

Procedures and services requiring prior authorization



Moda Health Medicare Advantage	
Updated 07.12.19	
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.
Specialty Drugs	Prior authorization is required for select specialty drugs through Magellan RX Management at: https://specialtydrug.magellanprovider.com/MagellanProvider/do/LoadHome
Self-Injectable Drugs	As of 1/1/2016, prior authorization for self-injectable medications will be 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 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. DME requests may require prior authorization or 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 Medicare Advantage and PERS Medicare Advantage adhere 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 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	0359T, 0360T, 0361T, 0362T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0373T, 0374T	MHMNC - Applied Behavioral Analysis
Transcranial Magnetic Stimulation	90867, 90868, 90869	MCG A-0240
Medical/Surgical Services Prior Authorization List		
Ablation, Cryosurgical of Fibroadenoma	19105	Medical Necessity Review
Acupuncture	97810 - Non-Covered by Medicare 97811 - Non-Covered by Medicare 97813 - Non-Covered by Medicare 97814 - Non-Covered by Medicare	Acupuncture National Coverage Determination (NCD) 30.3. Acupuncture for Fibromyalgia National Coverage Determination (NCD) 30.3.1 Acupuncture for Osteoarthritis National Coverage Determination (NCD) 30.3.2
Air Ambulance	A0430, A0431, A0435, A0436	Air Transport Documentation Checklist. Medicare Benefit Policy Manual Chapter 10, Section 10.4.
Akynzeo IV	J1454	Magellan Rx
Alglucosidase alfa (Lumizyme)	J0221	Magellan Rx
Aliqopa	J9057	Magellan Rx
Allergy Testing - RAST and ALCAT	82785, 83516 86001, 86003, 86005, 86849 New Code 1.1.2018: 86008	MHMNC for Allergy Testing, Blood
Allograft	Z0932, Z0933, Z0934	Medical necessity review required
Alpha 1 Proteinase Inhibitor (GLASSIA)	J0257	Magellan Rx
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, 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 L2840 - Non-Covered by Medicare L2850 - Non-Covered by Medicare L4398 - Non-Covered by Medicare L4394 - Non-Covered by Medicare	AFO/KAFO Documentation Checklist/AFO/KAFO Local Coverage Determination (LCD) L33686AFO/KAFO Policy Article AS2457
Applied Behavior Analysis	0359T - Non-Covered by Medicare 0360T - Non-Covered by Medicare 0361T - Non-Covered by Medicare 0362T - Non-Covered by Medicare 0363T - Non-Covered by Medicare 0364T - Non-Covered by Medicare 0365T - Non-Covered by Medicare 0366T - Non-Covered by Medicare 0367T - Non-Covered by Medicare 0368T - Non-Covered by Medicare 0369T - Non-Covered by Medicare 0370T - Non-Covered by Medicare 0371T - Non-Covered by Medicare 0372T - Non-Covered by Medicare 0373T - Non-Covered by Medicare 0374T - Non-Covered by Medicare	Non-Covered Services Local Coverage Determination (LCD) L35008. Noridian Medicare CPT Category III Non-Covered and Covered Codes.
Artificial Larynx	L8500, L8505	MHMNC General DME
Auditory Brainstem Implant (ABI)	S2230, S2235	
Auditory Osseointegrated Device	L8691, L8692 - Non-Covered by Medicare	Reference Milliman and Moda Criteria for coverage guidance of L8691.
Avastin (bevacizumab)	J9035, C9257	MHMNC for Avastin for Intraocular Injections (Invitrel, injections into the eye). All other uses require PA through MagellanRx National Coverage Determination (NCD) 100.17

Description	CPT/HCPC Codes	Instructions
Behavior Identification Assessment and Treatment	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158	Medical necessity review required
Benign Skin Lesion Removal	17106, 17107, 17108 - Laser Removal 17110, 17111 - Laser or Cryotherapy	(LCD): L33979 Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs) For Treatment of Actinic Keratosis, See NCD 250.4.
Besponsa	J9229	Magellan Rx
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 Documentation Checklist. Blepharoplasty & Browlift Local Coverage Determination (LCD) L36286. CMS CBG Billing and Coding Guidelines for Cosmetic Services.
Botox Injections	J0585, J0586, J0587, J0588	Magellan Rx
BRCA Gene Mutation Testing	81162, 81211, 81212, 81213, 81214, 81215, 81216, 81217, 81432, 81445, 81455, 81479, 81163, 81164, 81165, 81166, 81167	Medicare LCD L36163 - BRCA1 and BRCA2 Genetic Testing
Breast Brachytherapy/ Partial Breast Irradiation / Brachytherapy	19296, 19297, 19298, 77326, 77327, 77328, 77750, 77761, 77762, 77763, 77776, 77777, 77778, 77785, 77786, 77787, 77789, 77767, 77768, 77770, 77771, 77772	MCG 5-0270 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, Q41161 LOS: 11920, 11921, 11970, 11971, 15777, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, C1789, L8600, Q41003 LOS: 19361, 19364, 19366, 19367, 19368, 19369Inpatient	Breast Reconstruction Following Mastectomy National Coverage Determination (NCD) 140.2
Breast Reduction /Augmentation Surgery	19316, 19318, 19324, 19325	CMS CBG Billing and Coding Guidelines for Cosmetic Services Medicare LCD L37020 - Plastic Surgery MHMNC Breast Reconstruction
Brineura	J0567	MHMNC Brineura
Bronchial Thermoplasty	C9730, C9731, 31660, 31661	Medical Director Review
Calprotectin, Fecal	83993 - Non-Covered by Medicare	Medicare OPSS Status Indicator X - Statutorily not covered
Capsule Endoscopy	91110, 91111, 91299, 44799	Capsule Endoscopy Documentation Checklist.Endoscopy National Coverage Determination (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 Criteria for coverage guidance.
Cardiac Angiography (Catheterization)	92920, 92924, 92928, 93460, 93461, 93462, 93452, 93454, 93456, 93457, 93458, 93530, 93531, 93532, 93533, 93539, 93540, 93542, 93543, 93545, 93555, 93556, 93571	Reference Milliman and Moda Criteria for coverage guidance.
Cardiac Rehabilitation	93797, 93798, G0422, G0423	Cardiac Rehabilitation Documentation Checklist. Code of Federal Regulations (CFR) Title 42
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	This applies to PERS AND Medicare Advantage eviCore Cardiology Imaging/diagnostic codes: 33206, 33207, 33208, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33240, 33249, 33262, 33263, 33264, 33274, 33285, 0319T, 0388T, 75571, 75572, 75573, 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93462, 93530, 93531, 93532, 93533, 93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317, 93318, 93320, 93321, 93325, C8921, C8922, C8923, C8924, C8928, C8929, C8930, 93350, 93351, 93352, 75557, 75559, 75561, 75563, 75565, 78451, 78452, 78453, 78454, 0399T, 78459, 78491, 78492	eviCore
Cardiovascular Disease Screening Tests	80061, 82465, 83718, 84478	CMS Quick Reference for Preventative Services Medicare LCD L36362; MolDX BioMarkers in Cardiovascular Risk Assessment (if not preventive as previously noted)
Carotid Sinus Baroreflex System for Hypertension	0269T, 0270T, 0271T 0266T - Non-Covered by Medicare 0267T - Non-Covered by Medicare 0268T - Non-Covered by Medicare 0272T - Non-Covered by Medicare 0273T - Non-Covered by Medicare	Noridian Medicare CPT Category III Non-Covered and Covered Codes Carotid Body Resection/Carotid Body Denervation National Coverage Determination (NCD) 20.18
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	I0710, L1000, L1001, L1005, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120	MHMNC General DME
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 Documentation ChecklistCochlear Implantation National Coverage Determination (NCD) 50.3, Code Specific details found in MLN Matters MM3796
Colectomy	4 LOS (Inpatient Only): 44204, 44205, 44206, 44207, 44208, 44210, 44211, 44212, 44213 LOS (Inpatient Only): 44140, 44141, 44143, 44144, 44145, 44146, 44147, 441606 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	MolDX Specific to Test
Compounded Drug, Not Otherwise Classified	J7999, Q9977 (replaced with J7999 as of 1/1/16)	Re: J7999, Reference Noridian Medicare Coverage Articles Intracocular Bevacizumab Coding/Billing GuidelinesReference Milliman

