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<thead>
<tr>
<th>Codes</th>
<th>Description</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>15775</td>
<td>Punch graft for hair transplant; 1 to 15 punch grafts&quot;</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15776</td>
<td>Punch graft for hair transplant; more than 15 punch grafts</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15780</td>
<td>Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids)</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15781</td>
<td>Dermabrasion; segmental, face</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15782</td>
<td>Dermabrasion; regional, other than face</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15786</td>
<td>Abrasion; single lesion (eg, keratosis, scar)</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15787</td>
<td>Abrasion; each additional 4 lesions or less</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15788</td>
<td>Chemical peel, facial; epidermal</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15789</td>
<td>Chemical peel, facial; dermal</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15792</td>
<td>Chemical peel, nonfacial; epidermal</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15793</td>
<td>Chemical peel, nonfacial; dermal</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15819</td>
<td>Cervicoplasty</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15820</td>
<td>Blepharoplasty, lower eyelid;</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15821</td>
<td>Blepharoplasty, lower eyelid; with extensive herniated fat pad</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15822</td>
<td>Blepharoplasty, upper eyelid;</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15823</td>
<td>Blepharoplasty, upper eyelid; with excessive skin weighting down lid</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15824</td>
<td>Rhytidectomy; forehead</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15825</td>
<td>Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15826</td>
<td>Rhytidectomy; glabellar frown lines</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15828</td>
<td>Rhytidectomy; cheek, chin, and neck</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15829</td>
<td>Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15830</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy</td>
<td>PPO/HMO</td>
</tr>
</tbody>
</table>
| 15832  | Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh | PPO/HMO   

January 2017
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<tr>
<th>Codes</th>
<th>Description</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>15833</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15834</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15835</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15836</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15837</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15838</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15839</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15847</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication)</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15876</td>
<td>Suction assisted lipectomy; head and neck</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15877</td>
<td>Suction assisted lipectomy; trunk</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15878</td>
<td>Suction assisted lipectomy; upper extremity</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>15879</td>
<td>Suction assisted lipectomy; lower extremity</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>17106</td>
<td>Destruction of cutaneous vascular proliferative lesions (eg, laser technique); Less than 10 sq cm</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>17107</td>
<td>Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>17108</td>
<td>Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq. cm.</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>17340</td>
<td>Cryotherapy (CO2 slush, liquid N2) for acne</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>17380</td>
<td>Electrolysis epilation, each 30 minutes</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>19318</td>
<td>Reduction mammoplasty</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>19324</td>
<td>Mammoplasty, augmentation; without prosthetic implant</td>
<td>HMO</td>
</tr>
<tr>
<td>19325</td>
<td>Mammoplasty, augmentation; with prosthetic implant</td>
<td>HMO</td>
</tr>
<tr>
<td>19328</td>
<td>Removal of intact mammary implant</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>19330</td>
<td>Removal of mammary implant material</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>19357</td>
<td>Breast reconstruction, immediate or delayed, with tissue expander</td>
<td>PPO/HMO</td>
</tr>
</tbody>
</table>
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<th>Codes</th>
<th>Description</th>
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</tr>
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<tbody>
<tr>
<td>19370</td>
<td>Open periprosthetic capsulotomy, breast</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>19371</td>
<td>Periprosthetic capsulectomy, breast</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>19380</td>
<td>Revision of reconstructed breast</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>20605</td>
