J2778, J2786, J2796, J2820, J2860, J3032, J3060, J3111, J3241, J3245, J3262, J3357, J3358, J3380, J3385, J3397, J3489, J3490, J3590, J7318, J7321, J7323, J7323, J7324, J7325, J7326, J7327, J7328, J7329, J7331, J7332, J7333, J7799, J9022, J9023, J9032, J9033, J9034, J9035, J9036, J9039, J9041, J9042, J9043, J9044, J9047, J9055, J9057, J9118, J9119, J9144, J9145, J9153, J9173, J9176, J9177, J9179, J9198, J9199, J9203, J9204, J9205, J9207, J9210, J9223, J9227, J9228, J9229, J9262, J9264, J9269, J9271, J9281, J9295, J9299, J9301, J9302, J9303, J9304, J9305, J9306, J9308, J9309, J9311, J9312, J9313, J9316, J9317, J9325, J9352, J9354, J9355, J9356, J9358, J9371, J9400, J9999, Q0138, Q0139, Q2041, Q2042, Q2043, Q5103, Q5104, Q5107, Q5108, Q5110, Q5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5121, Q5122	MHMNC for the specific drug requested Magellan List on Moda Health website
Mammograms	77055, 77056, 77057	Mammograms NCD (220.4)
Manual Wheelchair Bases	E1035, E1037, E1038, E1039, E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E2230, E2295, K0003, K0004, K0005, K0006, K0007, K0009, K0037, E1050, E1060, E1070, E1083, E1084, E1085, E1086, E1087, E1088, E1089, E1090, E1092, E1093, E1100, E1110, E1130, E1140, E1150, E1160, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1221, E1222, E1223, E1224, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295	Manual Wheelchair Bases LCD (L33788) and Policy Article (A52497)
Reconstruction of Mandibular Rami	21270, 21275, 21280, 21282	Plastic Surgery LCD (L37020) Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria

Description	CPT/HCPC Codes	Instructions
Mastectomy or partial mastectomy/lumpectomy	A: 19301, 19302 A-4 LOS: 19303, 19307 Inpatient Only: 19305, 19306	MCG S-862 Mastectomy, complete with insertion of breast prosthesis MCG S-860 Mastectomy complete MCG S-864 Mastectomy, complete with tissue flap MCG S-858 Mastectomy, Partial (Lumpectomy)
Mechanical In-Exsufflation Devices	E0482, A7020	Mechanical In-Exsufflation Devices LCD (L33795) and Policy Article (A52510)
Midface flap	15730	Medicare Benefit Policy Manual, Chapter 16, section 120: Cosmetic Surgery Plastic Surgery LCD (L37020)
Miscellaneous Drug Codes	J0591, J3399, J3590, J9999, J7169, J7604, J7607, J7609, J7610, J7615, J7622, J7624, J7627, J7628, J7629, J7632, J7634, J7635, J7636, J7637, J7638, J7640, J7641, J7642, J7643, J7645, J7647, J7650, J7657, J7660, J7667, J7670, J7676, J7680, J7681, J7683, J7684, J7685, J7633, J7648, J7649, J7658, J7659, J7668, J2840	Moda Health Pharmacy
Miscellaneous Prosthetic Services	L8499	MHMNC General DME
Molecular Pathology	0031U, 0032U, 0139U, 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81175, 81176, 81230, 81231, 81232, 81238, 81247, 81248, 81249, 81258, 81259, 81269, 81283, 81328, 81334, 81335, 81346, 81362, 81363, 81364, 81170, 81200, 81201, 81202, 81203, 81205, 81206, 81207, 81208, 81209, 81210, 81211, 81162, 81212, 81213, 81214, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81161, 81235, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81270, 81272, 81273, 81275, 81276, 81277, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81307, 81308, 81309, 81310, 81311, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81330, 81331, 81332, 81340, 81341, 81342, 81350, 81355, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81522, 81542, 81552	MoIDX
Multianalyte Assays	81535, 81536, 81538, 81539, 81540, 81541, 81551, 81595, 81599	MoIdx
Multiple Sleep Latency Test (MSLT)	95805	Polysomnography and Sleep Studies LCD (L34040) and LCA (A57698)
Musculoskeletal - eviCore	23120, 23130, 23410, 23412, 23415, 23420, 23430, 23440, 23450, 23455, 23460, 23462, 23465, 23466, 23470, 23472, 23473, 23474, 23490, 23700, 27090, 27091, 27125, 27130, 27132, 27134, 27137, 27138, 27151, 27156, 27330, 27331, 27332, 27333, 27334, 27335, 27403, 27405, 27407, 27409, 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27430, 27435, 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487, 27488, 27570, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29860, 29861, 29862, 29863, 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29914, 29915, 29916	eviCore, Medicare NCD/LCD's, Milliman