Description	CPT/HCPC Codes	Instructions
Compression Stockings	A6531, A6532, A6545: A6530 - Non-Covered by Medicare A6533 - Non-Covered by Medicare A6534 - Non-Covered by Medicare A6535 - Non-Covered by Medicare A6536 - Non-Covered by Medicare A6537 - Non-Covered by Medicare A6538 - Non-Covered by Medicare A6539 - Non-Covered by Medicare A6540 - Non-Covered by Medicare A6541 - Non-Covered by Medicare A6544 - Non-Covered by Medicare A6549 - Non-Covered by Medicare	Compression Stockings Documentation Checklist. Surgical Dressings Local Coverage Determination (LCD) L33831. Surgical Dressings Policy Article A52491.
Computer Aided Detection (CAD)	77052, 77063, 77051, 0159T - Non-Covered by Medicare 0174T - Non-Covered by Medicare 0175T - Non-Covered by Medicare	Mammograms National Coverage Determination (NCD) 220.4.CPT Category III Covered and Non-Covered Codes.
Computer Assisted Navigation for Musculoskeletal Procedures	20985, 20986, 20987 0054T - Non-Covered by Medicare 0055T - Non-Covered by Medicare	MHMNC for Computer Assisted Navigation 20985, 20986, and 20987. Reference Noridian Category III Non Covered CPT Codes and Non-Covered Services Local Coverage Determination (LCD) L35008 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	K0553, K0554 A9276 - Non-Covered by Medicare A9277 - Non-Covered by Medicare A9278 - Non-Covered by Medicare New Code 1.1.2018 - 95249	Glucose Monitors Local Coverage Determination (LCD) L33822; Glucose Monitors Policy Article A52464 CMS Ruling 1682R
Continuous Positive Airway Pressure (CPAP) Device	E0601	CPAP Documentation Checklist. CPAP National Coverage Determination (NCD) 240.4. CPAP Local Coverage Determination (LCD) L33718 CPAP Policy Article A52467.
Continuous Passive Motion Device (CPM)	E0935, E0936	CPM Documentation Checklist. National Coverage Determination (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 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, 92997A-1 LOS: 92986, 92987, 92990, 92998 92992 - Inpatient Only 92993 - Inpatient Only	Coronary Stents/Angioplasty Documentation Checklist. Percutaneous Transluminal Angioplasty National Coverage Determination (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.
Crysvita	J0584	Magellan Rx
Cystic Fibrosis Genetic Carrier Testing	81220 - Non-Covered by Medicare 81221 - Non-Covered by Medicare 81222 - Non-Covered by Medicare 81223 - Non-Covered by Medicare 81224 - Non-Covered by Medicare	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 Local Coverage Article (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
Dermal Filler Injection(s)	Q2026, Q2028	National Coverage Determination (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 Documentation Checklist Diabetic Shoes Local Coverage Determination (LCD) L33369 Diabetic Shoes Policy Article A52501
DME Repair/Replacement		DME Repair/Replacement Documentation Checklist. Jurisdiction D Supplier Manual Chapter 5. Medicare Benefit Policy Manual 100-02, Chapter 15, Section 110.2.
Durolane	J7318	Magellan Rx
Dynamic Spine Stabilization Device Systems (Dynesys)		Send to MD for review
Dynasplint/IAS/Mechanical Stretching Devices	E1800, E1801, E1802, E1805, E1806, E1810, E1811, E1812, E1815, E1816, E1818, E1825, E1830, E1831, E1840, E1841	Medicare LCD L33686 for AFO/KAFO
Ear Piercing	69090	Review for Medical Necessity vs Cosmetic
Elbow Arthroscopy	29838	MCG S-421 Elbow Arthroscopy
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

Description	CPT/HCPC Codes	Instructions
Electric Hand/Hook/Elbow	L6880, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191	MHMC General DME
Electroretinography (ERG)	92273, 92274, 0509T	Medical necessity review required
Enbrel	J1438	Self-Administered Drug Exclusion List R8 Local Coverage Article (LCA) A53033Reference Milliman and Moda Criteria for coverage
Endoscopic Anti-Reflux Procedures for the Treatment of Gastroesophageal Reflux Disease	43236, 43289, C9724 43257 - Non-Covered by Medicare	MHMC Endoscopic Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD) criteria Non-Covered Services Local Coverage Determination (LCD) L35008.
Enteral Nutrition	B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B9000, B9002, B9998, S9433 B4102 - Non-Covered by Medicare B4103 - Non-Covered by Medicare	Enteral Nutrition Documentation Checklist Enteral Nutrition Local Coverage Determination (LCD) L33783 Enteral Nutrition Policy Article A52493
Esophagoscopy, Upper Outpatient Services	43200, 43201, 43202, 43204, 43205, 43212, 43215, 43217, 43220, 43226, 43231, 43232	NO PA Required
Evacuation of Meibomian Glands (Lipiflow device)	0207T - Non-Covered by Medicare	Noridian Category III Non Covered CPT CodesNon-Covered Services Local Coverage Determination (LCD) L35008
eviCore Advanced Imaging Codes	This applies to PERS Medicare and Medicare Advantage Plans Advanced imaging codes for eviCore groups: 76376, 76377, 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 70492, 72128, 72129, 72130, 72132, 72133, 72191, 72192, 72193, 72194, 72197, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 74263, 75635, 76380, 76497, 70492, 77078, 0042T, 0159T, S8032, S8080, S8092, G0297, 77058, 77059, 70544, 70545, 70546, 70547, 70548, 70549, 71555, 72159, 72198, 73225, 74185, C8900, C8901, C8902, C8910, C8911, C8912, C8914, C8920, 70492, 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, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73723, 74181, 70492, 74182, 74183, 74712, 74713, 74713, 76390, 76391, 76498, 76978, 76979, 77046, 77047, 77048, 77049, 77084, C8903, C8905, C8906, C8907, C8908, S8037, S8042, 0398T, 78699, 78414, 78428, 78445, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78494, 78496, 78499, 78012, 78013, 78014, 70492, 78015, 78016, 78018, 78020, 78070, 78071, 78072, 78075, 78102, 78103, 78104, 78140, 78185, 78195, 78201, 78202, 78205, 78206, 78215, 78216, 78226, 78227, 78230, 78231, 78232, 78258, 78261, 78262, 78264, 78265, 78266, 78278, 78290, 78291, 78300, 78305, 78306, 78315, 78320, 78457, 78458, 78579, 78580, 78582, 78597, 78598, 78600, 78601, 78605, 78606, 78607, 78610, 78630, 78635, 78645, 78647, 78650, 78660, 78700, 78701, 78707, 78708, 78710, 78725, 78730, 78740, 78761, 78800, 78801, 78802, 78803, 78804, 78805, 78806, 78807, 78608, 78609, 78811, 78812, 78813, G0219, G0235, G052, S8085, 78814, 78815, 78816	eviCore
eviCore Spine Surgery	This applies to Medicare Advantage AND PERS Medicare Advantage PERS Non Medicare is reviewed by the Moda RN eviCore Spine Surgery codes: 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, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22851, 22853, 22854, 22856, 22857, 22858, 22859, 22864, 22865, 22867, 22868, 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, 64088, 63090, 63091, 0164T	eviCore/NCD/LCD's, Moda, Milliman
External Counterpulsation (Enhanced External Counterpulsation - EECp)	G0166 92971 - Inpatient Only	External Counterpulsation Documentation Checklist. External Counterpulsation Therapy for Severe Angina National Coverage Determination (NCD) 20.20
External Defibrillators	93745, E0617, K0606, K0607, K0608, K0609	Automatic External Defibrillators Documentation Checklist. Automatic External Defibrillators Local Coverage Determination (LCD) L33690. Automatic External Defibrillators Policy Article A52458.
External Infusion Pumps	E0784 A9274 - Non-Covered by Medicare	External Infusion Pumps Documentation Checklist. External Infusion Pumps Local Coverage Determination (LCD) L33794. External Infusion Pumps 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 Documentation Checklist. Eye Prostheses Local Coverage Determination (LCD) L33737. Eye Prostheses 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 Local Coverage Determination (LCD) L34995
Facial Moulage (Sectional/Complete)	D5911, D5912	Reference Milliman and Moda Criteria for coverage guidance.
Facial Prostheses	L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049	Facial Prostheses Documentation Checklist. Facial Prostheses Local Coverage Determination (LCD) L33738. Facial Prostheses Policy Article A52463.
Faserna	J0517	Magellan Rx