<td>Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)</td>
<td>HMO</td>
</tr>
<tr>
<td></td>
<td><strong>Additional Comments:</strong> Requires prior approval if associated with a TMJ diagnosis. Please see medical coverage policy for temporomandibular joint surgery</td>
<td></td>
</tr>
<tr>
<td>20974</td>
<td>Electrical stimulation to aid bone healing; noninvasive (nonoperative)</td>
<td>HMO</td>
</tr>
<tr>
<td>20975</td>
<td>Electrical stimulation to aid bone healing; invasive (operative)</td>
<td>HMO</td>
</tr>
<tr>
<td>20979</td>
<td>Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)</td>
<td>HMO</td>
</tr>
<tr>
<td>21010</td>
<td>Arthrotomy, temporomandibular joint</td>
<td>HMO</td>
</tr>
<tr>
<td>21050</td>
<td>Condylectomy, temporomandibular joint</td>
<td>HMO</td>
</tr>
<tr>
<td>21060</td>
<td>Meniscectomy, partial or complete, temporomandibular joint</td>
<td>HMO</td>
</tr>
<tr>
<td>21070</td>
<td>Coronoidectomy</td>
<td>HMO</td>
</tr>
<tr>
<td>21073</td>
<td>Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service</td>
<td>HMO</td>
</tr>
<tr>
<td>21076</td>
<td>Impression and custom preparation; surgical obturator prosthesis</td>
<td>HMO</td>
</tr>
<tr>
<td>21077</td>
<td>Impression and custom preparation; orbital prosthesis</td>
<td>HMO</td>
</tr>
<tr>
<td>21079</td>
<td>Impression and custom preparation; interim obturator prosthesis</td>
<td>HMO</td>
</tr>
<tr>
<td>21080</td>
<td>Impression and custom preparation; definitive obturator prosthesis</td>
<td>HMO</td>
</tr>
<tr>
<td>21081</td>
<td>Impression and custom preparation; mandibular resection prosthesis</td>
<td>HMO</td>
</tr>
<tr>
<td>21082</td>
<td>Impression and custom preparation; palatal augmentation prosthesis</td>
<td>HMO</td>
</tr>
<tr>
<td>21083</td>
<td>Impression and custom preparation; palatal lift prosthesis</td>
<td>HMO</td>
</tr>
<tr>
<td>21084</td>
<td>Impression and custom preparation; speech aid prosthesis</td>
<td>HMO</td>
</tr>
</tbody>
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<tr>
<td>21085</td>
<td>Impression and custom preparation; oral surgical splint</td>
<td>HMO</td>
</tr>
<tr>
<td>21086</td>
<td>Impression and custom preparation; auricular prosthesis</td>
<td>HMO</td>
</tr>
<tr>
<td>21087</td>
<td>Impression and custom preparation; nasal prosthesis</td>
<td>HMO</td>
</tr>
<tr>
<td>21088</td>
<td>Impression and custom preparation; facial prosthesis</td>
<td>HMO</td>
</tr>
<tr>
<td>21110</td>
<td>Application of interdental fixation device for conditions other than fracture, includes removal</td>
<td>HMO</td>
</tr>
<tr>
<td>21116</td>
<td>Injection procedure for temporomandibular joint arthrography</td>
<td>HMO</td>
</tr>
<tr>
<td>21137</td>
<td>Reduction forehead; contouring only</td>
<td>HMO</td>
</tr>
<tr>
<td>21138</td>
<td>Reduction forehead; contouring and application of prosthetic material</td>
<td>HMO</td>
</tr>
<tr>
<td>21139</td>
<td>Reduction forehead; contouring and setback of anterior frontal sinus wall</td>
<td>HMO</td>
</tr>
<tr>
<td>21240</td>
<td>Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)</td>
<td>HMO</td>
</tr>
<tr>
<td>21242</td>
<td>Arthroplasty, temporomandibular joint, with allograft</td>
<td>HMO</td>
</tr>
<tr>
<td>21243</td>
<td>Arthroplasty, temporomandibular joint, with prosthetic joint replacement</td>
<td>HMO</td>
</tr>
<tr>
<td>21244</td>
<td>Reconstruction of mandible, extraoral, with transosteal bone plate</td>
<td>HMO</td>
</tr>
<tr>
<td>21247</td>
<td>Reconstruction of mandibular condyle with bone and cartilage autografts</td>
<td>HMO</td>
</tr>
<tr>
<td>21248</td>
<td>Reconstruction of mandible or maxilla, endosteal implant</td>
<td>HMO</td>
</tr>
<tr>
<td>21249</td>
<td>Reconstruction of mandible or maxilla, endosteal implant</td>
<td>HMO</td>
</tr>
<tr>
<td>21255</td>
<td>Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage</td>
<td>HMO</td>
</tr>
<tr>
<td>21256</td>
<td>Reconstruction of orbit with osteotomies (extracranial) and with bone graft</td>
<td>HMO</td>
</tr>
<tr>
<td>21260</td>
<td>Periorbital osteotomies for orbital hypertelorism, with bone grafts;</td>
<td>HMO</td>
</tr>
<tr>
<td>21261</td>
<td>Periorbital osteotomies for orbital hypertelorism, with bone grafts;</td>
<td>HMO</td>
</tr>
<tr>
<td>21263</td>
<td>Periorbital osteotomies for orbital hypertelorism, with bone grafts;</td>
<td>HMO</td>
</tr>
<tr>
<td>21267</td>
<td>Orbital repositioning, periorbital osteotomies, unilateral,</td>
<td>HMO</td>
</tr>
<tr>
<td>21275</td>
<td>Secondary revision of orbitocraniofacial reconstruction</td>
<td>HMO</td>
</tr>
<tr>
<td>22526</td>
<td>Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral</td>
<td>HMO/PPO</td>
</tr>
</tbody>
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<tr>
<td>22527</td>
<td>Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>28345</td>
<td>Reconstruction, toe(s); syndactyly, with or without skin graft(s), each</td>
<td>HMO</td>
</tr>
<tr>
<td>28360</td>
<td>Reconstruction, cleft foot</td>
<td>HMO</td>
</tr>
<tr>
<td>29800</td>
<td>Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy</td>
<td>HMO</td>
</tr>
<tr>
<td>29804</td>
<td>Arthroscopy, temporomandibular joint, surgical</td>
<td>HMO</td>
</tr>
<tr>
<td>30400</td>
<td>Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>30410</td>
<td>Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>32491</td>