Myomectomy	A: 58545, 58546 A-3 LOS: 58145 Inpatient Only: 58140, 58146	MCG S-775: Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy
Nebulizers	E0570, E0580, E0585 Non-Covered by Medicare: A7008, E0575	Nebulizer LCD (L33370) and Policy Article (A52466)
Negative Pressure Wound Therapy (NPWT)	A6550, A7000, E2402, 97605, 97606 Non-Covered by Medicare: A6000, A9272, E0231, E0232	Negative Pressure Wound Therapy LCD (L33821) and Policy Article (A52511)
Nephrectomy	A-1-2 LOS: 50543 Inpatient Only: 50545, 50546, 50547, 50548 A-3 LOS (Inpatient Only): 50220, 50225, 50230, 50234, 50240, 50320, 50340, 50370	MCG S-864 Mastectomy, complete with tissue flap
Nerve Repair	64910, 64911, 64912, 64913	Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Neuromuscular Electrical Stimulation Devices	E0745 Non-Covered by Medicare: E0744	Neuromuscular Electrical Stimulation Devices NCD (160.12)
New Technology	0474T, 0479T, 0480T, 0481T, 0483T, 0484T, 0485T, 0486T, 0487T, 0488T, 0489T, 0490T, 0491T, 0492T, 0493T, 0494T, 0495T, 0496T, 0497T, 0498T, 0499T, 0500T, 0509T, 0510T, 0512T, 0513T, 0514T, 0518T, 0521T, 0522T, 0523T, 0524T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0533T, 0534T, 0535T, 0536T, 0541T, 0542T, 0563T, 0564T, 0565T, 0566T, 0569T, 0570T, 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, 0581T, 0582T, 0583T, 0584T, 0585T, 0586T, 0587T, 0588T, 0589T, 0590T, 0594T, 0596T, 0597T, 0598T, 0599T, 0600T, 0601T, 0602T, 0603T, 0604T, 0605T, 0606T, 0607T, 0608T, 0609T, 0610T, 0611T, 0612T, 0613T, 0614T, 0615T, 0616T, 0617T, 0618T, 0619T, 0620T, 0621T, 0622T, 0623T, 0624T, 0625T, 0626T, 0627T, 0628T, 0629T, 0630T, 0631T, 0632T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0639T	Moda Health Medical Necessity Criteria Medicare Benefit Policy Manual Chapter 14 - Medical Devices Medicare Program Integrity Manual Chapter 3.6.2.2 - Reasonable and Necessary Criteria
Nipple Prosthesis	A4280, L8000, L8001, L8002, L8015, L8020, L8030, L8032, L8039 Non-Covered by Medicare: L8010, L8031, L8035	External Breast Prostheses LCD (L33317) and Policy Article (A52478)
Non-Covered Items	A4210, A4250, A4490, A4495, A4500, A4510, A4520, A4554, A4575, A4627, A6000, A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6540, A6541, A6542, A6543, A6544, A6549, A9270, A9275, A9276, A9277, A9278, A9280, A9281, A9282, A9300, B4100, E0172, E0191, E0203, E0220, E0230, E0231, E0232, E0240, E0241, E0242, E0243, E0244, E0245, E0246, E0247, E0248, E0270, E0273, E0274, E0315, E0481, E0625, E0637, E0638, E0641, E0642, E0700, E0710, E0936, E1300, J1055, J3520, J3535, J3570, J8499, J8515, L0210, L1815, L1825, L1901, L3215, L3216, L3217, L3219, L3221, L3222, L3651, L3652, L3700, L3701, L3909, L3911, L7600, Q0144, Q5110, V2025, V2600, V2610, V2615, V2702, V2760, V5336	https://med.noridianmedicare.com/web/jddme/search-result/-/view/2230703/noncovered-items CMS Internet Only Manual Publication 100-3, Medicare National Coverage Determinations Manual, Chapter 1, Part 4, Section 280.1

Description	CPT/HCPC Codes	Instructions
Non-Covered Services (Group 1)	22857, 22862, 28446, 43257, 43284, 43285, 46707, 62263, 62264, 62287, 83987, 84431, 86305, 91132, 91133, 92145, 93702, 97026, 97033, J2010, 0042T, 0054T, 0055T, 0071T, 0072T, 0098T, 0100T, 0101T, 0102T, 0106T, 0107T, 0108T, 0109T, 0110T, 0163T, 0165T, 0198T, 0202T, 0207T, 0219T, 0220T, 0221T, 0222T, 0232T, 0234T, 0235T, 0236T, 0237T, 0238T, 0253T, 0263T, 0264T, 0265T, 0266T, 0267T, 0268T, 0272T, 0273T, 0274T, 0278T, 0290T, 0312T, 0313T, 0316T, 0317T, 0329T, 0330T, 0331T, 0332T, 0333T, 0335T, 0338T, 0339T, 0342T, 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0355T, 0356T, 0358T, 0362T, 0373T, 0397T, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0419T, 0420T, 0421T, 0422T, 0423T, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0439T, 0440T, 0441T, 0442T, 0443T, 0444T, 0445T, 0446T, 0447T, 0448T, 0450T, 0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T, 0464T, 0465T, 0466T, 0467T, 0468T	Medicare Program Integrity Manual Chapter 3.6.2.2 - Reasonable and Necessary Criteria