Description	CPT/HCPC Codes	Instructions
First Trimester Screening for Down Syndrome (Also known as: Nuchal Translucency Test)	83632 - Non-Covered by Medicare 84702 - Non-Covered by Medicare	
Fiolan (Epoprostenol)	J1325	Fiolan (Epoprostenol) Documentation Checklist External Infusion Pumps Local Coverage Determination (LCD) L33794 External Infusion Pumps Policy Article A52507
Forehead Reduction	21137, 21138, 21139	Medical Necessity Review
Functional Electrical Stimulation Devices	E0764, E0770	Functional Electrical Stimulation Devices Documentation Checklist. National Coverage Determination (NCD) 160.12. Noridian Functional Electrical Stimulation Devices Coding and Coverage Document.
Gastric Bypass/Gastric Restrictive Procedure	43659, 43999, 43770 43644 - Inpatient Only 43645 - Inpatient Only 43843 - Inpatient Only 43845 - Inpatient Only 43846 - Inpatient Only 43847 - Inpatient Only 43848 - Inpatient Only 43771 - Inpatient Only 43772 - Inpatient Only 43773 - Inpatient Only 43774 - Inpatient Only 43842 - Non-Covered by Medicare	Bariatric Surgery Documentation Checklist. Bariatric Surgery Coverage Local Coverage Article (LCA) A53027. Bariatric Surgery National Coverage Determination (NCD) 100.1.
Gastric Neurostimulator / Gastric Pacers	43647, 43648, 43881-Inpatient Only, 43882-Inpatient Only, 64595, 0155T, 0156T, 0157T, 0158T, 0162T, E0765, S2213	MCG - A-0395 Gastric Stimulation
Gender Reassignment Surgery	Multiple CPT codes apply with diagnosis codes for GID. Female to Male Procedures: 19301, 19303, 19304 Male to Female procedures: 54520, 54690 Reassignment Procedures: 54400-54417, 55970, 55980, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57335 ICD-10 Codes: F64, F64.1, F64.8, F64.9	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, 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, 81545, 81595, 81596, 81599, 82642, 83722	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	J2940 - Non Covered by Medicare J2941	Self-Administered Drug Exclusion List R8 Local Coverage Article (LCA) A53035
Gynecomastia Surgery	19300	Breast Reconstruction Following Mastectomy National Coverage Determination (NCD) 140.2. CMS CBG Billing and Coding Guidelines for Cosmetic Services. Medicare LCD L37020 - Plastic Surgery
Hand Restoration	L6900, L6905, L6910, L6915	MHMNC General DME
Hemodialysis	90935, 90937, 90945, 90947	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 - Non-Covered by Medicare 62287 - Non-Covered by Medicare 02747 - Non-Covered by Medicare 02757 - Non-Covered by Medicare	62292 - Reference Milliman and Moda Criteria for coverage guidance. Non-Covered Services Local Coverage Determination (LCD) L35008.
High Density Lipid Profile/Cardiac Disease Screening	82163, 83695, 83700, 83701, 83704, 83718, 83719, 83090, 0026T, 82172, 83698	High Density Lipid Profiles Documentation Checklist. Lipid Testing National Coverage Determination (NCD) 190.23. L36362 – MoldX: Biomarkers in a cardiovascular Risk Assessment
High Frequency Chest Wall Oscillation Devices	E0483, A7025, A7026	High Frequency Chest Wall Oscillation Devices Documentation Checklist. High Frequency Chest Wall Oscillation Devices Local Coverage Determination (LCD) L33785. High Frequency Chest Wall Oscillation Devices Policy Article A52494.
Hip Arthroscopy	29914, 29915, 29916	MCG - S-572 Hip Arthroscopy
Hip Orthosis	L1600, L1610, L1620, L1630, L1640, L1650, L1652, L1660, L1680, L1685, L1686, L1690	MHMNC General DME

Description	CPT/HCPC Codes	Instructions
Hip Replacement/Revision Surgery	A-4 LOS: 27125 - Inpatient Only 27130 - Inpatient Only 27132 - Inpatient Only 27134 - Inpatient Only 27137 - Inpatient Only 27138 - Inpatient Only A 5 LOS: 27090 - Inpatient Only 27091 - Inpatient Only	Medicare LCD L36573 for Total Hip Arthroplasty
Hip-Knee-Ankle-Foot Orthosis (HKAFO)	L2040, L2050, L2060, L2070, L2080, L2090	MHMNC General DME
Home Health Services	RN - Code as HH PT - Code as PTH OT - Code as OTH SPT - Code as SPH Home Health Aide - Code as HHA Private Duty Nurse - Code as RN	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.
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, E0940E0265 - Non-Covered by Medicare E0266 - Non-Covered by Medicare E0296 - Non-Covered by Medicare E0297 - Non-Covered by Medicare	Hospital Beds Documentation Checklist.Hospital Beds Local Coverage Determination (LCD) L33820.Hospital Beds Policy Article A52508.
Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	Q9980 - Non-Covered by Medicare J7328 - Non-Covered by Medicare	CY 2016 Final Payment by HCPCS/CPT Code (Addendum B)
Hyperbaric Oxygen Therapy	G0277	Hyperbaric Oxygen Therapy Documentation Checklist. Hyperbaric Oxygen Therapy National Coverage Determination (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 58267 - Inpatient Only	Hysterectomy Documentation Checklist. Sterilization National Coverage Determination (NCD) 230.3
Ilaris	J0638	Magellan Rx as of 3/1/19
Ilumya	J3245	Magellan Rx
Imfinzi	J9173	Magellan Rx
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, L8689C 1823	NCD 160.7 for Implanted Peripheral and 160.7.1 for the assessment of patients suitability for Electrical Nerve Stimulation
Influenza (Flu) Vaccine		Medicare Learning Network (MLN) Matters Article SE1431
Infrared Heating Pad System	E0221 - Non-Covered by MedicareA4639 - Non-Covered by Medicare	Infrared Heating Pad Systems Local Coverage Determination (LCD) L33825.Infrared Heating Pad Systems Policy Article A52477.
Injection, blinatumomab, 1 microgram	J9039	MHMNC for Blincyto
Injection, factor viii fc fusion protein (recombinant), per iu.	J7205	Reference Milliman and Moda Criteria for coverage guidance.
Injection, siltuximab, 10 mg	C9455	Reference Milliman and Moda Criteria for coverage guidance.
Injection of filling material (collagen)	11950, 11951, 11952, 11954, 51715	Review for Medical Necessity vs Cosmetic

Description	CPT/HCPC Codes	Instructions
Inpatient Only Code List (0-1)	00176, 00192, 00211, 00214, 00215, 00474, 00524, 00540, 00542, 00546, 00560, 00561, 00562, 00567, 00580, 00604, 00632, 00670, 00757, 00767, 00792, 00794, 00796, 00802, 00844, 00846, 00848, 00864, 00865, 00866, 00868, 00882, 00904, 00908, 00932, 00934, 00936, 00944, 00957, 00987, 01140, 01150, 01212, 01214, 01232, 01234, 01272, 01274, 01402, 01404, 01442, 01444, 01486, 01502, 01634, 01636, 01638, 01637, 01647, 01652, 01654, 01656, 01657, 01756, 01957, 01967, 01990, 02027 02197, 02207, 02357, 02547, 02667, 03457, 03757, 04517, 04527, 04557, 04567, 04597, 04617, 04837, 04847, 04947, 04957, 04967, 11004, 11005, 11006, 11008, 15756, 15757, 15758, 16036, 19271, 19272, 19305, 19306, 19361, 19364, 19367, 19368, 19369, 20642, 20802, 20805, 20808, 20816, 20824, 20827, 20838, 20955, 20956, 20957, 20962, 20969, 20970, 21045, 21141, 21142, 21143, 21145, 21146, 21147, 21151, 21154, 21155, 21159, 21160, 21179, 21180, 21182, 21183, 21184, 21188, 21194, 21196, 21247, 21255, 21268, 21343, 21344, 21347, 21348, 21366, 21422, 21423, 21431, 21432, 21433, 21435, 21436, 21510, 21615, 21616, 21620, 21627, 21630, 21632, 21705, 21740, 21750, 21825, 22010, 22015, 22110, 22112, 22114, 22116, 22206, 22207, 22208, 22210, 22212, 22214, 22216, 22220, 22222, 22224, 22226, 22318, 22319, 22325, 22326, 22327, 22328, 225322, 22533, 22534, 22548, 22556, 22558, 22586, 22590, 22595, 22600, 22610, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22841, 22843, 22844, 22846, 22847, 22848, 22849, 22850, 22852, 22855, 22857, 22861, 22862, 22864, 22865, 23200, 23210, 23220, 23335, 23472, 23474, 23900, 23920, 24900, 24920, 24930, 24931, 24940, 25900, 25905, 25915, 25920, 25924, 25927, 26551, 26553, 26554, 26556, 26992, 27005, 27025, 27030, 27036, 27054, 27070, 27071, 27075, 27076, 27077, 27078, 27090, 27091, 27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165, 27170, 27175, 27176, 27177, 27178, 27181, 27185, 27187, 27222, 27226, 27227, 27228, 27232, 27236, 27240, 27244, 27245, 27248, 27253, 27254, 27258, 27259, 27268, 27269, 27280, 27282, 27284, 27286, 27290, 27295, 27303, 27365, 27448, 27450, 27454, 27455, 27457, 27465, 27466, 27468, 27470, 27472, 27488, 27495, 275062 7507, 27511, 27513, 27514, 27519, 27535, 27536, 27540, 27556, 27557, 27558, 27580, 27590, 27591, 27592, 27596, 27598, 27645, 27646, 27702, 27703, 27712, 27715, 27724, 27725, 27727, 27880, 27881, 27882, 27886, 27888, 28800,	Addendum E NFRN for 2018 https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Regulations-and-Notices-Items/CMS-1678-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending
Inpatient Only Code List (2)	31225, 31230, 31241, 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, 33015, 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, 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, 33860, 33863, 33864, 33870, 33875, 33877, 33880, 33881, 33883, 33884, 33886, 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,	Addendum E NFRN for 2018 https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Regulations-and-Notices-Items/CMS-1678-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending
Inpatient Only Code List (3)	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, 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, 35372, 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, 35721, 35741, 35800, 35820, 35840, 35870, 35901, 35905, 35907, 36660, 36823, 37140, 37145, 37160, 37180 37181, 37182, 37215, 37217, 37218, 37616, 37617, 37618 37660, 37788, 38100, 38101, 38102, 38115, 38380, 38381, 38382, 38562, 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, 43114, 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, 43401, 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, 43840, 43843, 43845, 43846, 43847, 43848, 43850, 43855, 43860, 43865, 43880 43881, 43882	Addendum E NFRN for 2018 https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Regulations-and-Notices-Items/CMS-1678-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending

Description	CPT/HCPC Codes	Instructions
Inpatient Only Code List (4)	44005, 44010, 44015, 44020, 44021, 44025, 44050, 44055, 44110, 44111, 44120, 44121, 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, 44300, 44310, 44314, 44316, 44320, 44322, 44345, 44346, 44602, 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, 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, 49010, 49020, 49040, 49060, 49062, 49203, 49204, 49205, 49215, 49220, 49255, 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,	Addendum E NFRN for 2018 https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1678-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending
Inpatient Only Code List (5)	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, 51840, 51841, 51865, 51900, 51920, 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, 56630, 56631, 56632, 56633, 56634, 56637, 56640, 57110, 57111, 57112, 57270, 57280, 57296, 57305, 57307, 57308, 57311, 57531, 57540, 57545, 58140, 58146, 58150, 58152, 58180, 58200, 58210, 58240, 58267, 58275, 58280, 58285, 58293, 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, 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, 61610, 61611, 61612, 61613, 61615, 61616, 61618, 61619, 61624, 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, 61870, 62005, 62010, 62100, 62115, 62117, 62120, 62121, 62140, 62141, 62142, 62143, 62145, 62146, 62147, 62148, 62161, 62162, 62163, 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, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 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, 92992, 92993, 93583, 99184, 99190, 99191, 99192, 99356, 99357, 99462, 99468, 99469, 99471, 99472, 99475, 99476, 99477, 99478, 99479, 99480, G0341, G0342, G0343, G0412, G0414, G0415	Addendum E NFRN for 2018 https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1678-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending
Inpatient Rehabilitation	IP Rehab	Medicare Policy Manual
INR Monitor, Home Use	G0249	INR Monitor Documentation Checklist Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management National Coverage Determination (NCD) 190.11
Intensity Modulated Radiation Therapy (IMRT) Plan	77301	Intensity Modulated Radiation Therapy (IMRT) Plan Documentation Checklist. Intensity Modulated Radiation Therapy (IMRT) Local Coverage Determination (LCD) L34080
Interscapular Thoracic Prosthesis	L6350, L6360, L6370, L6570, L6970, L6975	MHMNC General DME
Interventional Pain Management	1.1.2018 - This applies to PERS Medicare Advantage and Medicare Advantage. PERS Commercial is reviewed by the Moda RN. eviCore Interventional Pain Mgmt codes: 27096, 62280, 62281, 62282, 62320, 62321, 62322, 62323, 62325, 62326, 62327, 62350, 62351, 62355, 62360, 62361, 62362, 62365, 63650, 63655, 63663, 63664, 63685, 63688, 64479, 64480, 64483, 64484, 64490, 64492, 64493, 64494, 64495, 64510, 64520, 64633, 64634, 64635 CODES: 62310, 62311, 62318, 62319 ARE DELETED CODES AS OF 1/1/2017	eviCore, NCD/LCD's, Moda, Milliman
Intracardiac Ischemic Monitoring	C9750	MLN Matters Number: MM10923 and MM10932, MDCR Claims Processing manual pub 100-04
Intradiscal Electrothermal Therapy (IDET)	22526 - Non-Covered by Medicare 22527 - Non-Covered by Medicare 62287 - Non-Covered by Medicare 52348 - Non-Covered by Medicare 64999 - Non-Covered by Medicare when billed for thermal intradiscal procedures such as IDET.	Thermal Intradiscal Procedures (TIPS) National Coverage Determination (NCD) 150.11
Intraocular Lens Implant (IOL)	V2787 - Non-Covered by Medicare V2788 - Non-Covered by Medicare	CY 2016 Final Payment by HCPCS/CPT Code (Addendum B)
Intrapulmonary Percussive Ventilator	E0481 - Non-Covered by Medicare	Intrapulmonary Percussive Ventilator National Coverage Determination (NCD) 240.5. Intrapulmonary Percussive Ventilator Local Coverage Determination (LCD) L33786. Intrapulmonary Percussive Ventilator Policy Article A52495.

Description	CPT/HCPC Codes	Instructions
Intravenous Immune Globulin J1556 = Bivigam; J1566 = Gammagard/Carimune NF; J1559 = Hizentra; J1568 = Octogam; J1459 = Privigen; J1572 = Flebogamma; J1569 = Gammagard; J1561 = Gamunex/Gammaked; J1599 = IVIG	C9270, J1557, J1562, J1599, 90281, 90283, 90284 Magellan RX Drugs: J1459, J1556, J1559, J1561, J1566, J1568, J1569, J1572, J1575	Immune Globulin Intravenous (IVIg) (L34074)
Iron (Intravenous)	J1439, J1750, J1756, J2916, Q0138	Intravenous Iron Therapy National Coverage Determination (NCD) 110.10
Joint Arthroscopy	29999	Medical Necessity Review
Knee Arthroscopy	29870, 29874, 29875, 29876, 29877, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, G0289	Knee Arthroscopy Documentation Checklist. Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee National Coverage Determination (NCD) 150.9. Decision Memo for Arthroscopy for the Osteoarthritic Knee CAG-00167N. MCG 5-705 Knee Arthroscopy
Knee Cartilage Transplants	27412, 27415, 27416, 29866, 29867, 29868 J7330 - Non-Covered by Medicare	MHMCN Knee Cartilage Transplant Criteria, Non-Covered Services Local Coverage Determination (LCD) L35008.
Knee Orthoses	L1810, L1812, L1820, L1830, L1831, L1832, L1834, L1836, L1840, L1843, L1844, L1845, L1846, L1850, L1860 L1847 - Non-Covered by Medicare L1848 - Non-Covered by Medicare	Knee Orthoses Documentation Checklist. Knee Orthoses Local Coverage Determination (LCD) L33318. Knee Orthoses Policy Article A52465.
Knee Replacement/Revision Surgery	A: 27440, 27441, 27442, 27443 A 3 LOS: 27445, 27446, 27447, 27486, 27487 C1776 - code for actual knee prosthesis	Medicare LCD L36577 for Total Knee Arthroplasty
Kymriah	Q2042	Magellan Rx
Kyphoplasty / Vertebroplasty / Percutaneous Vertebral Augmentation	22510, 22511, 22512, 22513, 22514, 22515, 22899, 0200T, 0201T	Kyphoplasty / Vertebroplasty Documentation Checklist. Percutaneous Vertebral Augmentation Local Coverage Determination (LCD) L34106
Laser Treatment of Psoriasis	96920, 96921, 96922	Treatment of Psoriasis National Coverage Determination (NCD) 250.1. Reference Milliman and Moda Criteria for
Leadless Pacemakers	0387T, 0389T, 0390T, 0391T	Medicare NCD 20.8.4 - Leadless Pacemakers MLN Matters MM10117
Left Ventricular Assist Device	33797, 33980, 33981, 33982, 33983, 33990	Left Ventricular Assist Device Documentation Checklist. Ventricular Assist Devices National Coverage Determination (NCD) 20.9.1
Legg Perthes Orthosis	L1700, L1710, L1720, L1730, L1755	MHMCN General DME
Light Box (aka Sad Light)	E0203 - Non-Covered by Medicare	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 L2861 - Non-Covered by Medicare	Noridian DME Non-Covered List
Lower Limb Prosthesis	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 L5969 - Non-Covered by Medicare L5990 - Non-Covered by Medicare L7600 - Non-Covered by Medicare	Lower Limb Prosthesis Documentation Checklist. Lower Limb Prosthesis Local Coverage Determination (LCD) L33787. Lower Limb Prosthesis Policy Article A52496.
Lumbar Epidural Injections	62322, 62323, 62326, 62327, 64483, 64484 62311 - deleted 12/31/2016	Lumbar Epidural Injections Documentation Checklist. Lumbar Epidural Injections Local Coverage Determination (LCD) L34980.
Lung Volume Reduction Surgery	32491 - Inpatient Only	Lung Volume Reduction Surgery Documentation Checklist. Lung Volume Reduction Surgery National Coverage Determination (NCD) 240.1
Luxturna (voretigene neparvovec-rzyj)	J3398	MHMCN Luxturna