<td>Removal of lung, other than total pneumonectomy; excision-plication emphysematous lung(s)</td>
<td>HMO</td>
</tr>
<tr>
<td>32850</td>
<td>Donor pneumonectomy(s) (including cold preservation), from cadaver donor</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>32851</td>
<td>Lung transplant, single; without cardiopulmonary bypass</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>32852</td>
<td>Lung transplant, single; with cardiopulmonary bypass</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>32853</td>
<td>Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>32854</td>
<td>Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>32855</td>
<td>Backbench standard preparation of cadaver donor lung allograft prior to transplantation</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>32856</td>
<td>Backbench standard preparation of cadaver donor lung allograft prior to transplantation</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>33930</td>
<td>Donor cardiectomy-pneumonectomy (including cold preservation)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>33933</td>
<td>Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>33935</td>
<td>Heart-lung transplant with recipient cardiectomy-pneumonectomy</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>33940</td>
<td>Donor cardiectomy (including cold preservation)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>33944</td>
<td>Backbench standard preparation of cadaver donor heart allograft prior to transplantation</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>33945</td>
<td>Heart transplant, with or without recipient cardiectomy</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>36468</td>
<td>Single or multiple injections of sclerosing solutions, spider veins (telangiectasia), limb or trunk</td>
<td>HMO/PPO</td>
</tr>
</tbody>
</table>

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Codes that require Prior Approval for Blue Medicare HMO and/or Blue Medicare PPO

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<tbody>
<tr>
<td>36470</td>
<td>Injection of sclerosing solution; single vein</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>36471</td>
<td>Injection of sclerosing solution; multiple veins; same leg</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>36473</td>
<td>ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOChemical; FIRST VEIN TREATED</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>36474</td>
<td>ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOChemical; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>36475</td>
<td>Endovenous ablation therapy of incompetent vein, extremity</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>36476</td>
<td>Endovenous ablation therapy of incompetent vein, extremity</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>36478</td>
<td>Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>36479</td>
<td>Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>37700</td>
<td>Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>37718</td>
<td>Ligation, division, and stripping, short saphenous vein</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>37722</td>
<td>Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>37735</td>
<td>Ligation and division and complete stripping of long or short saphenous</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>37760</td>
<td>Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>37761</td>
<td>Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>37765</td>
<td>Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>37766</td>
<td>Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>37780</td>
<td>Ligation and division of short saphenous vein at saphenopopliteal junction</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>37785</td>
<td>Ligation, division, and/or excision of varicose vein cluster(s), 1 leg</td>
<td>HMO/PPO</td>
</tr>
</tbody>
</table>

January 2017
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<thead>
<tr>
<th>Codes</th>
<th>Description</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>38204</td>
<td>Management of recipient hematopoietic progenitor cell donor search and cell acquisition</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>38205</td>
<td>Blood-derived hematopoietic progenitor cell harvesting for transplantation; allogenic</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>38206</td>
<td>Blood-derived hematopoietic progenitor cell harvesting for transplantation; autologous</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>38207</td>
<td>Transplant preparation of hematopoietic progenitor cells; cryopreservative</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>38208</td>
<td>Transplant preparation of hematopoietic progenitor cells, thawing of previously frozen harvest, without washing</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>38209</td>
<td>Transplant preparation of hematopoietic progenitor cells, thawing of previously frozen harvest, without washing</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>38210</td>
<td>Transplant preparation of hematopoietic progenitor cells; specific cell</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>38211</td>
<td>Transplant preparation of hematopoietic progenitor cells; tumor cell depletion</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>38212</td>