Non-Covered Services (Group 2)	93050, 0174T, 0175T, 0208T, 0209T, 0210T, 0211T, 0212T, 0437T	Medicare Program Integrity Manual Chapter 3.6.2.2 - Reasonable and Necessary Criteria
Non-Covered Services (Group 3)	97545, 97546, 99605, 99606, 99607, 0378T, 0379T, 0403T	Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Non-Emergency Transport		Medical necessity review
Obinutuzumab (Gazyva)	J9301	MHMNC for Gazyva
Oncotype DX Gene Assay Mammprint Gene Expression Assay	81519	MoIDX Molecular Diagnostic Tests (MDT) LCD (L36256)
Oral Appliances for the Treatment of Obstructive Sleep Apnea	E0486 Non-Covered by Medicare: A9270, E0485	Oral Appliances for Obstructive Sleep Apnea LCD (L33611) and Policy Article (A52512)
Orencia (Abatacept)	J0129	Self-Administered Drug Exclusion List LCA (A53035)
Orthognathic Services	21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21244, 21245, 21246, 21247, 21248, 21249, D7940 Non-Covered by Medicare: D7941, D7943-D7949, D7950, D7951, D7953, D7955, D7960	MCG A-0247 Mandibular Osteotomy MCG A-0248 Maxillomandibular Osteotomy and Advancement
Orthotripsy / Extracorporeal Shock Wave Treatment (ESWT) / Ossonon	28890 Non-Covered by Medicare: 0101T, 0102T	For 28890: Reference Milliman and Moda Health Criteria for coverage guidance Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Osseointegrated Implants/Hearing Aids	69711, 69714, 69715, 69717, 69718, L8699, L8614 Non-Covered by Medicare: 69710	Auditory Osseointegrated and Auditory Brainstem Devices MLN Matters MM4038 Medicare Benefit Policy Manual Chapter 16, Section 100-General Exclusions From Coverage
Osteogenesis Stimulators	E0747, E0748, E0749, E0760, 20974, 20975, 20979	Osteogenesis Stimulators LCD (L33796) and Policy Article (A52513)
Ostomy Supplies	Non-Covered by Medicare: A4400	Ostomy Supplies LCD (L33828) and LCA (A52487)
Otoplasty	69300	CMS CBG Billing and Coding Guidelines for Cosmetic Services. Review for cosmetic only
Oxygen	Additional A Codes and E codes to consider (Oxygen Accessories) E1390, E1391, E1392, E0424, E0425, E0430, E0431, E0433, E0434, E0435, E0439, E0440, E0477, K0738 Non-Covered by Medicare: A4606, E0445	Oxygen NCD (240.2) Oxygen LCD (L33797) and Policy Article (A52514)
Pain Pump Insertion - Epidural / Intrathecal	A-2 LOS: 62350, 62351, 62360, 62361, 62362	Infusion Pumps NCD (280.14)
Pancreatectomy (Whipple Procedure)	7 LOS (Inpatient Only): 48146, 48148, 48150, 48152, 48153, 48154, 48155	No medical necessity review required. PA is required on all inpatient stays.
Panniculectomy/Abdominal Lipectomy/Suction-Assisted Lipectomy	15830, 15847, 15877	Plastic Surgery LCD (L37020) and LCA (A57222) CMS 1321-FC-21
PAP Smears		Diagnostic PAP Smears NCD (190.2) Screening PAP Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer NCD (210.2) Medicare Learning Network Article: The ABCs of the Annual Wellness Visit (AWV)
Parenteral Nutrition	B4164, B4168, B4172, B4176, B4178, B4180, B4185, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200, B9004, B9006, B9999, E0776	Enteral and Parenteral Nutritional Therapy NCD (180.2)
Partial Hand Prosthesis	L6000, L6010, L6020	MHMNC General DME
Paternity Testing	Non-Covered by Medicare: 86910, 86911	Statutorily Non-Covered, SI E, OPSS
Patient Lifts	E0621, E0630, E0635, E0636, E0639, E0640, E1035, E1036 Non-Covered by Medicare: E0625	Patient Lifts LCD (L33799) and Policy Article (A52516)
Pectus Excavatum	21740, 21742, 21743	No medical necessity review required. PA is required on all inpatient stays.
