

Procedures and services



Updated 1/23/2024

Applies to Texas membership

Groups: Certain Moda Health groups may not require prior authorization for listed services.

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
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
Clinical Trials	Prior authorization is required for participation in a clinical trial. The trial number, chart notes, protocol and signed consent should be
Therapeutic Drug Monitoring (Urine Drug Testing) (G0480, G0481) 80305, 80306, 80307 Not Covered: G0482, G0483, 0082U, 0227U	Prior authorization is NOT required but will be reviewed with claim submission for medical necessity and appropriate codes. Limits of 12 presumptive and 12 definitive apply. Please refer to Moda Health Medical Necessity Criteria for Therapeutic Drug Monitoring.
Nutritional Counseling - 97802, 97803, 97804	Reviewed for plan benefit availability and/or behavioral or medical necessity

Therapies and Alternative Care		
Texas members	www.ashlink.com	May apply to members with plans sold in and residing in the state of Texas. www.ashlink.com allows you to conveniently verify member eligibility/benefits, submit claims, and access the most current ASH materials.

Description	CPT/HCPC Codes	Instructions
Mental health and chemical dependency prior authorizations		
Assertive Community Treatment (ACT)	H0039, H0040	Coordinated Specialty Programs
Disease Management Program for Pain	S0315, S0317	Pain Schools
Early Assessment and Support Alliance (EASA)	H2016, H0240, H0241	Coordinated Specialty Programs
Intensive In-home Behavioral Health Treatment (IIBHT)	H0023	Coordinated Specialty Programs
Intensive Outpatient Services & Supports (IOSS)	H0037	Coordinated Specialty Programs
Inpatient Mental Health		MHMNC - Inpatient Mental Health. (Contact Moda within two days of an emergency admission)
Inpatient Substance Use Disorder	H0011	ASAM
Residential Mental Health	H0010, H0017, H0018, H0019, T2048	MHMNC - Psychiatric Residential Treatment-children and adults
Residential Chemical Dependency	H0011, H0012, H0013	ASAM
Partial Hospital Program Mental Health	H0035, H2012, S0201	MHMNC - Psych Partial Hospital and Intensive Outpatient Programs
Partial Hospitalization Chemical Dependency	H0035, H2012, S0201	ASAM
Intensive Outpatient Treatment--Mental Health	S9480	MHMNC - Psych Partial Hospital and Intensive Outpatient Programs
Applied Behavioral Analysis	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T	MHMNC - Applied Behavioral Analysis
Transcranial Magnetic Stimulation	90867, 90868, 90869	MHMNC – Transcranial Magnetic Stimulation
Nutritional Counseling for Eating Disorders	97802, 97803, 97804	MHMNC - Nutrition Therapy for Eating Disorders and Member Handbook Language for nutritional counseling

Medical/Surgical Services Prior Authorization List		
Description	CPT/HCPC Codes	Instructions/Criteria Moda Health Medical Necessity Criteria (MHMNC) or MCG™ Guidelines 27th Edition (MCG)
Air Transport - Non-emergent	A0430, A0431, A0435, A0436	Requires review by Medical Director
Airway Clearance Devices / Chest Percussors / Vest / Intrapulmonary Percussive Ventilation	A7025, A7026, E0480, E0481, E0482, E0483, E0484 <i>effective 8/1/2023 : K1027</i>	MHMNC for High Frequency Chest Wall Oscillation Devices
Artificial Disc Replacement	0095T, 0098T, 0163T, 0164T, 0165T, 22856, 22857, 22858, 22861, 22862, 22864, 22865, 0375T	MHMNC Intervertebral Disc Prosthesis
Auditory Brainstem Implant (ABI)	S2230, S2235	MHMNC Cochlear Implants and Auditory Brainstem Implants
Balloon Sinuplasty (Sinus surgery)	31295, 31296, 31297, 31298	MHMNC Sinus Surgery
Balloon Dilatation of Eustachian Tube	69705, 69706, 69799, C9745	MHMNC Balloon Dilatation of Eustachian Tube