Description	CPT/HCPC Codes	Instructions
Magellan selected chemotherapy and specialty drugs J9264 = Abraxane; J3262 = Actemra; J9305 = Alimta; J2469 = Aloxi; J0881 = Aranesp; J9035 = Avastin; J0885 = Epogen/Procrit; J9055 = Erbitux; J0178 = Eyelea; J1572 = Flebogamma; J1569 = Gammagard; J1557 = Gammalex; Q5108 = Fulphila	C9033, J0178, J2503, J2778, J2820, J2469, J9264, J9035, J9055, J9033, J9310, J9355, J1440, J1441, J1442, J2505, J2820, J0881, J0885, J1745, J0129, J2323, Q2043, J9041, J9303, J9305, J3262, J1556, J1557, J1566, J1568, J1569, J1561, J9179, J1559, J9043, J9354, J9047, J1568, J9306, J1459, J2353, J1602, J3357, J9262, J9228, J9400, J0800, J9042, J9302, J0597, J0585, J0586, J0587, J0588, J0598, J9308, C9025, J3380, C9026, J0641, J1447, J9299, C9453, J9271, J9281, J9371, C9027, J1290, J1599, J0897, J1300, J9032, J9039, J1786, J1743, J3060, J0180, J1575, J9207, J0202, J2796, J3489, J0596, J2860, J1322, J2357, Q5101, Q5102, Q5108, Q5110 J9999, J3590, J3490 J9034, J2786, J9145, J9176, J2840, J2182, J9205, J9295 J9325, J2507 Q2042, J9311, J9312, J9229, J9173, J9153, J9057, J7329, J7318, J3397, J3245, J1746, J1454, J1301, J0584, J0517,	MHMNC for the specific drug requested. Magellan List on Moda Website.
Mammograms	77055, 77056, 77057	Mammograms National Coverage Determination (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 Documentation Checklist. Manual Wheelchair Bases Local Coverage Determination (LCD) L33788. Manual Wheelchair Bases Policy Article A52497.
Reconstruction of Mandibular Rami	21270, 21275, 21280, 21282	Review for Medical Necessity vs Cosmetic
Mastectomy	A 19301, 19302 A-4 LOS: 19303, 19304, 19307 19305 - Inpatient Only 19306 - Inpatient Only	MCG 5-862 Mastectomy, complete with insertion of breast prosthesis S-860 Mastectomy complete, S-864 Mastectomy, complete with tissue flap, S-858 Mastectomy, Partial
Maternity MRI	74712	eviCore
Mechanical In-Exsufflation Devices	E0482, A7020	Mechanical In-Exsufflation Devices Documentation Checklist. Mechanical In-Exsufflation Devices Local Coverage Determination (LCD) L33795. Mechanical In-Exsufflation Devices Policy Article A52510
Mepsevii	J3397	Magellan Rx
Miscellaneous Drug Codes	J3590, J9999	
Miscellaneous Prosthetic Services	L8499	MHMNC General DME
Molecular Pathology	0031U, 0032U, 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, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 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	MoldX
Monitored Anesthesia for endoscopic procedures	00740, 00810 1/1/2018 - Codes 00731 replaces 00740. Codes 00811, 00812 and 00813 replace 00810	Monitored Anesthesia Care (MAC) Local Coverage Determination (LCD) L34100
Multianalyte Assays	81535, 81536, 81538, 81539, 81540, 81541, 81545, 81551, 81595, 81599	MoldX
Multidetector Computed Tomography of the Heart and Great Vessels	75572, 75574 75571 - Non-Covered by Medicare 75573 - Non-Covered by Medicare S8092 - Non-Covered by Medicare S8093 - Non-Covered by Medicare 0144T - Not valid for claim submission - code deleted 0147T - Not valid for claim submission - code deleted 0149T - Not valid for claim submission - code deleted	Multidetector Computed Tomography of the Heart and Great Vessel Documentation Checklist. Multidetector Computed Tomography of the Heart and Great Vessels Local Coverage Determination (LCD) L34137.
Multiple Sleep Latency Test (MSLT)	95805	Multiple Sleep Latency Test Documentation Checklist. Polysomnography and Sleep Studies Local Coverage Determination (LCD) L34040.
Musculoskeletal - eviCore	1.1.2018 - This applies to PERS Medicare Advantage and Medicare Advantage. PERS Commercial is reviewed by the Moda RN. eviCore Joint Surgery codes: 23120, 23130, 23410, 23412, 23415, 23420, 23440, 23450, 23455, 23460, 23462, 23465, 23470, 23472, 23473, 23474, 23490, 23700, 27090, 27091, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27151, 27156, 27330, 27331, 27332, 27333, 27334, 27335, 27403, 27407, 27409, 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27430, 27435, 27437, 27438, 27440, 27442, 27443, 27445, 27446, 27445, 27446, 27447, 27486, 27487, 27488, 27570, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29860, 29861, 29862, 29863, 29855, 29867, 29868, 29870, 29871, 29873, 29874, 29875, 29876, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29914, 29915, 29916	eviCore, Medicare NCD/LCD's, Milliman
Myocardial strain imaging	0399T - Non-Covered by Medicare	Non-Covered Services Local Coverage Determination LCD L35008
Myomectomy	A: 58545, 58546 A-3 LOS: 58145 58140 - Inpatient Only	MCG 5-775; Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy
Nebulizers	E0570, E0580, E0585 E0575 - Non-Covered by Medicare A7008 - Non-Covered by Medicare	Nebulizer Documentation Checklist. Nebulizer Local Coverage Determination (LCD) L33370. Nebulizer Policy Article A52466.