<td>Transplant preparation of hematopoietic progenitor cells; red blood cell</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>38213</td>
<td>Transplant preparation of hematopoietic progenitor cells; platelet depletion</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>38214</td>
<td>Transplant preparation of hematopoietic progenitor cells; plasma</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>38215</td>
<td>Transplant preparation of hematopoietic progenitor cells; cell concentration</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>38230</td>
<td>Bone marrow harvesting for transplantation</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>38240</td>
<td>Bone marrow or blood-derived peripheral stem cell transplantation; Allogenic</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>38241</td>
<td>Bone marrow or blood-derived peripheral stem cell transplantation; autologous</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>38242</td>
<td>Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>41512</td>
<td>Tongue base suspension, permanent suture technique</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>41805</td>
<td>Removal of embedded foreign body from dentoalveolar structures; soft tissue</td>
<td>HMO</td>
</tr>
<tr>
<td>41806</td>
<td>Removal of embedded foreign body from dentoalveolar structures; bone</td>
<td>HMO</td>
</tr>
<tr>
<td>41820</td>
<td>Gingivectomy, excision gingiva, each quadrant</td>
<td>HMO</td>
</tr>
<tr>
<td>41821</td>
<td>Opectuclectomy, excision pericoronal tissues</td>
<td>HMO</td>
</tr>
</tbody>
</table>
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<tr>
<th>Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>41822</td>
<td>Excision of fibrous tuberosities, dentoalveolar structures</td>
<td>HMO</td>
</tr>
<tr>
<td>41823</td>
<td>Excision of osseous tuberosities, dentoalveolar structures</td>
<td>HMO</td>
</tr>
<tr>
<td>41825</td>
<td>Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair</td>
<td>HMO</td>
</tr>
<tr>
<td>41826</td>
<td>Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair</td>
<td>HMO</td>
</tr>
<tr>
<td>41827</td>
<td>Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair</td>
<td>HMO</td>
</tr>
<tr>
<td>41828</td>
<td>Excision of hyperplastic alveolar mucosa, each quadrant (specify)</td>
<td>HMO</td>
</tr>
<tr>
<td>41830</td>
<td>Alveolectomy, including curettage of osteitis or sequestrectomy</td>
<td>HMO</td>
</tr>
<tr>
<td>41850</td>
<td>Destruction of lesion (except excision), dentoalveolar structures</td>
<td>HMO</td>
</tr>
<tr>
<td>41870</td>
<td>Periodontal mucosal grafting</td>
<td>HMO</td>
</tr>
<tr>
<td>41872</td>
<td>Gingivoplasty, each quadrant (specify)</td>
<td>HMO</td>
</tr>
<tr>
<td>41874</td>
<td>Alveolectomy, each quadrant (specify)</td>
<td>HMO</td>
</tr>
<tr>
<td>42120</td>
<td>Resection of palate or extensive resection of lesion</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>42140</td>
<td>Uvullectomy, excision of uvula</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>42145</td>
<td>Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>42280</td>
<td>Maxillary impression for palatal prosthesis</td>
<td>HMO</td>
</tr>
<tr>
<td>42281</td>
<td>Insertion of pin-retained palatal prosthesis</td>
<td>HMO</td>
</tr>
<tr>
<td>42950</td>
<td>Pharyngoplasty (plastic or reconstructive operation on pharynx)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>43644</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>43645</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>43770</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>43771</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only</td>
<td>HMO/PPO</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>43772</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td></td>
<td>gastric restrictive device component only</td>
<td></td>
</tr>
<tr>
<td>43773</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; removal and replacement</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td></td>
<td>of adjustable gastric restrictive device component only</td>
<td></td>
</tr>
<tr>
<td>43774</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td></td>
<td>gastric restrictive device and subcutaneous port components</td>
<td></td>
</tr>
<tr>
<td>43775</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; longitudinal</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td></td>
<td>gastrectomy (ie, sleeve gastrectomy)</td>
<td></td>
</tr>
<tr>
<td>43842</td>
<td>Gastric restrictive procedure, without gastric bypass, for morbid obesity;</td>
<td>NON COVERED BY ORIGINAL</td>
</tr>
<tr>
<td></td>
<td>vertical-banded gastroplasty</td>
<td>MEDICARE</td>
</tr>
<tr>
<td>43845</td>
<td>Gastric restrictive procedure with partial gastrectomy, pylorus-preserving</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td></td>
<td>duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>absorption (biliopancreatic diversion with Roux-en-Y gastroenterostomy)</td>
<td></td>
</tr>
<tr>
<td>43846</td>
<td>Gastric restrictive procedure, with gastric bypass for morbid obesity; with</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td></td>
<td>short limb (150 cm or less) Roux-en-Y gastroenterostomy</td>
<td></td>
</tr>
<tr>
<td>43847</td>
<td>Gastric restrictive procedure, with gastric bypass for morbid obesity; with</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td></td>