Description	CPT/HCPC Codes	Instructions
Blepharoplasty and Brow Lift	15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908	MHMNC Blepharoplasty and Brow Ptosis CPT codes 15820, 15821, and 18524 are considered cosmetic and not covered.
Bone Growth Stimulators, Ultrasound and Electric	E0747, E0748, E0760, 20979	MCG A-0414 Bone Growth Stimulators, Ultrasonic MHMNC Bone Growth Stimulators, Electrical
BRCA Gene Mutation Testing	81211, 81212, 81213, 81214, 81215, 81216, 81217, 81162, 81163, 81164, 81165, 81166, 81167	MCG A-0499 Breast and Ovarian Cancer, Hereditary BRCA 1 and BRCA 2 genes
Breast Cancer Gene Expression Assays Oncotype DX, Endopredict, Mammaprint	81519 - Oncotype 81522 - Endopredict 81521 - Mammaprint	MCG A-0532 Breast Cancer Gene Expression Assays
Breast Implant Removal	19328, 19330	MHMNC Breast Implant Removal
Breast Reconstruction Surgery	11920, 11921, 11970, 11971, 15771, 15772, 15777, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, L8600, Q4100, Q4116, S2066, S2067, S2068	Always covered for reconstruction following mastectomy for breast cancer diagnosis. All other diagnoses are reviewed for medical necessity versus cosmetic. MHMNC Breast Reconstruction
Cardiac Defibrillator, External/Wearable	93745, E0617, K0606, K0607, K0608, K0609	MHMNC - Cardiac Defibrillators, External criteria
Cardiac Event Monitors (Loop recorders), Mobile Outpatient Cardiac Telemetry and Patchy-Type cardiac monitor	93228, 93229 (MOCT)	MCG A-0121 Loop records (non-implantable) MHMNC Mobile Outpatient Cardiac Telemetry MCG A-0374 Patchy-Type Cardiac Monitor
Cardiac rhythm monitor insertion or removal	33285, 33286	MCG Ambulatory Care Guidelines A-0122 - Loop Recorder (Cardiac Event Monitor), Implantable
Capsule endoscopy (Wireless)	91110, 91111, 91113	MCG A-0134 Capsule Endoscopy
Chelation Therapy - Home Infusion	S9355	Prior authorization required for medical necessity of the chelation therapy MCG A-0618 Infusion Pump
Cochlear Implantation/Removal	69930, L8614, L8619, L8694	MHMNC Cochlear Implants and Auditory Brainstem Implants
Colon Cancer Genetic Testing	81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301	MCG A-0533 Lynch Syndrome
Corneal Collagen X-linking for treatment of Keratoconus	0402T	MHMNC Treatment of Keratoconus
Dynasplint/JAS (or other mechanical stretching device)	E1800, E1801, E1802, E1805, E1806, E1810, E1811, E1818, E1825, E1831	MHMNC Mechanical Stretching Devices
Electrical stimulation device for cancer treatment	E0766	MCG A-0930 Alternating Electric Field Therapy MCG A-0241 Electrical Nerve Stimulation, Transcutaneous (TENS)
Epidural, facet, medial branch blocks and SI joint Injections	64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 27096, 62320, 62321, 62322, 62323	MHMNC Spinal Pain Injections
External Counterpulsation (Enhanced External Counterpulsation - EECp)	G0166, 92971	MCG A-0175 - Enhanced External Counterpulsation (EECP)
Facet Neurotomy/Rhizotomy	0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 64633, 64634, 64635, 64636	MCG A-0218 Facet Neurotomy
Gastric Bypass/Gastric Restrictive procedure/Office Visits for Obesity Management	43644, 43645, 43659, 43842, 43843, 43845, 43846, 43847, 43848, 43999, 43770, 43771, 43772, 43773, 43774, 43775, 43886, 43887, 43888	MHMNC Obesity: Surgical Management for groups without specific language for coverage in the member handbook. Check member policy or certificate of coverage to confirm benefit.
Gender Affirming Surgery	Multiple CPT codes apply with diagnosis codes for GID Female to Male procedures requiring prior authorization: 19301, 19302, 19303 Male to Female procedures requiring PA: 19325, 15771, 15772 Confirming surgery procedures: 54400, 54401, 54405, 54408, 54410, 54411, 54415, 54416, 54417, 55970, 55980, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57335, 54437, 54438 Facial Procedures: 14020, 14021, 14301, 14302, 14060, 14061, 15825, 15828, 15829, 20912, 21025, 21120, 21121, 21122, 21123, 21137, 21139, 21141, 21142, 21143, 21145, 21146, 21147, 21188, 21193, 21194, 21195, 21196, 21208, 21270, 21299, 30400, 30410, 30420, 30430, 30460, 30465, 67900	MCG Gender Affirming Surgery or Porcedure GRG