Description	CPT/HCPC Codes	Instructions
Negative Pressure Wound Therapy (NPWT)	A6550, A7000, E2402, 97605, 97606 E0232 - Non-Covered by Medicare A6000 - Non-Covered by Medicare E0231 - Non-Covered by Medicare A9272 - Non-Covered by Medicare (checklist)	Negative Pressure Wound Therapy Documentation Checklist. Negative Pressure Wound Therapy Local Coverage Determination (LCD) L33821. Negative Pressure Wound Therapy Policy Article A52511.
Nephrectomy	A-1-2 LOS: 50543 50545 - Inpatient Only 50546 - Inpatient Only 50547 - Inpatient Only 50548 - Inpatient Only A-3 LOS: 50220 - Inpatient Only 50225 - Inpatient Only 50230 - Inpatient Only 50234 - Inpatient Only 50240 - Inpatient Only 50320 - Inpatient Only 50340 - Inpatient Only 50370 - Inpatient Only	S-864 Mastectomy, complete with tissue flap,
Nerve Blockade for Treatment of Chronic Pain and Neuropathy	62281, 62320, 62321, 64479, 64480 62310 - Deleted Code as of 12/31/2016	Nerve Blockade for the Treatment of Chronic Pain and Neuropathy Documentation Checklist.Nerve Blockade for the Treatment of
Nerve Repair	64910, 64911, 64912, 64913	Medicare Chapter 3.6.2.2 Reasonable and Necessary
Neuromuscular Electrical Stimulation Devices	E0745 E0744 - Non-Covered by Medicare0282T - Non-Covered by Medicare0283T - Non-Covered by Medicare0284T - Non-Covered by Medicare0285T - Non-Covered by Medicare	Neuromuscular Electrical Stimulation Devices Documentation Checklist. Neuromuscular Electrical Stimulation Devices National Coverage Determination (NCD) 160.12.
New Technology	0479T, 0480T, 0481T, 0482T, 0483T, 0484T, 0485T, 0486T, 0487T, 0488T, 0489T, 0490T, 0491T, 0492T, 0493T, 0494T, 0495T, 0496T, 0497T, 0498T, 0499T, 0500T, 0501T, 0502T, 0503T, 0504T, 0509T, 0510T, 0512T, 0513T, 0514T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0523T, 0524T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0533T, 0534T, 0535T, 0536T, 0541T, 0542T	Moda Health Medical Necessity Criteria LCD L35008 - Non Covered Services 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 L8010 - Non-Covered by Medicare	Nipple Prosthesis Documentation Checklist. External Breast Prostheses Local Coverage Determination (LCD) L33317.
Nivolumab (Opdivo)	C9453 - Facility J9299	Magellan Rx
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, L3651, L3652, L3700, L3701, L3909, L3911, L3215, L3216, L3217, L3219, L3221, L3222, L7600, Q0144, V2025, V2600, V2610, V2615, V2702, V2760, V5336	
Non-Covered Services (Group 1)	22857, 22862, 28446, 32998, 43257, 43284, 43285, 46707, 62263, 62264, 62287, 83987, 84145, 84431, 86305, 91132, 91133, 92145, 93702, 97026, 97033, J2010, J7330, 0042T, 0054T, 0055T, 0071T, 0072T, 0098T, 0100T, 0101T, 0102T, 0106T, 0107T, 0108T, 0109T, 0110T, 0111T, 0163T, 0165T, 0190T, 0195T, 0196T, 0198T, 0202T, 0205T, 0206T, 0207T, 0219T, 0220T, 0221T, 0222T, 0232T, 0234T, 0235T, 0236T, 0237T, 0238T, 0253T, 0254T, 0263T, 0264T, 0265T, 0266T, 0267T, 0268T, 0272T, 0273T, 0274T, 0275T, 0278T, 0290T, 0312T, 0313T, 0316T, 0317T, 0329T, 0330T, 0331T, 0332T, 0333T, 0335T, 0337T, 0338T, 0339T, 0341T, 0342T, 0346T, 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0355T, 0356T, 0357T, 0358T, 0359T, 0360T, 0361T, 0362T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0373T, 0374T, 0375T, 0376T, 0381T, 0382T, 0383T, 0384T, 0385T, 0386T, 0388T, 0396T, 0397T, 0398T, 0400T, 0401T, 0402T, 0406T, 0407T, 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, 0449T, 0450T, 0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T, 0464T, 0465T, 0466T, 0467T, 0468T	Non-Covered Services Local Coverage Determination (LCD) 35008
Non-Covered Services (Group 2)	93050, 0126T, 0159T, 0174T, 0175T, 0208T, 0209T, 0210T, 0211T, 0212T, 0399T, 0437T,	Non-Covered Services Local Coverage Determination (LCD) 35008
Non-Covered Services (Group 3)	97545, 97546, 99606, 99607, 0378T, 0379T, 0380T, 0405T	Non-Covered Services Local Coverage Determination (LCD) 35008.
Non-Emergency Transport		
Not Medically Necessary HCPCS Codes	A4257, A4305, A4306, A4321, A4337, A4400, A4458, A4459, A4465, A4520, A4554, A4606, A6025, A6228, A6229, A6230, A7008, A7521, A7522, A7523, A9270, A9274, B4102, B4103, E0117, E0144, E0175, E0191, E0200, E0205, E0215, E0217, E0225, E0239, E0236, E0249, E0218, E0246, E0247, E0248, E0265, E0266, E0296, E0297, E0350, E0352, E0445, E0485, E0575, E0260, E0676, E0700, E0710, E0762, E0766, E0856, E2300, E2301, E2358, E2360, E2362, E2364, E2372, E2610 J2010, J7330, 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 K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0830, K0831, K0899, L0984, L2840, L2850, L4394, L4398, L5969, L5990, L8010, L8031, L8035, V2025, V2600, V2610, V2615, V2702, V2745, V2744, V2756, V2760, V2761, V2762, V2781, V2786	Non-Covered Services Local Coverage Determination (LCD) 35008
Obinutuzumab (Gazyva)	J9301	MHMNC for Gazyva
Oncotype DX Gene Assay Mammaprint Gene Expression Assay	81519	MolDX; LCS L36256 Molecular Diagnostic Tests
Onpatro	C9036	Magellan Rx

Description	CPT/HCPC Codes	Instructions
Oral Appliances for the Treatment of Obstructive Sleep Apnea	E0486 E0485 and A9270 are non-covered codes	Oral Appliances for Obstructive Sleep Apnea Documentation Checklist. Oral Appliances for Obstructive Sleep Apnea Local Coverage Determination (LCD) L33611. Oral Appliances for Obstructive Sleep Apnea Policy Article A52512.
Orencia (Abatacept)	J0129	Self-Administered Drug Exclusion List R8 Local Coverage Article (LCA) A53035
Orthognathic Services	21150, 21193, 21195, 21198, 21199, 21206, 21244, 21245, 21246, 21248, 21249, D7940 21141 - Inpatient Only 21142 - Inpatient Only 21143 - Inpatient Only 21144 - Inpatient Only 21146 - Inpatient Only 21147 - Inpatient Only 21151 - Inpatient Only 21154 - Inpatient Only 21155 - Inpatient Only 21159 - Inpatient Only 21160 - Inpatient Only 21188 - Inpatient Only 21194 - Inpatient Only 21196 - Inpatient Only 21247 - Inpatient Only D7941 - Non-Covered by Medicare D7943- D7949 - Non-Covered by Medicare D7950 - Non-Covered by Medicare D7951 - Non-Covered by Medicare D7953 - Non-Covered by Medicare D7955 - Non-Covered by Medicare D7960 - Non-Covered by Medicare	MCG A-0247 Mandibular Osteotomy MCG A-0248 Maxillomandibular Osteotomy and Advancement
Orthotripsy / Extracorporeal Shock Wave Treatment (ESWT) / Ossatron	28890, G0280 0019T - Non-Covered by Medicare 0020T - Non-Covered by Medicare 0101T - Non-Covered by Medicare 0102T - Non-Covered by Medicare 0299T - Non-Covered by Medicare 0300T - Non-Covered by Medicare	For 28890: Reference Milliman and Moda Criteria for coverage guidance. Non-Covered Services Local Coverage Determination (LCD) L35008.
Oscillatory Positive Expiratory Pressure Device	E0484	Oscillatory Positive Expiratory Pressure Devices Documentation Checklist.
Osseointegrated Implants/Hearing Aids	69711, 69714, 69715, 69717, 69718, L8699, L861469710 - Non-Covered by Medicare	Osseointegrated Implantation/Hearing Aids Documentation Checklist. 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 Documentation Checklist Osteogenesis Stimulators Local Coverage Determination (LCD) L33796 Osteogenesis Stimulators Policy Article A52513
Otoplasty	69300	CMS CBG Billing and Coding Guidelines for Cosmetic Services. <u>Review for Cosmetic Only</u>
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, A4606 - Non-Covered by Medicare E0445 - Non-Covered by Medicare	Oxygen Documentation Checklist. Oxygen National Coverage Determination (NCD) 240.2. Oxygen Local Coverage Determination (LCD) L33797. <u>Oxygen Policy Article A52514.</u>
Pain Pump Insertion - Epidural / Intrathecal	A-2 LOS: 62350, 62351, 62360, 62361, 62362	Pain Pump Insertion Documentation Checklist Infusion Pumps National Coverage Determination (NCD) 280.14
Pancreatectomy (Whipple Procedure)	7 LOS: 48146 - Inpatient Only 48148 - Inpatient Only 48150 - Inpatient Only 48152 - Inpatient Only 48153 - Inpatient Only 48154 - Inpatient Only 48155 - Inpatient Only	No medical necessity review required. PA is required on all Inpatient stays.
Panniculectomy/Abdominal Lipectomy/Suction-Assisted Lipectomy	15830, 15847, 15877	Panniculectomy/Abdominal Lipectomy/Suction-Assisted Lipectomy Documentation Checklist. CMS CBG Billing and Coding Guidelines for Cosmetic Services CMS 1321-FC-21. Medicare LCD L37020 - Plastic Surgery
PAP Smears		Diagnostic Pap Smears Documentation Checklist. Screening Pap Smears/Pelvic Exams Documentation Checklist. Diagnostic PAP Smears National Coverage Determination (NCD) 190.2 Screening PAP Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer National Coverage Determination (NCD) 210.2 Medicare Learning Network Article: The ABCs of the Annual Wellness Visit (AWV)