<td>small intestine reconstruction to limit absorption</td>
<td></td>
</tr>
<tr>
<td>43848</td>
<td>Revision, open, of gastric restrictive procedure for morbid obesity, other</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td></td>
<td>than adjustable gastric restrictive device (separate procedure)</td>
<td></td>
</tr>
<tr>
<td>43881</td>
<td>Implantation or replacement of gastric neurostimulator electrodes,</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>43882</td>
<td>Revision or removal of gastric neurostimulator electrodes, antrum, open</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>43886</td>
<td>Gastric restrictive procedure, open; revision of subcutaneous port component</td>
<td>NON COVERED BY ORIGINAL</td>
</tr>
<tr>
<td></td>
<td>only</td>
<td>MEDICARE</td>
</tr>
<tr>
<td>43887</td>
<td>Gastric restrictive procedure, open; removal of subcutaneous port component</td>
<td>NON COVERED BY ORIGINAL</td>
</tr>
<tr>
<td></td>
<td>only</td>
<td>MEDICARE</td>
</tr>
</tbody>
</table>
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<tbody>
<tr>
<td>43888</td>
<td>Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
</tr>
<tr>
<td>44132</td>
<td>Donor enterectomy (including cold preservation), open; from cadaver</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>44133</td>
<td>Donor enterectomy (including cold preservation), open; partial, from living donor</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>44135</td>
<td>Intestinal allotransplantation; from cadaver donor</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>44136</td>
<td>Intestinal allotransplantation; from living donor</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>44715</td>
<td>Backbench standard preparation of cadaver or living donor intestine</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>44720</td>
<td>Backbench reconstruction of cadaver or living donor intestine allograft</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>44721</td>
<td>Backbench reconstruction of cadaver or living donor intestine allograft</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>47133</td>
<td>Donor hepatectomy (including cold preservation), from cadaver donor</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>47135</td>
<td>Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>47140</td>
<td>Donor hepatectomy (including cold preservation), from living donor; left lateral segment only</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>47141</td>
<td>Donor hepatectomy (including cold preservation), from living donor; total left lobectomy</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>47142</td>
<td>Donor hepatectomy (including cold preservation), from living donor; total left lobectomy</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>47143</td>
<td>Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>47144</td>
<td>Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>47145</td>
<td>Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>47146</td>
<td>Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>47147</td>
<td>Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>48160</td>
<td>Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>48550</td>
<td>Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation</td>
<td>HMO/PPO</td>
</tr>
</tbody>
</table>
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<tbody>
<tr>
<td>48551</td>
<td>Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>48552</td>
<td>Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>48554</td>
<td>Transplantation of pancreatic allograft</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>48556</td>
<td>Removal of transplanted pancreatic allograft</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>50300</td>
<td>Donor nephrectomy (including cold preservation); from cadaver donor</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>50320</td>
<td>Donor nephrectomy (including cold preservation); open, from living donor</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>50323</td>
<td>Backbench standard preparation of cadaver donor renal allograft prior to transplantation</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>50325</td>
<td>Backbench standard preparation of living donor renal allograft</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>50327</td>
<td>Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>50328</td>
<td>Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>50329</td>
<td>Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>50340</td>
<td>Recipient nephrectomy (separate procedure)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>50360</td>
<td>Renal allotransplantation, implantation of graft; without recipient nephrectomy</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>50365</td>
<td>Renal allotransplantation, implantation of graft; with recipient nephrectomy</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>50370</td>
<td>Removal of transplanted renal allograft</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>50380</td>
<td>Renal autotransplantation/reimplantation of kidney</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>50547</td>
<td>Laparoscopy, surgical; donor nephrectomy (including cold preservation),</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>53855</td>
<td>Insertion of a temporary prostatic urethral stent, including urethral measurement</td>