Description	CPT/HCPC Codes	Instructions
Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)	81161, 81200, 81201, 81202, 81203, 81204, 81205, 81209, 81210, 81228, 81229, 81235, 81236, 81240, 81241, 81242, 81243, 81244, 81246, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81260, 81270, 81280, 81281, 81282, 81288, 81289, 81290, 81302, 81303, 81304, 81313, 81317, 81318, 81319, 81330, 81331, 81321, 81322, 81323, 81324, 81325, 81326, 81237, 81339, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81415, 81416, 81417, 81425, 81426, 81427, 81430, 81431, 81435, 81436, 81440, 81445, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81519, 81599, 81412, 81432, 81433, 81434, 81437, 81438, 81442, 81535, 81538, 81540, 81545, 81595, 81413, 81414, 81422, 81439, 81539, 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81247, 81248, 81249, 81258, 81259, 81269, 81334, 81335, 81361, 81362, 81363, 81364, 81448, 81520, 81541, 83993	MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies
Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)	81345, 82642, 81333, 81596, 81518, 81326, 81237, 81233, 81320, 81305, 81443, 83722, 81306, 81171, 81172, 81204, 81173, 81174, 81177, 81178, 81183, 81179, 81180, 81181, 81182, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81234, 81239, 81284, 81285, 81286, 81271, 81274, 81312, 81332, 81343, 81344 0084U, 0085U, 0085U, 0086U, 0087U, 0088U, 0089U, 0090U, 0091U, 0094U, 0095U, 0101U, 0102U, 0103U, 0104U	MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies
Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)	81307, 81308, 81309, 81522, 81542, 81552 Unlisted codes for genetic tests: 81479, 81599, 84999 Priority Lab codes: 0003U, 0009U, 0012U, 0013U, 0014U, 0016U, 0017U, 0018U, 0027U, 0030U, 0031U, 0032U, 0033U, 0034U, 0035U, 0036U, 0037U, 0040U, 0045U, 0047U, 0048U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 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, 0203U, 0204U, 0205U, 0206U, 0207U, 0208U, 0209U, 0210U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0219U, 0220U, 0222U, 0016M	MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies
Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)	81168, 81191, 81192, 81193, 81194, 81278, 81279, 81338, 81339, 81347, 81348, 81351, 81352, 81357, 81360, 81419, 81523, 81546, 81554, 81560, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0242U 0243U, 0244U, 0245U, 0246U, 0247U, 0248U, 0249U, 0250U, 0252U, 0253U, 0254U, 0017M 0285U, 0286U, 0287U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0295U, 0296U, 0297U, 0299U, 0300U, 0301U, 0302U, 0306U, 0307U, 0313U, 0314U, 0315U, 0318U, 0319U, 0320U, 0321U, 0326U, 0329U, 0340U, 0388U, 0389U, 0391U, 0393U, 0395U, 0396U, 0397U, 0399U, 0400U, 81441, 81449, 81541, 81456, 84433	MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies
Genioplasty	81479, 81599, 84999	MCG SG-HNS Head and Neck Surgery May be included as part of orthognathic surgery, check member policy or certificate of coverage. Reviewed for medical necessity versus cosmetic.
Grenz Ray and Laser Treatment of Psoriasis	96900, 96920, 96921, 96922	MCG A-0256 Laser Therapy, Skin
Hearing Aids/Bone-Anchored Hearing Aids "BAHA"	69710, 69711, 69714, 69715, 69716, 69717, 69718, 69719, 69726, 69727, 69728, 69729, 69730, L8625, L8690, L8691, L8692, L8693, L8694	MCG A-0564 Hearing Aids, Bone Anchored Check member handbook. Hearing aids including BAHA may be a plan exclusion
Hip Replacement/Revision Surgery	27090, 27091, 27125, 27130, 27132, 27134, 27137, 27138, 52118	MCG S-560 Hip Arthroplasty
Hospital Beds - Semi-electric, full electric, extra wide beds	E0260, E0261, E0270, E0294, E0295, E0300, E0301, E0302, E0303, E0304, E0328, E0329	MHMNC Hospital Bed and Accessories for Home Use