Description	CPT/HCPC Codes	Instructions
Parenteral Nutrition	B4164, B4168, B4172, B4176, B4178, B4180, B4185, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200, B9004, B9006, B9999, E0776	Parenteral Nutrition Documentation Checklist. Parenteral Nutrition Local Coverage Determination (LCD) L33798. Parenteral Nutrition Policy Article A52515.
Partial Hand Prosthesis	L6000, L6010, L6020	MHMNC General DME
Paternity Testing	86910 - Non-Covered by Medicare 86911 - Non-Covered by Medicare	Statutorily Non-Covered, SI E, OPSS
Patient Lifts	E0621, E0630, E0635, E0636, E0639, E0640, E1035, E1036 E0625 - Non-Covered by Medicare	Patient Lifts Documentation Checklist. Patient Lifts Local Coverage Determination (LCD) L33799. Patient Lifts Policy Article A52516.
Pectus Excavatum	21742, 21743 21740 - Inpatient Only	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, 0029T	Pelvic Floor Electrical Stimulators Documentation Checklist. Non-Implantable Pelvic Floor Electrical Stimulator National Coverage Determination (NCD) 230.8.
Percussor Electric/Pneumatic	E0480	Percussor Electric /Pneumatic Documentation Checklist. Percussor National Coverage Determination (NCD) 280.1.
PET Scans	78459, 78491, 78492, 78608, 78811, 78812, 78813, 78814, 78815, 78816, 78609 - Non-Covered by Medicare G0235 - Non-Covered by Medicare G0252 - Non-Covered by Medicare S8085 - Non-Covered by Medicare	PET Scans National Coverage Determination (NCD) 220.6
Phototherapy Lights	E0202, E0691, E0692, E0693, E0694, E0215 - Non-Covered by Medicare E0217 - Non-Covered by Medicare E0236 - Non-Covered by Medicare E0249 - Non-Covered by Medicare E0200 - Non-Covered by Medicare E0205 - Non-Covered by Medicare	Reference Milliman and Moda Criteria for coverage guidance of E0202, E0691, E0692, E0693, and E0694. Reference Heating Pads and Heat Lamps Local Coverage Determination LCD L33784 for E0205.
Platelet Rich Plasma	86999, P2010, P9020 0232T - Non-Covered by Medicare	Reference Milliman and Moda Criteria for coverage guidance. Noridian Non-Covered Services Local Coverage Determination (LCD) L35008.
Pneumatic Compression Devices	E0650, E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673 E0675 - Non-Covered by Medicare E0676 - Non-Covered by Medicare	Pneumatic Compression Devices Documentation Checklist. Pneumatic Compression Devices Local Coverage Determination (LCD) L33829. Pneumatic Compression Devices Policy Article A52488.
Polysomnography and Sleep Studies	No authorization required for Home Sleep Studies : 95800, 95801, 95806, G0399if request also includes in-lab studies 95810 and/or 95811 - please send to Medicare PAC for review.PAC Review: 95807, 95808, 95810, 95811, 0203T, 0204T	Polysomnography and Sleep Studies Documentation Checklist. Polysomnography and Sleep Studies Local Coverage Determination (LCD) L34040
Poteligeo	C9038	Magellan Rx
Power Mobility Devices (PMD)	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, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0890, K0891, K0898, E0986 K0806 - Non-Covered by Medicare K0807 - Non-Covered by Medicare K0808 - Non-Covered by Medicare K0868 - Non-Covered by Medicare K0869 - Non-Covered by Medicare K0870 - Non-Covered by Medicare K0871 - Non-Covered by Medicare K0877 - Non-Covered by Medicare K0878 - Non-Covered by Medicare K0879 - Non-Covered by Medicare K0880 - Non-Covered by Medicare K0884 - Non-Covered by Medicare K0885 - Non-Covered by Medicare K0886 - Non-Covered by Medicare	Power Mobility Devices Documentation Checklist. Power Mobility Devices Local Coverage Determination (LCD) L33789. Power Mobility Devices Policy Article A52498.
Pressure Reducing Support Surfaces-Group 1	A4640, E0181, E0182, E0184, E0185, E0186, E0187, E0188, E0189, E0196, E0197, E0198, E0199 A9270 - Non-Covered by Medicare	Pressure Reducing Support Surfaces Group 1 Documentation Checklist. Pressure Reducing Support Surfaces Group 1 Local Coverage Determination (LCD) L33830. Pressure Reducing Support Surfaces Group 1 Policy Article A52489.
Pressure Reducing Support Surfaces -Group 3	E0194	Pressure Reducing Support Surfaces Group 3 Documentation Checklist. Pressure Reducing Support Surfaces Group 3 Local Coverage Determination (LCD) L33692. Pressure Reducing Support Surfaces Group 3 Policy Article A52468.
Pressure Reducing Support Surfaces-Group 2	E0193, E0277, E0371, E0372, E0373, E1399	Pressure Reducing Support Surfaces Group 2 Documentation Checklist. Pressure Reducing Support Surfaces Group 2 Local Coverage Determination (LCD) L33642. Pressure Reducing Support Surfaces Group 2 Policy Article A52490.
Proleukin (aldesleukin)	J9015	MHMNC Proleukin (aldesleukin)
Prolotherapy	M0076 - Non-Covered by Medicare	

Description	CPT/HCPC Codes	Instructions
Prostate Surgery	A-1 LOS: 52601, 52612, 52614, 52620, 52630, 52640, 52647, 52648 55801 - Inpatient Only 2 LOS: 55810 - Inpatient Only 55812 - Inpatient Only 55815 - Inpatient Only 55831 - Inpatient Only 55840 - Inpatient Only 55842 - Inpatient Only 55845 - Inpatient Only 55866 - Inpatient Only 3 LOS: 55821 - Inpatient Only	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	77520, 77522, 77523, 77525	MCG A-0718 Radiofrequency Ablation of Tumor
Pulmonary Rehabilitation	G0237, G0238, G0239, G0424	Pulmonary Rehabilitation Documentation Checklist. MLN Matter 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	0106T - Non-Covered by Medicare 0107T - Non-Covered by Medicare 0108T - Non-Covered by Medicare 0109T - Non-Covered by Medicare 0110T - Non-Covered by Medicare	Noridian Category III Non Covered CPT Codes. Non-Covered Services Local Coverage Determination (LCD) L35008
Rabies Vaccine	90675, 90676	Medicare Benefit Policy Manual Chapter 15, Section 50.4.4.2
Radiation Therapy - External Beam	77261, 77262, 77263, 77280, 77285, 77290, 77299, 77300, 77301, 77306, 77307, 77316, 77317, 77318, 77321, 77331, 77332, 77333, 77334, 77336, 77338, 77370, 77401, 77402, 77403, 77407, 77408, 77409, 77411, 77412, 77413, 77427, 77431	No medical necessity review required with cancer diagnosis.
Rebetron	J9214	MCG A-0309 Interferon and Peginterferon
Reclast / Zometa/Pamidronate (Zoledronic Acid)	J2430, J3489	MHMNC Zometa/Reclast (zoledronic acid)
Rectal Control System	A4563	Requires medical necessity review
Radicava	J1301	Magellan Rx
Removal of permanent cardiac contractility modulation system	0412T - Non-Covered by Medicare 0413T - Non-Covered by Medicare	Non-Covered Services Local Coverage Determination LCD L35008
Repair of Traumatic Corneal Tear(s)	54437	MHMNC Gender Reassignment Criteria
Replantation, Penis, Complete Amputation including Urethral Repair	54438	MHMNC Gender Reassignment Criteria Covered for all Oregon fully insured groups and individuals. Check member handbook for ASO and Alaska benefit language.
Respiratory Assist Devices (RAD)	E0601, E0470, E0471	BIPAP for OSA Documentation Checklist. Respiratory Assist Devices Documentation Checklist.
Argus II Retinal Prosthesis System	L8608	Medical necessity review required
Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465	CMS CBG Billing and Coding Guidelines for Cosmetic Services. Reference Milliman and Moda Criteria for coverage guidance.
Rituxan	J9312	Magellan Rx
Rituxan Hycela	J9311	Magellan Rx
Roferon A	J9213	MCG A-0309 Interferon and Peginterferon
Rollabout Chairs	E1031	Rollabout Chairs Documentation Checklist. Rollabout Chairs National Coverage Determination (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
Scoliosis Body Jackets	L1300, L1310	
Seat Lift Mechanisms	E0627, E0628, E0629 E0172 - Non-Covered by Medicare	Seat Lift Mechanisms Documentation Checklist. Seat Lift Mechanisms Local Coverage Determination (LCD) L33801. Seat Lift Mechanisms Policy Article A52518.
Self Injectables when given in a provider's office J0885 = Epogen/Procrit J2820 = Leukine J1442 = Neupogen J0881 = Aranesp	J0170, J0881, J1825, J1830, Q2010, J1438, J0170, Q0136, Q9920, Q9940, J0885, J1645, J3030, J9212, J1820, J2820, J1650, J1440, J1441, J1442, J9214, J9213	Self-Administered Drug Exclusion List R8 Local Coverage Article (LCA) A53035. Reference Milliman and Moda Criteria for coverage guidance.