Pegloticase	J2507	MCG A-0674 Pegloticase
Pelvic Control-Addition to Lower Extremity	L2580, L2600, L2610, L2620, L2622, L2624, L2627, L2628, L2630, L2640, L2650	MHMNC General DME
Pelvic Floor Electrical Stimulator	E0740	Non-Implantable Pelvic Floor Electrical Stimulator NCD (230.8)
Percussor Electric/Pneumatic	E0480	Percussor NCD (280.1)

Description	CPT/HCPC Codes	Instructions
Phototherapy Lights	E0202, E0691, E0692, E0693, E0694	Reference Milliman and Moda Health criteria for coverage guidance
Platelet Rich Plasma	86999, P2010, P9020 Non-Covered by Medicare: 0232T	Reference Milliman and Moda Health criteria for coverage guidance. Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Pneumatic Compression Devices	E0650, E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673 Non-Covered by Medicare: E0675, E0676	Pneumatic Compression Devices LCD (L33829) and Policy Article (A52488)
Polysomnography and Sleep Studies	No authorization required for Home Sleep Studies: 95800, 95801, 95806, G0398, G0399, G0400 Prior authorization required for: 95807, 95808, 95810, 95811	Polysomnography and Sleep Studies LCD (L34040)
Power Mobility Devices (PMD)	E0986, K0013, K0800, K0801, K0802, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0824, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0890, K0891, K0898 Non-Covered by Medicare: K0806, K0807, K0808, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886	Power Mobility Devices LCD (L33789) and Policy Article (A52498)
Pressure Reducing Support Surfaces-Group 1	A4640, E0181, E0182, E0184, E0185, E0186, E0187, E0188, E0189, E0196, E0197, E0198, E0199, E1399 Non-Covered by Medicare: A9270	Pressure Reducing Support Surfaces - Group 1 LCD (L33830) and Policy Article (A52489)
Pressure Reducing Support Surfaces-Group 2	E0193, E0277, E0371, E0372, E0373, E1399	Pressure Reducing Support Surfaces - Group 2 LCD (L33642) and Policy Article (A52490)
Pressure Reducing Support Surfaces -Group 3	E0194	Pressure Reducing Support Surfaces - Group 3 LCD (L33692) and Policy Article (A52468)
Proleukin (aldesleukin)	J9015	MHMNC Proleukin (aldesleukin)
Prolotherapy	M0076 - Non-Covered by Medicare	
Prostate Surgery	A-1 LOS: 52601, 52612, 52614, 52620, 52630, 52640, 52647, 52648 Inpatient Only: 55801 2 LOS (Inpatient Only): 55810, 55812, 55815, 55831, 55840, 55842, 55845, 55866 3 LOS (Inpatient Only): 55821	No medical necessity review required. PA is required on all inpatient stays.
Prosthetic Implants Not Otherwise Classified (NOC)	L8699	Prosthetic Implants Documentation Checklist (if for urinary device)
Prosthetics Codes Not Valid for Medicare Purposes	D5913, D5914, D5915, D5916, D5919, D5922, D5923, D5924, D5925, D5926, D5927, D5928, D5929, D5931, D5932, D5933, D5934, D5935, D5936, D5952, D5953, D5954, D5955, D5958, D5959, D5960, D5999	
Proton Beam Therapy	77014, 77520, 77522, 77523, 77525	MCG A-0718 Radiofrequency Ablation of Tumor
Pulmonary Rehabilitation	G0237, G0238, G0239, G0424	MLN Matters Article MM6823 - Pulmonary Rehabilitation Services Medicare Claims Processing Manual Chapter 32, Section 140
Punch Graft for Hair Transplant	15775, 15776	Review for medical necessity vs cosmetic
Quantitative Sensory Testing	Non-Covered by Medicare: 0106T, 0107T, 0108T, 0109T, 0110T	Medicare Program Integrity Manual Chapter 3.6.2.2
Rabies Vaccine	90675, 90676	Medicare Benefit Policy Manual Chapter 15, Section 50.4.4.2
Radiation Therapy - External Beam	0394T, 0395T, 77261, 77262, 77263, 77280, 77285, 77290, 77293, 77299, 77300, 77301, 77306, 77307, 77316, 77317, 77318, 77321, 77331, 77332, 77333, 77334, 77336, 77338, 77370, 77385, 77401, 77402, 77407, 77412, 77424, 77425, 77427, 77431, 77469, 77789, 79005, 79101, 79200, 79300, 79403, 79440, 79445, G0458, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017	No medical necessity review required with cancer diagnosis
Rebetron	J9214	MCG A-0309 Interferon and Peginterferon
Refractive Lenses	Non-Covered by Medicare: V2025, V2744, V2745, V2600, V2610, V2615, V2702, V2756, V2760, V2761, V2762, V2781, V2786	Refractive Lenses LCD (L33793) and LCA (A52499)