Description	CPT/HCPC Codes	Instructions
Hyperbaric Oxygen Therapy (HBOT)	G0277	MHMNC Hyperbaric Oxygen Therapy
Interspinous Decompression and Interlaminar Stabilization Devices	22867, 22868, 22869, 22870, C1821	MHMNC Interspinous Decompression and Interlaminar Stabilization Devices
Intraoperative Neurophysiologic Monitoring	95940, 95941, G0453	Prior authorization is not required, however, medical necessity will be reviewed in claims. MHMNC Intraoperative Neurophysiologic Monitoring
Knee Cartilage Transplant	27412, 27415, 29866, 29867, 29868, J7330	MHMNC Knee Cartilage Transplant
Knee Replacement/Revision Surgery	27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487	MCG S-700 Knee Arthroplasty, Total
Kyphoplasty/Vertebroplasty	22510, 22511, 22512, 22513, 22514, 22515	MHMNC Kyphoplasty/Vertebroplasty
Left Ventricular Assist Device (LVAD) and Total Artificial Heart Implantation	33979, 33980, 33981, 33982, 33983, 33990, 33991, 33927, 33928, 33929, 33995	Review of transplant evaluation and transplant event required; MCG-SG-CVS Cardiovascular Surgery or Procedure
Lift Chairs/Patient Lift/Transfer Devices	E0627, E0629, E0630, E0635, E0636, E0637, E0639, E0640	MCG A-0885-AC Patient lift or Transfer Devices (Hydraulic or Mechanical) MCG A-0888 Seat Lift Mechanism
Low Air Loss Products (i.e. air mattresses)	E0181, E0182, E0184, E0185, E0186, E0187, E0193, E0194, E0196, E0197, E0198, E0199, E0277, E0372	MCG A-0348 Mattress and Mattress Overlay, Active (Dynamic)
Low Dose CT scan for Lung Cancer Screening	71250 71271	MHMNC Lung Cancer Screening MCG A-0028 Chest CT Scan
Lung Volume Reduction Surgery/Pneumonectomy/Lung removal	32480, 32482, 32484, 32486, 32488, 32491	MCG SG-TS Thoracic Surgery
Lymphedema Pump	E0650, E0651, E0652, E0655, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676	MCG A-0340 Intermittent Pneumatic Compression with Extremity Pump
Magnetic Resonance Imaging (MRI)	74712, 77046, 77047, 77048, 77049, 76497, 76498, 0648T, 0649T	MCG A-0055 Pelvic MRI MCG A-0048 Breast MRI
Mastectomy	19301, 19302, 19303, 19305, 19306, 19307	MCG S-862 Mastectomy, complete with insertion of breast prosthesis S-860 Mastectomy complete, S-864 Mastectomy, complete with tissue flap, S-858 Mastectomy, Partial
Muscle Stimulator/Electrical Stimulation Devices including Functional Electrical Stimulators	64580, E0744, E0745, E0764, E0770, A4560	MHMNC Electrical Stimulation Devices
Negative Pressure Wound Therapy	E2402, 97605, 97606, 97607, 97608	MHMNC Negative Pressure Wound Therapy
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, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7951, D7953, D7955, D7960	Check member policy or certificate of coverage as may be a benefit exclusion. MCG A-0247 Mandibular Osteotomy MCG A-0248 Maxillomandibular Osteotomy and Advancement
Orthosis, Spinal	L0450, L0452, L0454, L0456, L0458, L0460, L0462, L0464, L0466, L0468, 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, L0648, L0650, L0651, L0710, L1000, L1001, L1005, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120, L0970, L0972, L0974, L0976, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290, L0999, L1499 Prior Authorization required if item is over \$1500	MHMNC Durable Medical Equipment (DME) General Policy MCG A-0880 Lumbar, Lumbosacral and Thorolumbosacral Orthoses
Pain Infusion Pump Insertion - Epidural / Intrathecal	62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 96377	Moda Health Intrathecal Opioid Therapy for Management of Chronic Pain
Panniculectomy	15830	MHMNC Panniculectomy (Abdominal skin/fat surgery)
Pediatric Wheelchairs	E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0890, K0891	MHMNC Wheelchairs Manual, Wheelchairs Power
PET Scans	78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0235, G0252 78429, 78430, 78431, 78432, 78433, 78434	MCG A-0097 Myocardial Positron Emission Tomography (PET) and PET-CT
Peyronie's disease surgery/injections	54200, 54205, 54300, 54360	MCG SG-US
Port Wine Stain Treatment	17106, 17107, 17108	MCG SG-MS Musculoskeletal Surgery