<td>HMO</td>
</tr>
<tr>
<td>54360</td>
<td>Plastic operation on penis to correct angulation</td>
<td>HMO</td>
</tr>
<tr>
<td>54400</td>
<td>Insertion of penile prosthesis; non-inflatable (semi-rigid)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>54401</td>
<td>Insertion of penile prosthesis; inflatable (self-contained)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>54405</td>
<td>Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>54408</td>
<td>Repair of component(s) of a multi-component, inflatable penile prosthesis</td>
<td>HMO/PPO</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>54410</td>
<td>Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>54411</td>
<td>Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>54416</td>
<td>Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>54417</td>
<td>Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>54660</td>
<td>Insertion of testicular prosthesis (separate procedure)</td>
<td>HMO</td>
</tr>
<tr>
<td>55175</td>
<td>Scrotoplasty; simple</td>
<td>HMO</td>
</tr>
<tr>
<td>55180</td>
<td>Scrotoplasty; complicated</td>
<td>HMO</td>
</tr>
<tr>
<td>57291</td>
<td>Construction of artificial vagina; without graft</td>
<td>HMO</td>
</tr>
<tr>
<td>57292</td>
<td>Construction of artificial vagina; with graft</td>
<td>HMO</td>
</tr>
<tr>
<td>57295</td>
<td>Revision (including removal) of prosthetic vaginal graft; vaginal approach</td>
<td>HMO</td>
</tr>
<tr>
<td>57426</td>
<td>Revision (including removal) of prosthetic vaginal graft; open abdominal approach</td>
<td>HMO</td>
</tr>
<tr>
<td>58750</td>
<td>Tubotubal anastomosis</td>
<td>HMO</td>
</tr>
<tr>
<td>58770</td>
<td>Salpingostomy (salpingoneostomy)</td>
<td>HMO</td>
</tr>
<tr>
<td>61885</td>
<td>Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>61886</td>
<td>Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>64553</td>
<td>Percutaneous implantation of neurostimulator electrodes; cranial nerve</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>64555</td>
<td>Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>64561</td>
<td>Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)</td>
<td>HMO/PPO</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Codes</th>
<th>Description</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>64568</td>
<td>Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>64569</td>
<td>Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>64573</td>
<td>Incision for implantation of neurostimulator electrodes; Cranial nerve</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>64581</td>
<td>Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>64590</td>
<td>Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>65771</td>
<td>Radial keratotomy</td>
<td>HMO</td>
</tr>
<tr>
<td>67900</td>
<td>Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>67901</td>
<td>Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>67902</td>
<td>Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>67903</td>
<td>Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>67904</td>
<td>Repair of blepharoptosis; (tarso) levator resection or advancement, external approach</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>67906</td>
<td>Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>67908</td>
<td>Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>67909</td>
<td>Reduction of overcorrection of ptosis</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>67911</td>
<td>Correction of lid retraction</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>67950</td>
<td>Canthoplasty (reconstruction of canthus)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>70300</td>
<td>Radiologic examination, teeth; single view</td>
<td>HMO</td>
</tr>
<tr>
<td>70310</td>
<td>Radiologic examination, teeth; partial examination, less than full mouth</td>
<td>HMO</td>
</tr>
<tr>
<td>70320</td>
<td>Radiologic examination, teeth; complete, full mouth</td>
<td>HMO</td>
</tr>
<tr>
<td>70350</td>
<td>Cephalogram, orthodontic</td>
<td>HMO</td>
</tr>
</tbody>
</table>
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<tr>
<th>Codes</th>
<th>Description</th>
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</tr>
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<tbody>
<tr>
<td>86367</td>
<td>Stem cells (ie, CD34), total count</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>90791</td>
<td>Psychiatric diagnostic interview examination</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>90792</td>
<td>Psychiatric diagnostic evaluation with medical services</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>92507</td>
<td>Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual</td>
<td>HMO</td>
</tr>
<tr>
<td>92508</td>
<td>Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual</td>
<td>HMO</td>
</tr>
<tr>
<td>92521</td>
<td>Evaluation of speech fluency (eg, stuttering, cluttering)</td>
<td>HMO</td>
</tr>
<tr>
<td>92522</td>
<td>Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);</td>
<td>HMO</td>
</tr>
<tr>
<td>92523</td>
<td>Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)</td>
<td>HMO</td>
</tr>
<tr>
<td>92524</td>
<td>Behavioral and qualitative analysis of voice and resonance</td>
<td>HMO</td>
</tr>
<tr>
<td>92526</td>
<td>Treatment of swallowing dysfunction and/or oral function for feeding</td>
<td>HMO</td>
</tr>
</tbody>
</table>