Removal of permanent cardiac contractility modulation system	Non-Covered by Medicare: 0412T, 0413T	Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Repair of Traumatic Corporeal Tear(s)	54437	MHMNC Gender Reassignment Criteria
Replantation, Penis, Complete Amputation including Urethral Repair	Inpatient Only: 54438	MHMNC Gender Reassignment Criteria
Respiratory Assist Devices (RAD)	E0601, E0470, E0471	CPAP LCD (L33718) and Policy Article (A52467)
Argus ii Retinal Prosthesis System	L8608	medical necessity review

Description	CPT/HCPC Codes	Instructions
Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465	Plastic Surgery LCD (L37020) and LCA (A57222) Reference Milliman and Moda Health criteria for coverage guidance
Roferon A	J9213	MCG A-0309 Interferon and Peginterferon
Rollabout Chairs	E1031	Rollabout Chairs NCD (280.1)
Sacroiliac Orthoses	L0622, L0624	MHMNC General DME
Scar Revisions (includes Kenolog injections)	11900, 11901, 15786, 31830, J3301, J3302	CMS CBG Billing and Coding Guidelines for Cosmetic Services MCG SG-GS General Surgery or Procedure
Scintimammography	S8080	S Codes are Statutorily Non-Covered by Medicare
Scoliosis Body Jackets	L1300, L1310	
Seat Lift Mechanisms	E0627, E0628, E0629 Non-Covered by Medicare: E0172	Seat Lift Mechanisms LCD (L33801) and Policy Article (A52518)
Self Injectables when given in a provider's office	J0599, J0881 (Aranesp), J0885 (Epogen/Procrit), J1438, J1442 (Neupogen), J1559, J1645, J1650, J1830, J2820, J3030, J9212, J9213, J9214	Self-Administered Drug Exclusion List LCA (A53035) Reference Milliman and Moda Health Criteria for coverage guidance
Septoplasty	30520, 30620, 30630	CMS CBG Billing and Coding Guidelines for Cosmetic Services MCG A-0184 Rhinoplasty
Sexual Dysfunction	54400, 54401, 54405, 54408, 54410, 54415, 54416 Inpatient Only: 54411, 54417	MHMNC Gender Reassignment Criteria Diagnosis and Treatment of Impotence NCD (230.4)
Shoulder Orthosis	L3650, L3660, L3670, L3671, L3675, L3677	MHMNC General DME
Shoulder/Elbow/Wrist Disarticulation	L6050, L6055, L6200, L6205, L6300, L6310, L6320, L6450, L6550, L6582, L6584, L6586, L6588, L6590, L6920, L6925, L6940, L6945, L6960, L6965, L6580	MHMNC General DME
Shoulder-Elbow-Wrist-Hand Orthosis	L3960, L3961, L3962, L3966, L3967, L3971, L3973, L3975, L3976, L3977, L3978	MHMNC General DME
Sinus Endoscopies	31295, 31296, 31297, 31298	MHMNC Sinus Surgery
Skilled Nursing Facility/Extended Care		
Speech Generating Devices	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512 - Devices 92606, 92609 - Programming Non-Covered by Medicare: E2599	Speech Generating Devices LCD (L33739) and Policy Article (A52469)
Speech Volume Modulation System	K1009	Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Spinal Cord Stimulator	63650, 63655, 63685 are reviewed by eviCore 64575, 64590, 95970, L8680 are reviewed by Moda Health	Spinal Cord Stimulators for Chronic Pain LCD (L36204) Electrical Nerve Stimulation NCD (160.7)
Spinal Orthoses	L0450, L0452, L0454, L0455, L0456, L0457, L0458, L0460, L0462, L0464, L0466, L0467, L0468, L0469, L0470, L0472, L0480, L0482, L0484, L0486, L0488, L0490, L0491, L0492, L0621, L0623, L0625, L0626, L0627, L0628, L0629, L0630, L0631, L0632, L0633, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0641, L0642, L0643, L0648, L0649, L0650, L0651, L4002, L0999, L1499, L4000 Non-Covered by Medicare: A4467, L0984	Spinal Orthoses LCD (L33790) and Policy Article (A52500)
Spinal Surgery for Pain	0202T, 0219T, 22100, 22110, 22112, 22114, 22116, 22852, 22855, 22899, 63101, 63102, 63103, 63170, 63185, 63190, 63663, 0221T, 0274T, 0275T	MCG S-810 Lumbar Discectomy, Foraminotomy, or Laminotomy MCG S-830 Lumbar Laminectomy MCG S-820 Lumbar Fusion MCG S-5810 Lumbar Spine Surgery MCG S-320 Cervical fusion, Anterior MCG S-330 Cervical Fusion - Posterior MCG S-1056 Spine, Scoliosis, posterior instrumentation As well as applicable CMS guidelines (LCDs, etc).
