

Procedures and services



Updated 10/1/2026

Applies to Texas membership

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

Please verify prior authorization or medical necessity review requirements by contacting customer service.

Services requiring prior authorization
“Cosmetic & Reconstructive” – Cosmetic surgery is not covered. All reconstructive procedures, including surgical, dental and orthodontic repair of birth defects, must be medically necessary and prior authorized or benefits will not be paid.

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
Clinical Trials	Prior authorization 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) (G0480, G0481) 80305, 80306, 80307 Not Covered: G0482, G0483, 0082U, 0227U, 0517U, 0518U, 0519U, 0520U	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 Therapy - 97802, 97803, 97804	Reviewed per member handbook language for nutritional therapy plan benefit availability and/or MHMNC- Medical Nutrition Therapy

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.
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Mental Health and Substance Abuse Disorder prior authorizations

Description	CPT/HCPC Codes	Instructions
Assertive Community Treatment (ACT)	H0039, H0040	MHMNC-Coordinated Specialty Programs
Disease Management Program for Pain	S0315, S0317	MHMNC- Disease Management for Pain (Pain Schools)
Early Assessment and Support Alliance (EASA)	H2016, H0240, H0241	MHMNC - Coordinated Specialty Programs
Intensive In-home Behavioral Health Treatment (IIBHT)	H0023	MHMNC - Coordinated Specialty Programs
Intensive Outpatient Services & Supports (IOSS)	H0037	MHMNC - 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 Substance Use Disorder	H0011, H0012, H0013	ASAM
Partial Hospitalization Mental Health	H0035, S0201	MHMNC - Psych Partial Hospital and Intensive Outpatient Programs
Partial Hospitalization Substance Use Disorder	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 Therapy for Eating Disorders	97802, 97803, 97804	Reviewed per member handbook language for nutritional therapy plan benefit availablilty and/or MHMNC - Medical Nutrition Therapy

Medical/Surgical Services Prior Authorization List

Description	CPT/HCPC Codes	Instructions/Criteria Moda Health Medical Necessity Criteria (MHMNC) or MCG™ Guidelines 28th Edition (MCG)
Achalasia treatment-surgery (POEM)	43497	MHMNC Surgical Treatment of Achalasia
Advanced Imaging (MRI, MRA, CT, CTA) for authorizations	eviCore advanced imaging procedures and services	Requests for advanced imaging are performed by eviCore at www.eviCore.com
Air Transport - Non-emergent	A0430, A0431, A0435, A0436	Requires review by Medical Director

Description	CPT/HCPC Codes	Instructions
Airway Clearance Devices / Chest Percussors / Vest / Intrapulmonary Percussive Ventilation	A7025, A7026, E0469, E0480, E0481, E0482, E0483, E0484, K1027	MHMNC for High Frequency Chest Wall Oscillation Devices
Artificial Disc Replacement	0095T, 0098T, 0163T, 0164T, 0165T, 22856, 22857, 22858, 22860, 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 Dilation of Eustachian Tube	69705, 69706, 69799, C9745	MHMNC Balloon Dilation of Eustachian Tube
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, 81479	MCG A-0499 Breast and Ovarian Cancer, Hereditary BRCA 1 and BRCA 2 genes, MCG 0162 Prostate Cancer BRCA1 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, 11922, 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 contractility modulation system	effective 7/1/2025: 0408T, 0409T	Requests are reviewed by eviCore
Cardiac Defibrillator, External/Wearable	93745, E0617, K0606, K0607, K0608, K0609	MHMNC - Cardiac Defibrillators, External
Cardiac Event Monitoring-Mobile Outpatient Cardiac Telemetry	93228, 93229 (MOCT)	MHMNC Mobile Outpatient Cardiac Telemetry
Cardiac rhythm monitor insertion or removal	33285, 33286	MCG Ambulatory Care Guidelines A-0122 - Loop Recorder (Cardiac Event Monitor), Implantable
Cardiology service including stress tests, echocardiography, diagnostic angiograms, and pacemakers,prior authorization is required with eviCore	eviCore cardiology procedures and services	Requests for pacemakers, angiograms, nuclear studies, and echocardiograms are being performed by eviCore at www.eviCore.com
Carotid sinus baroreflex activation device implantation or replacement	0266T	Requests reviewed by eviCore
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 Corneal Collagen Cross-linking for Treatment of Keratoconus
Dynasplint/JAS (or other mechanical stretching device)	E1800, E1801, E1802, E1805, E1806, E1810, E1811,E1818, E1825, E1831 <i>New effective 1/1/2025</i> : E1803, E1804, E1807, E1808, E1813, E1814, E1822, E1823, E1826, E1827, E1828, E1829	MHMNC Mechanical Stretching Devices
Electrical stimulation device for cancer treatment	E0766, E0767	MCG A-0930 Alternating Electric Field Therapy MCG A-0241 Electrical Nerve Stimulation, Transcutaneous (TENS)
Epidural, facet, medial branch blocks and SI joint Injections	eviCore MSK interventional pain management procedures	Requests for pain injections, advanced imaging are being performed by eviCore at www.eviCore.com .
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