**Additional Comments:** Requires prior approval if performed by a speech therapist in outpatient setting.

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<th>Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>92597</td>
<td>Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech</td>
<td>HMO</td>
</tr>
<tr>
<td>92605</td>
<td>Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour</td>
<td>HMO</td>
</tr>
<tr>
<td>92606</td>
<td>Therapeutic service(s) for the use of non-speech-generating device,</td>
<td>HMO</td>
</tr>
<tr>
<td>92607</td>
<td>Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour</td>
<td>HMO</td>
</tr>
<tr>
<td>92608</td>
<td>Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)</td>
<td>HMO</td>
</tr>
<tr>
<td>92609</td>
<td>Therapeutic services for the use of speech-generating device, including programming and modification</td>
<td>HMO</td>
</tr>
<tr>
<td>92610</td>
<td>Evaluation of oral and pharyngeal swallowing function</td>
<td>HMO</td>
</tr>
<tr>
<td>92611</td>
<td>Motion fluoroscopic evaluation of swallowing function by cine or video recording</td>
<td>HMO</td>
</tr>
<tr>
<td>92626</td>
<td>Evaluation of auditory rehabilitation status; first hour</td>
<td>HMO</td>
</tr>
<tr>
<td>92627</td>
<td>Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)</td>
<td>HMO</td>
</tr>
<tr>
<td>92630</td>
<td>Auditory rehabilitation; prelingual hearing loss</td>
<td>HMO</td>
</tr>
<tr>
<td>92633</td>
<td>Auditory rehabilitation; postlingual hearing loss</td>
<td>HMO</td>
</tr>
<tr>
<td>93797</td>
<td>Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)</td>
<td>HMO/PPO</td>
</tr>
</tbody>
</table>

**Additional Comments:** Requires prior approval if services performed as part of a cardiac rehabilitation program and the service is beyond the initial 36 visits. Please refer to the medical coverage policy for cardiac rehabilitation

January 2017
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<thead>
<tr>
<th>Codes</th>
<th>Description</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>93798</td>
<td>Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session) Additional Comments: Requires prior approval if services performed as part of a cardiac rehabilitation program and the service is beyond the initial 36 visits. Please refer to the medical coverage policy for cardiac rehabilitation</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>96101</td>
<td>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>96102</td>
<td>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>96103</td>
<td>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>96105</td>
<td>Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>96110</td>
<td>Developmental screening, with interpretation and report, per standardized instrument form</td>
<td>HMO</td>
</tr>
<tr>
<td>96111</td>
<td>Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>96116</td>
<td>Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>96118</td>
<td>Neuropsychological testing; per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</td>
<td>HMO/PPO</td>
</tr>
</tbody>
</table>
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<tbody>
<tr>
<td>96119</td>
<td>Neuropsychological testing; per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>96120</td>
<td>Neuropsychological testing; administered by a computer, with qualified health care professional interpretation and report</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>96125</td>
<td>Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</td>
<td>HMO</td>
</tr>
<tr>
<td>96904</td>
<td>Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma</td>
<td>HMO</td>
</tr>
<tr>
<td>96931</td>
<td>Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>96932</td>
<td>Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>96933</td>
<td>Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>96934</td>
<td>Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>96935</td>
<td>Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>96936</td>
<td>Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>99601</td>
<td>Home infusion/specialty drug administration, per visit (up to 2 hours);</td>
<td>PPO/HMO</td>
</tr>
<tr>
<td>99602</td>
<td>Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)</td>
<td>PPO/HMO</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>G0424</td>
<td>Pulmonary rehabilitation, including exercise (includes monitoring), one hour,</td>
<td>HMO</td>
</tr>
<tr>
<td></td>
<td><strong>Additional Comments:</strong> Requires prior approval if services performed as part of a pulmonary rehabilitation program and the service is beyond the initial 36 visits. Please refer to the medical coverage policy for pulmonary rehabilitation</td>
<td></td>
</tr>
<tr>
<td>S0215</td>
<td>Nonemergency transportation; mileage, per mile</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S5497</td>
<td>Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S5498</td>
<td>Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S5501</td>
<td>Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S5502</td>
<td>Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S5517</td>
<td>Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S5518</td>
<td>Home infusion therapy, all supplies necessary for catheter repair</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S5520</td>
<td>Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S5521</td>
<td>Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S5522</td>
<td>Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S5523</td>
<td>Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)</td>
<td>HMO/PPO</td>
</tr>
</tbody>
</table>
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<tr>
<td>S9325</td>
<td>Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9326</td>
<td>Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9327</td>
<td>Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9328</td>