Description	CPT/HCPC Codes	Instructions
Semi-Implantable Middle Ear Hearing Prosthesis	V5095 - Non-Covered by Medicare	APC Status Indicator N: Items, Codes, and Services: For which pricing information is not available; Not covered by any Medicare outpatient benefit category; Statutorily excluded by Medicare; Not reasonable and necessary. Not paid by Medicare when submitted on outpatient claims (any outpatient bill type). [To be discontinued 1/1/2017]
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 54411 - Inpatient Only 54417 - Inpatient Only	MHMNC Gender Reassignment Criteria Diagnosis and Treatment of Impotence National Coverage Determination (NCD) 230.4.
Shoulder Arthroscopy	29805, 29806, 29807, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	MCG S-1045 Acromioplasty and Rotator Cuff Repair MCG A-0524 SLAP repair MCG A-0525 Bankart Lesion Repair MCG A-0526 Adhesive Capsulitis release
Shoulder Orthosis	L3650, L3660, L3670, L3671, L3675, L3677	MHMNC General DME
Shoulder Replacement (Arthroplasty)	A-3 LOS: 23470 23472 - Inpatient Only	MCG S-634 Shoulder Arthroplasty
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 1.1.2018 New Code 31298	MHMNC Sinus Surgery (updated as of 7/1/2017)
Skilled Nursing Facility/Extended Care		
SPECT Scans	78071, 78205, 78206, 78320, 78607, 78647, 78710, 78803, 78807	SPECT National Coverage Determination (NCD) 220.12
Speech Generating Devices	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512 - Devices 92606, 92609 - Programming E2599 - Non-Covered by Medicare	Speech Generating Devices Documentation Checklist. Speech Generating Devices Local Coverage Determination (LCD) L33739. Speech Generating Devices Policy Article A52469.
Spinal Cord Stimulator	63650, 63655, 63685, 63688, 64575, 64590, 95970, 95971, 95972, L8680	Medicare LCD L36204 for Spinal Cord Stimulators for Chronic Pain Electrical Nerve Stimulation National Coverage Determination (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, A4467 - Non-Covered by Medicare L0984 - Non-Covered by Medicare	Spinal Orthoses Documentation Checklist. Spinal Orthoses Local Coverage Determination (LCD) L33790. Spinal Orthoses Policy Article A52500.
Spinal Surgery for Pain	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, 63050, 63051, 63077, 63090, 22600, 0202T, 63048, 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, 63664, 22206, 63090, 63101, 63102, 63103, 63170, 22214, 22632, 63001, 63015, 63045, 63048, 63050, 63051, 63020, 63040, 63043, 63091, 63180, 63182, 63185, 63190, 22595, 22556, New codes as of 1/1/17: 22853, 22854, 22859, 22526 - Non-Covered by Medicare 22527 - Non-Covered by Medicare 0274T - Non-Covered by Medicare 0275T - Non-Covered by Medicare 0219T - Non-Covered by Medicare 0221T - Non-Covered by Medicare 0202T - Non-Covered by Medicare	Noridian Medicare CPT Category III Non-Covered and Covered Codes. 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	E0637 - Non-Covered by Medicare E0638 - Non-Covered by Medicare E0641 - Non-Covered by Medicare E0642 - Non-Covered by Medicare	Noridian DME Non-Covered List
Stereotactic Radiation Therapy	20982, 61796, 61798, 63620, 77371, 77372, 77373, 77422, 77423, 77432, 77435, G0339, G03400169T - Non-Covered by Medicare	Reference Stereotactic Radiation Therapy Local Coverage Determination (LCD) L34151 for codes 61796, 61798, 63620, 77371, 77372, 77373, 77432, 77435, G0339, G0340. MCG A-0423 Stereotactic Radiosurgery for code 20982 and 77432. Reference Noridian CPT Category III Non Covered Code List for code 0169T.
Surgery/Injections for Peyronie's Disease	54200, 54205, 54300, 54360	MCG SG-US
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
Transcranial Magnetic Stimulation (TMS)	90867 - Non-Covered by Medicare 90868 - Non-Covered by Medicare 90869 - Non-Covered by Medicare	MCG A-0240 - Transcranial Magnetic Stimulation
Transcutaneous Electrical Nerve Stimulators (TENS)	A4595, E0720, E0730, E0731	TENS Local Coverage Determination (LCD) L33802.TENS 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. The following are 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 The following are Non-Covered by Medicare: S2053, S2054, S2055, S2060, S2065, S2150, S2152, 48160, 48550 (could not find indication this is not a covered code) 47136 - Deleted Code	Transplants/Donor Services Documentation Checklist. Transplant Laws and RegulationsAdult Liver Transplantation National Coverage Determination (NCD) 260.1 Heart Transplants National Coverage Determination (NCD) 260.9 Pancreas Transplants National Coverage Determination (NCD) 260.3Reference Milliman and Moda Criteria for coverage guidance.
Trivisc	J7329	Magellan Rx
Trogarzo	J1746	Magellan Rx
Udenyca	Q5111	Magellan Rx as of 4/1/19
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,	MHMNC General DME
Urinary Incontinence	64550, 64555, 64566, A4290, 64561, 64565, 64566, 64581, L8603, L8604, L8606	Urinary Incontinence Documentation Checklist Reference Incontinence Control Devices National Coverage Determination (NCD) 230.10 for codes 53445, 53446, 53447, 53448, 53449, L8603, L8604, and L8606. ReferenceSacral Nerve Stimulation for Urinary Incontinence Local Coverage Article A53016 for codes A4290, 64561, and 64581. ReferencePosterior Tibial Nerve Stimulation Local Coverage Article A52951for code 64566. Reference Milliman and Moda Criteria for coverage guidance for codes 0193T, 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	Medicare LCD L6707 Controlled Substance Monitoring and Drugs of Abuse
Uvulopalatopharyngo-plasty (UPPP) / Uvulectomy	42140, 42145, 42160	MHMNC Obstructive Sleep Apnea - Surgical Treatment
Vacuum Erection Devices	L7900 - Non-Covered by Medicare L7902 - Non-Covered by Medicare	Vacuum Erection Devices (VED) Policy Article A52712
Vagus Nerve Stimulator	L8680, L8682, L8683, L8685, L8686, L8687, L8788, 61885, 61886, 64553, 64568, 64569, 95970, 95974, 95975	Vagus Nerve Stimulators Documentation ChecklistVagus Nerve Stimulators National Coverage Determination (NCD) 160.18
Varicose Vein Surgery, Sclerotherapy, and Ablation	36470, 36471, 36475, 36476, 36478, 36479, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 75894 New Codes 1.1.2018: 36465, 36466, 36482, 36483	Treatment of Varicose Veins of the Lower Extremities Local Coverage Determination (LCD) L34010.
Velaglucerase	J3385	Magellan Rx
Velcade	J9044	Magellan Rx
Ventilators	E0450, E0460, E0461, E0463, E0464, E0465, E0466, E0467	Ventilators Documentation Checklist. Ventilators National Coverage Determination (NCD) 280.1. Joint DME MAC Publication "Correct Coding and Coverage of Ventilators" Respiratory Assist Devices Local Coverage Determination (LCD) L33800.
Vertebral Axial Decompression (i.e. DRX 9000, VAX-D, Alpha Spina System)	97012 - Non-Covered by Medicare	Vertebral Axial Decompression National Coverage Determination (NCD) 160.16
Virtual Colonoscopy (CT Colonography)	74261, 74262 74263 - Non-Covered by Medicare Provider may use an unlisted code or CT scan code.	eviCore
Viscosupplementation: Synvisc, Supartz, Hyaigan, Orthovisc, Euflexxa	J7318, J7321, J7323, J7324, J7325, J7326, J7328, J7329, Q9980	Magellan Rx
Vision Therapy	92065	For 2018: Medicare Advantage Pg 83 of the Member Handbook PERS Advantage Pg 99 of the Member Handbook
Voice Prosthesis	L8507, L8509, L8510, L8511, L8512, L8513, L8514, L8515	MHMNC General DME
Vyxeos	J9153	Magellan Rx

Description	CPT/HCPC Codes	Instructions
Weight Loss Drugs / Obesity Drugs	Including but not limited to: Meridia, Orlistat, Phenteramine.	Pharmacy
Wheelchair Options & Accessories	E0988, E1012, E2295, E2626, E2627, E2628, E2630, E2631, E2632, E2633, E2359E2230 - Non-Covered by Medicare E2358 - Non-Covered by Medicare E2360 - Non-Covered by Medicare E2362 - Non-Covered by Medicare E2364 - Non-Covered by Medicare E2372 - Non-Covered by Medicare E2366 - Non-Covered by Medicare E2367 - Non-Covered by Medicare E1296 - Not valid for claim submission E1297 - Not valid for claim submission E1298 - Not valid for claim submission	Wheelchair Options & Accessories Documentation Checklist. Wheelchair Options & Accessories Local Coverage Determination (LCD) L33792. Wheelchair Options & Accessories Policy Article A52504.
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, L3919, L3921, L3923, L3925, L3927, L3929, L3931, L3933, L3935	MHMNC General DME
Xiaflex	J0775	MCG A-0639 Collagenase, Injectable
Xolair	J2357	Magellan Rx
X-Stop (Interspinous Distraction Device)	0171T, 0172T, C1821	Medical Necessity Review - FDA indications and MHMNC Interspinous Decompression and Interlaminar Devices
Zostavac (Shingles Vaccine)	90736	