Description	CPT/HCPC Codes	Instructions
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, C9784, C9785 <i>effective 1/1/2026: 43899</i>	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 <i>Effective 9/1/2025 :</i> 56620 <i>Effective 3/26/26 :</i> 15775, 15776	MCG Gender Affirming Surgery or Procedure GRG
Genetic testing (Autosomal Recessive and X-linked Disease Carrier Screening - Expanded Gene Panels)	0400U, 81479	Autosomal Recessive and X-linked Disease Carrier Screening - Expanded Gene Panels
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
Harvest, preparation, application of skin cell suspension autograft	15011, 15012, 15013, 15014, 15015, 15016, 15017, 15018	MCG PG-WS Wound and Skin Management GRG
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 obtained through eviCore for members enrolled in MSK program	eviCore MSK joint surgery procedures	Requests for hip replacements/revisions are being performed by eviCore at www.eviCore.com
Hospital Beds - Semi-electric, full electric, extra wide beds	E0260, E0261, E0270, E0294, E0295, E0300, E0301, E0302, E0303, E0304, E0328, E0329	Check EBT for member enrollment
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 surgeries including knee replacements and arthroscopies PA via eviCore	eviCore MSK joint surgery procedures	Requests for knee replacement and arthroscopies are being performed by eviCore. Guidelines at www.evicore.com . Check EBT for member enrollment
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	Review with eviCore guidelines www.evicore.com

Description	CPT/HCPC Codes	Instructions
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, E0683	MCG A-0340 Intermittent Pneumatic Compression with Extremity Pump
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
MRgFUS treatment for essential tremors	<i>effective 1/1/2025:</i> 61715 replaces 0398T	MHMNC MRgFUS treatment for essential tremors
Muscle Stimulator/Electrical Stimulation Devices including Functional Electrical Stimulators	64580, E0744, E0745, E0764, E0770, A4560 <i>effective 1/1/2026 :</i> 64567	MHMNC Electrical Stimulation Devices
Negative Pressure Wound Therapy	E2402, 97605, 97606 Not Covered: A9272, 97607, 97608	MHMNC Negative Pressure Wound Therapy
Orthodontic Treatment for Cranofacial Anomalies	Effective 6/8/2024: 21085, 21088, 21089, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21210, 21215, 21247, 21255, 40702, 40799	MHMNC Orthodontic Treatment for Cranofacial Anomalies
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, L072 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 <i>Effective 4/1/2025:</i> L0720 <i>effective 10/1/2025 :</i> L1007 Prior Authorization required if item is over \$1500	MHMNC Durable Medical Equipment (DME) General Policy MCG A-0880 Lumbar, Lumbosacral and Thoralumbosacral Orthoses
Pain Infusion Pump Insertion - Epidural / Intrathecal	62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362	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	eviCore advanced imaging procedures	Requests for PET Scans are reviewed through eviCore
Phrenic nerve stimulator	33276, 33277, 33287, 93150	MCG A-0974: Phrenic Nerve Stimulation, Implantable
Port Wine Stain Treatment	17106, 17107, 17108	MCG SG-MS Musculoskeletal Surgery
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

Description	CPT/HCPC Codes	Instructions
Power Wheelchair Bases	K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0831, 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, L5827, L6028, L6029, L6030, L6031, L6032, L6033, L6700, L7406	MHMNC Durable Medical Equipment (DME) General Policy
Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465	Non cosmetic Rhinoplasty requests - MCG A-0184 Rhinoplasty
Shoulder replacement (Arthroplasty) and shoulder surgeries PA through eviCore for members in MSK program	eviCore MSK joint surgery procedures	eviCore guidelines for shoulder surgeries located at www.evicore.com
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 PA no longer required for CPT 0742T	eviCore guidelines for Advanced Imaging procedures located at www.evicore.com
Spinal surgery, prior authorization is obtained through eviCore for members. Check EBT for member enrollment	eviCore MSK spine procedures and services	prior authorization is obtained through eviCore for members. Check EBT for member enrollment. Guidelines at www.evicore.com
Spinal Cord Stimulator (implantable neurostimulator electrode, radiofrequency transmitter - external or peripheral nerve stim) for members with eviCore MSK, prior authorization is obtained through eviCore	eviCore MSK interventional pain management procedures	Authorization for members enrolled in eviCore MSK program are obtained through eviCore.
Standers/Standing Frames	E0637, E0638, E0641, E0642	MHMNC Standers/Standing frames
Stereotactic Radiosurgery / Radio-therapy	20982, 32701, 61796, 61798, 63620, 77371, 77372, 77373, 77422, 77423, 77432, 77435, 77520, 77522, 77523, 77525, G0339, G0340 <i>Effective 1/1/2025</i> : G0562, G0563 <i>Effective 9/1/2025</i> : 61797 <i>Effective 1/1/2026</i> : 60660, 60661	MCG A-0423 Stereotactic Radiosurgery MCG A-0718 Radiofrequency Ablation of Tumor MCG A-0694 Stereotactic Body Radiotherapy
Surface radiation therapy	<i>Effective 1/1/2026</i> : 77436, 77437, 77438, 77439	MHMNC Surface Radiation Therapy for NMSC
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
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 <i>effective 1/1/2024</i> : 0816T, 0817T, 0818T, 0819T	MHMNC Urinary Incontinence Treatment Not covered : E0740
Uterine Fibroid Ablation - Transcervical	58580	MCG A-0718 Radiofrequency Ablation of Tumor

Description	CPT/HCPC Codes	Instructions
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 <i>effective 1/1/2024:</i> 61889, 61891, 61892, 64596, 64597, 64598 <i>effective 1/1/2025 :</i> 0908T, 0909T	MHMNC Vagus Nerve Stimulation