Description	CPT/HCPC Codes	Instructions
Power Operated Vehicle (POV), Scooters	K0800, K0801, K0802, E1230	MCG A-0352 Scooters
Power and Manual Wheelchair Accessories	E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E2329, E2330, E1018, E2351, E2368, E2369, E2370, E0985, E0986, E1030, E1225, E1226, E1399, K0108, E0950	MCG A-0353 Wheelchairs, Power MCG A-0354 Wheelchairs, Manual MHMNC Push-Rim Activated Power-Assist Device for Manual Wheelchair
Power Wheelchair Accessories	E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1010, E2329, E2330, E2374, E2375, E2376, E2377, E1012, E2351, E2368, E2369, E2370, K0108, E1399	MCG A-0353 Wheelchairs, Power
Power Wheelchair Bases	K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0864	MCG A-0353 Wheelchairs - Power
Prosthetic (including Maxillofacial)	D5911 - D5999, L5000 - L5999, L6000 - L6999, L7000 - L7999, L8000 - L8698 - L8702, L8901, L9000 - L9900, V2623 - V2629, V5095	MHMNC Durable Medical Equipment (DME) General Policy
Rectal Control System	A4563	MCG
Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465	Non cosmetic Rhinoplasty requests - MCG A-0184 Rhinoplasty
Shoulder Replacement (Arthroplasty)	23470, 23472	MCG S-634 Shoulder Arthroplasty
Skin Substitutes - Bioengineered Tissue Grafts	Q4100, Q4101, Q4102, Q4104, Q4105, Q4106, Q4107, Q4112, Q4116, Q4122, Q4128, Q4130, Q4131, Q4132, Q4133, Q4145, Q4186, Q4187, Q4199	MHMNC Skin and Tissue Substitutes - Engineered Please see "Always Not Covered List" for additional Skin Substitute codes
SPECT Scans - Non Cardiac	78803, 78830, 78831, 78832, 0742T	MCG A-0090 (Brain), MCG A-0091 (Lung), MCG A-0066, MCGA-0084, MCG A-0087 (Gallium Scan, Parathyroid Scan, Somatostatin Receptor Scintigraphy)
Spinal Surgeries	63003, 63012, 63016, 63017, 63030, 63035, 63042, 63044, 63047, 63055, 63056, 63057, 63064, 63066, 63077, 63078, 63081, 63082, 63085, 63086, 63088, 22532, 22548, 22554, 22590, 22855, 22899, 22551, 63001, 63005, 63015, 63045, 63046, 63048, 63050, 63051, 63077, 63090, 22600, 0202T, 22851, 22224, 22533, 22830, 22852, 22558, 22610, 22630, 22633, 22634, 22800, 22802, 22804, 22818, 22819, 22612, 63087, 22810, 22100, 22110, 22112, 22114, 22116, 22207, 22208, 22210, 22212, 22216, 22220, 22222, 22226, 22532, 22534, 22548, 22552, 22808, 22812, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22850, 22851, 22865, 63662, 63663, 22206, 63090, 63101, 63102, 63103, 63170, 22214, 22632, 63001, 63015, 63045, 63048, 63050, 63051, 63020, 63040, 63043, 63091, 63185, 63190, 22595, 22556, 22853, 22854, 22859, 62380, 0775T	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
Spinal Cord Stimulator (implantable neurostimulator electrode, radiofrequency transmitter - external or peripheral nerve stim)	E0749, 63650, 63655, 63685, 64575, 64580, 64581, 64590, 95972, L8680, C1823	MHMNC Spinal Cord Stimulators
Standers/Standing Frames	E0637, E0638, E0641, E0642	MHMNC Standers/Standing frames
Stereotactic Radiosurgery / Radiotherapy	20982, 32701, 61796, 61798, 63620, 77371, 77372, 77373, 77422, 77423, 77432, 77435, 77520, 77522, 77523, 77525, G0339, G0340	MCG A-0423 Stereotactic Radiosurgery MCG A-0718 Radiofrequency Ablation of Tumor MCG A-0694 Stereotactic Body Radiotherapy
Tissue Transfer or Rearrangement	14301, 14302	MCG PG-WS
Thoracic Sympathectomy (for diagnosis of Hyperhidrosis)	32664	MCG S-1072 Sympathectomy by Thoracoscopy or Laparoscopy
TMJ Splints	21085, 21089, 21100, 21110	Refer to member policy or certificate of coverage -MHMNC TMJ Treatment-
TMJ Surgeries	29800, 21240, 21242, 21243, 29804	MCG A-0523 - TMJ Joint Arthroplasty MCG A-0492 - TMJ Arthroscopy