Standers/Standing Frames	Non-Covered by Medicare: E0637, E0638, E0641, E0642	Noridian DME Non-Covered List
Stereotactic Radiation Therapy	20982, 61796, 61798, 63620, 77014, 77371, 77372, 77373, 77422, 77423, 77432, 77435, G0339, G0340	Stereotactic Radiation Therapy LCD (L34151) for codes 61796, 61798, 63620, 77371, 77372, 77373, 77432, 77435, G0339, and G0340 MCG A-0423 Stereotactic Radiosurgery for code 20982 and 77432
Surgery/Injections for Peyronie's Disease	54200, 54205, 54300, 54360	MCG SG-US
Surgical Dressings	Non-Covered by Medicare: A4465, A6025, A6228, A6229, A6230, A9270	Surgical Dressings LCD (L33831) and LCA (A54563)
Synagis for RSV	90378	MCG A-0320 Palivizumab
Terminal Devices	L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6881, L6882	MHMNC General DME
Testosterone / Depo-Testosterone Injections		

Description	CPT/HCPC Codes	Instructions
Therapeutic Drug Monitoring	G0481, G0482, G0483	Controlled Substance Monitoring LCD (L36707)
Therapy Requests - Outpatient Physical, Speech and Occupational Therapy	95851, 95852, 97012, 97022, 97036, 97110, 97112, 97113, 97116, 97124, 97530, 97532, 97535, 97542, 97755, 97760, 97761, 97799, 92507, 92508, 92521, 92522, 92523, 92524, 92526, 92610, 92611, S9152, V5336 -V5	Medicare Benefit Policy Manual Chapter 15 Section 220 Medical Necessity of Therapy Services LCA (A52775) Therapy Evaluation and Assessment Services LCA (A52773)
Thermal Imaging / Thermography	Non-Covered by Medicare: 93740, 93760, 93762	Thermography NCD (220.11)
Thoracic Lumbar Sacral Orthoses	L0970, L0972, L0974, L0976, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290	MHMNC General DME
Thoracic Rib Belt	L0220	MHMNC General DME
Thoracic Sympathectomy (for diagnosis of Hyperhidrosis)	Inpatient Only: 32664	MCG S-1072 Sympathectomy by Thoracoscopy or Laparoscopy
Thoracotomy	A-1 LOS: 32320, 32402, 32500, 32601, 32602, 32657 Inpatient Only: 32220, 32225, 32310, 32650, 32651, 32652, 32653, 32655, 32656 A-2 LOS: 32095, 32320, 32402, 32500, 32601, 32602, 32402, 32500 Inpatient Only: 32100, 32124, 32140, 32141, 32150, 32151, 32215, 32220, 32225, 32310, 32320 A-3 LOS: 32657 Inpatient Only: 32220, 32225, 32310, 32650, 32651, 32652, 32653, 32655, 32656	No medical necessity review is required for these codes. Authorization is required for inpatient services.