<td>Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9329</td>
<td>Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9330</td>
<td>Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9331</td>
<td>Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9336</td>
<td>Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9338</td>
<td>Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9346</td>
<td>Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
</tbody>
</table>
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<thead>
<tr>
<th>Codes</th>
<th>Description</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>S9347</td>
<td>Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9348</td>
<td>Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9349</td>
<td>Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9351</td>
<td>Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9353</td>
<td>Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9355</td>
<td>Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9357</td>
<td>Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9359</td>
<td>Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9361</td>
<td>Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9363</td>
<td>Home infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
</tbody>
</table>
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<tr>
<th>Codes</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>S9373</td>
<td>Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9374</td>
<td>Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9375</td>
<td>Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9376</td>
<td>Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9377</td>
<td>Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9379</td>
<td>Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9490</td>
<td>Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9494</td>
<td>Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9497</td>
<td>Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9500</td>
<td>Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>S9501</td>
<td>Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9502</td>
<td>Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9503</td>
<td>Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9504</td>
<td>Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9538</td>
<td>Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>S9976</td>
<td>Lodging, per diem, not otherwise classified</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>0019T</td>
<td>Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, low energy</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>0042T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
<td></td>
</tr>
<tr>
<td>0052T-0053T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
<td></td>
</tr>
<tr>
<td>0058T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
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<tbody>
<tr>
<td>0071T-0072T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
<td></td>
</tr>
<tr>
<td>0075T</td>
<td>Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>0076T</td>
<td>Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; each additional vessel (List separately in addition to code for primary procedure)</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>0095T – 0098T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
<td></td>
</tr>
<tr>
<td>0102T</td>
<td>Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>0106T-0111T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
<td></td>
</tr>
<tr>
<td>0126T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
<td></td>
</tr>
<tr>
<td>0169T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
<td></td>
</tr>
<tr>
<td>0171T</td>
<td>Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level</td>
<td>HMO/PPO</td>
</tr>
<tr>
<td>0172T</td>
<td>Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; each additional level (List separately in addition to code for primary procedure)</td>
<td>HMO/PPO</td>
</tr>
</tbody>
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<tr>
<td>0174T-0175T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
<td></td>
</tr>
<tr>
<td>0178T-0179T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
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<tr>
<td>0180T-</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
<td></td>
</tr>
<tr>
<td>0184T-0190T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
<td></td>
</tr>
<tr>
<td>0198T-0202T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
<td></td>
</tr>
<tr>
<td>0205T-0212T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
<td></td>
</tr>
<tr>
<td>0219T-0238T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
<td></td>
</tr>
<tr>
<td>0254T-0274T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
<td></td>
</tr>
<tr>
<td>0275T</td>
<td>Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar</td>
<td>HMO/PPO</td>
</tr>
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<td>NON COVERED BY ORIGINAL MEDICARE</td>
<td></td>
</tr>
<tr>
<td>0286T-0294T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
<td></td>
</tr>
<tr>
<td>0299T-0301T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
<td></td>
</tr>
<tr>
<td>0302T-0307T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
<td></td>
</tr>
<tr>
<td>0329T-0333T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
<td></td>
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<tr>
<td>0335T-0342T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
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<tr>
<td>0346T-0375T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
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<tr>
<td>0377T</td>
<td>NON COVERED BY ORIGINAL MEDICARE</td>
<td></td>
</tr>
<tr>
<td>0380T-0468T</td>
<td>Non Covered by Original Medicare</td>
<td></td>
</tr>
</tbody>
</table>