Description	CPT/HCPC Codes	Instructions
Total Joint Surgery (Elbow, shoulder, ankle, etc) For Total Knee and Total Hip Replacements check specific section	27700, 27702, 27703, 24360, 24361, 24362, 24363, 23470, 23472, 29899	MCG S-420 Elbow Arthroplasty MCG S-634 Shoulder Arthroplasty MCG SG-MS Musculoskeletal Surgery for other joint replacements not listed.
Transoral Incisionless Fundoplication (TIF) EsophyX	43210	MHMNC - Endoscopic Treatment of GERD
Transplants	S2053, S2054, S2055, S2060, S2065, S2150, S2152, 38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38240, 38241, 38242, 32850, 32851, 32852, 32853, 32854, 32855, 32856, 33930, 33945, 38230, 38232, 38240, 38241, 44132, 44133, 44135, 44136, 47133, 47135, 47136, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48160, 48550, 48551, 48552, 48554, 48556, 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380, 50547	Review of transplant evaluation and transplant event required.
Urinary Incontinence	64561, 64566, 64555	MHMNC Urinary Incontinence Treatment Not covered: E0740
Uterine Fibroid Ablation - Transcervical	0404T	MCG A-0718 Radiofrequency Ablation of Tumor
Uvulopalatopharyngo-plasty (UPPP) / Uvulectomy	42140, 42145, 42160, S2080 C9749 - may be used with OSA surgery	MHMNC Obstructive Sleep Apnea - Surgical Treatment
Vagus Nerve Stimulator	61885, 61886, 64553, 64568, 64569, 64582, 64583, 64584 L8680, L8682, L8683, L8685, L8686, L8687, L8788	MHMNC Vagus Nerve Stimulation Experimental/Investigational codes: 0312T, 0313T, 0314T, 0315T, 0316T, 0317T
Virtual Colonoscopy (CT Colonography)	74261, 74262, 74263	MHMNC Virtual Colonoscopy