Tissue Grafts/Mesh - Biologic (Engineered)	C9349, C9352, C9353, C9354, C9355, C9356, C9358, C9360, C9361, C9362, C9363, C9364, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4017, Q4108, Q4110, Q4112, Q4113, Q4114, Q4115, Q4116, Q4117, Q4118, Q4119, Q4120, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4130, Q4131, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4200, Q4201, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4226, Q4227, Q4228, Q4229, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4236, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248, Q5116, Q5117, Q5118	FDA Coverage Indications MHMNC Skin Substitutes
Tissue Transfer or Rearrangement	14301, 14302	Cosmetic review only
TMJ Splints	21085, 21089, 21100, 21110	Medicare Benefit Policy Manual Chapter 15, Section 150-150.1
TMJ Surgeries	29800, 21240, 21242, 21243, 29804	MCG - A-0523 - TMJ Joint Arthroplasty A-0492 - TMJ Arthroscopy
Topical Oxygen Therapy	Non-Covered by Medicare: A4575, E0446	Oxygen LCD (L33797) and Policy Article (A52514)
Total Disc Arthroplasty	Inpatient Only: 0095T (0164T, 22861, 22864, and 22865 are reviewed by eviCore) Non-Covered by Medicare: 0098T, 0163T, 0165T, 0375T, 22857, 22862	Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Total Joint Replacements	24360, 24361, 24362, 24363, 27700, 27702, 27703	MCG Musculoskeletal Surgery or Procedure GRG MCG S-420 Elbow Arthroplasty
Total Replacement Heart System	33927, 33928, 33929, L8698	Artificial Hearts and Related Devices NCD (20.9) Medicare Decision Memo CAG-00322N for Artificial Hearts Approved Studies: https://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/Artificial-Hearts.html
Tracheostomy Care Supplies	Non-Covered by Medicare: A7523	Tracheostomy Care Supplies LCD (L33832)
Transcatheter Mitral Valve Repair (TMVR)	Inpatient Only: 33418, 33419, 0345T	TMVR NCD (20.33) Medicare Learning Matters Article MM9008
Transcatheter implantation of wireless pulmonary artery pressure sensor	33285, 93264	Medical necessity review required
Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	0404T	MCG A-0718 Radiofrequency Ablation of Tumor
Transcranial Magnetic Stimulation (TMS)	Non-Covered by Medicare: 90867, 90868, 90869	Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder LCD (L37088) and LCA (A57693)
Transcutaneous Electrical Joint Stimulation Devices (TEJSD)	Non-Covered by Medicare: E0762, A4465, A4495, A4557, A4595	Transcutaneous Electrical Joint Stimulation Devices (TEJSD) LCD (L34821)

Description	CPT/HCPC Codes	Instructions
Transcutaneous Electrical Nerve Stimulators (TENS)	A4595, E0720, E0730, E0731	TENS LCD (L33802) and Policy Article (A52520)
Transplants/Donor Services, Including Evaluation	38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38220, 38221, 38230, 38232, 38240, 38241, 38242 Inpatient Only: 32850, 32851, 32852, 32853, 32854, 32855, 32856, 33930, 33935, 33940, 33945, 44132, 44133, 44135, 44136, 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48551, 48552, 48554, 48556, 50300, 50323, 50325, 50327, 50328, 50329, 50360, 50365, 50380 Non-Covered by Medicare: S2053, S2054, S2055, S2060, S2065, S2150, S2152, 48160, 48550	Transplant Laws and Regulations Adult Liver Transplantation NCD (260.1) Heart Transplants NCD (260.9) Pancreas Transplants NCD (260.3) Reference Milliman and Moda Health criteria for coverage guidance
Unlisted Codes	01999, 15999, 17999, 19499, 20999, 21089, 21299, 21499, 21899, 22899, 22999, 23929, 24999, 25999, 26989, 27299, 27599, 27899, 28899, 29799, 29999, 30999, 31299, 31599, 31899, 32999, 36299, 37501, 37799, 38129, 38999, 39499, 39599, 40799, 40899, 41599, 41899, 42299, 42699, 42999, 43289, 43499, 43659, 43999, 44238, 44799, 44899, 44979, 45399, 45499, 45999, 46999, 47379, 47399, 47579, 47999, 48999, 49329, 49659, 49999, 50549, 50549, 50949, 51999, 53899, 54699, 55559, 55899, 58578, 58579, 58679, 58999, 59897, 59897, 59898, 59899, 60659, 60699, 64999, 66999, 67299, 67399, 67599, 67999, 68399, 68899, 69399, 69799, 69949, 69979, 76496, 76497, 76498, 76499, 76999, 77299, 77399, 77499, 77799, 78099, 78199, 78299, 78399, 78499, 78599, 78699, 78799, 78999, 81479, 81599, 84999, 86486, 86999, 88099, 88199, 88299, 88399, 88749, 89240, 89398, 90399, 90749, 90899, 90999, 91299, 92499, 92700, 93799, 93998, 94799, 95199, 95999, 96379, 96549, 96999, 97039, 97139, 97799, 99199, 99429, , 99499, 99600, A0999, C9399, , J3490, J3590, J7599, L8048, L8499, J9999, J3591	
Upper Extremity Orthoses	L3956, L3980, L3982, L3984, L3995, L3999	MHMNC General DME
Upper Extremity Prosthesis	L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6684, L6890, L6895, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L8415, L8435, L8465, L8485, L8608, L8698, L8701, L8702	MHMNC General DME
Urinary Incontinence	53449, 53860, 64555, 64566, A4290, 64561, 64566, 64581, L8603, L8604, L8606 Inpatient Only: 53448	Incontinence Control Devices NCD (230.10) for codes 53445, 53446, 53447, 53448, 53449, L8603, L8604, and L8606. Sacral Nerve Stimulation for Urinary Incontinence LCA (A53016) for codes A4290, 64561, and 64581. Posterior Tibial Nerve Stimulation LCA (A52951) for code 64566. Milliman and Moda Health criteria for coverage guidance for codes 01937, 53860, and 64555.
Urine Drug Screening (Therapeutic Drug Monitoring)	G0431, G0434, 80102, 82570, 83986, 80299, 83789, 80164, 80184, 82491, 80299, 82541, 82542, 82543, 82544, 84311, 80100, 80101	Controlled Substance Monitoring and Drugs of Abuse LCD (L36707)
Urological Supplies	Non-Covered by Medicare: A4321, A4520, A4554, A9270	Urological Supplies LCD (L33803) and LCA (A52521)
Uvulopalatopharyngo-plasty (UPPP) / Uvulectomy	42140, 42145, 42160	MHMNC Obstructive Sleep Apnea - Surgical Treatment
Vacuum Erection Devices	Non-Covered by Medicare: L7900, L7902	Vacuum Erection Devices (VED) Policy Article (A52712)
Vagus Nerve Stimulator	L8680, L8682, L8683, L8685, L8686, L8687, L8788, 61885, 61886, 64553, 64568, 64569, 95970	Vagus Nerve Stimulators NCD (160.18)
Varicose Vein Surgery, Sclerotherapy, and Ablation	36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 75894	Treatment of Varicose Veins of the Lower Extremities LCD (L34010) and LCA (A57707)
Ventilators	E0450, E0460, E0461, E0463, E0464, E0465, E0466, E0467	Ventilators NCD (280.1) Joint DME MAC Publication "Correct Coding and Coverage of Ventilators" Respiratory Assist Devices LCD (L33800)
Vertebral Axial Decompression (i.e. DRX 9000, VAX-D, Alpha Spina System)	Non-Covered by Medicare: 97012	Vertebral Axial Decompression NCD (160.16)
Virtual Colonoscopy (CT Colonography)	74262 Non-Covered by Medicare: 74263 Provider may use an unlisted code or CT scan code.	eviCore
Viscosupplementation: Synvisc, Supartz, Hyalgan, Orthovisc, Euflexxa	J7318, J7321, J7323, J7324, J7325, J7326, J7328, J7329, J7331, J7332, Q9980	Magellan Rx
Vision Therapy	92065	2021 Moda Health Member Handbook: PPO, pg 103 PPORX Enhanced (PPO), pg 121 Central PPORX (PPO), pg 120 Metro PPORX (PPO), pg 120 Mid-valley PPORX (PPO), pg 121 NW PPORX (PPO), pg 120 Southern PPORX (PPO), pg 120
Voice Prosthesis	L8507, L8509, L8510, L8511, L8512, L8513, L8514, L8515	MHMNC General DME
Vyondys 53 (golodirsen)	J1429, J3490	Moda Health Pharmacy
Walker	Non-Covered by Medicare: E0144	Walkers LCD (L33791)

Description	CPT/HCPC Codes	Instructions
Weight Loss Drugs / Obesity Drugs	Including but not limited to: Meridia, Orlistat, Phenteramine.	Moda Health Pharmacy
Wheelchair Options & Accessories	E0988, E1012, E1028, E2295, E2359, E2398, E2366, E2626, E2627, E2628, E2630, E2631, E2632, E2633 Non-Covered by Medicare: E2230, E2300, E2358, E2360, E2362, E2367, E2610 Not valid for claim submission: E1296, E1297, E1298	Wheelchair Options & Accessories LCD (L33792) and Policy Article (A52504) Wheelchair Seating LCD (L33312)
Wrist Arthroscopy	29846	MCG S-1220 Wrist Arthroscopy
Wrist-Hand-Finger Orthosis	L3806, L3807, L3808, L3900, L3901, L3904, L3905, L3906, L3908, L3912, L3913, L3915, L3917, L3919, L3921, L3923, L3925, L3927, L3929, L3931, L3933, L3935	MHMNC General DME
Xiaflex	J0775	MCG A-0639 Collagenase, Injectable
X-Stop (Interspinous Distraction Device)	C1821, 22869	Medical necessity review - FDA indications and MHMNC Interspinous Decompression and Interlaminar Devices
Yescarta	Q2041	Magellan Rx
Zostavac (Shingles Vaccine)	90736	Medical necessity review required for members under age 60
Zulresso	J1632	Moda Health Pharmacy