

PRIOR AUTHORIZATION REQUESTS

OVERVIEW

This manual provides a list of services by services type and HCPCS code that require prior authorization. In addition to the services listed below, some services may require prior authorization for other reasons such as exceeding a service limit. Prior authorization criteria is listed in the applicable manual and links to the criteria are provided below.

South Dakota Medicaid has 30 days to make a prior authorization determination. However, in most circumstances' authorizations can be completed in less time, usually around 2 weeks. Prior authorization is only required for the elective services listed below. Urgent or emergent care is exempt from prior authorization requirements. Retro authorizations can be requested after the service is provided if care was suspected to be urgent/emergent at the time but will be billed as elective.

If an inpatient hospitalization admission is the result of an emergent or urgent situation, or is a transfer situation, the Prior Authorization Request Form should be submitted within 48 hours and authorizations will be expedited and completed within 2 business days of the request. No prior authorization is needed for the transportation. Please refer to the [transportation manuals](#) for transportation coverage requirements.

Only one prior authorization is needed for a hospital stay. Physician and other licensed practitioner services are included as part of the prior authorization for the inpatient stay. A prior authorization will be issued to the prior authorization contact for the inpatient facility for the dates of the approved hospital stay. In addition to the hospital facility, this authorization must be shared with all physicians to use for visits billed during that hospital stay.

Most out-of-state services require prior authorization. For questions regarding services rendered by an out-of-state provider please refer to the [Out-of-State Services Manual](#).

REQUEST DOCUMENTATION

All prior authorization request must be submitted with the following information:

- Appropriate prior authorization request form:
 - [BRCA](#)
 - [Synagis](#)
 - [Applied Behavior Analysis Therapy](#)
 - [Private Duty Nursing & Extended Home Health Services](#)
 - [Durable Medical Equipment](#)
 - [Medical Nutrition](#)
 - [Out-of-State Services](#)
 - [Long Term Acute Care \(LTAC\) And Out-Of-State Rehab](#)
 - [Genetic Testing](#)
 - [Incontinence Supply Family Support 360 Waiver](#)
 - [Incontinence Supply Supply HOPE Waiver](#)
 - [Incontinence Supply ADLS Support 360 Waiver](#)
 - [Incontinence Supply CHOICES Waiver](#)
 - [General](#) (Use if there is not a specific form for the requested service)

- Medical documentation, including medical records, to support medical necessity;
- Prescriptions.
- Any additional documentation required by South Dakota Medicaid as listed in the prior authorization criteria.

SUBMISSION

Prior Authorizations requests should be submitted to South Dakota Medicaid via secure email. Use secure email to send completed documentation to DSSMedicaidPA@state.sd.us

If secure email is unavailable, mail or fax completed documentation to:

South Dakota Department of Social Services
Division of Medical Services
Attn: Prior Authorization
700 Governors Drive
Pierre SD 57501

Fax – 605-773-5246

DENIED REQUESTS

Requests that are denied always include an explanation of the reason for denial, as well as instructions for recipients to exercise the right to appeal within 30 days of the date of the letter if desired. Providers may make a second prior authorization request with new medical records or documentation. Any time new requests and records are submitted, South Dakota Medicaid will consider the new records to make a new prior authorization determination.

SERVICES REQUIRING PRIOR AUTHORIZATION BY SERVICE TYPE

Service	Criteria Location	Form
Applied Behavior Analysis (ABA) Therapy Services	Applied Behavior Analysis Services	Prior Authorization Request Form
Bariatric Surgery	Surgical Services	General Prior Authorization Request Form
Bone Growth Stimulators	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form
Botox	Physician Administered Drugs, Vaccines and Immunizations	General Prior Authorization Request Form
Breast Pump (Hospital Grade Electric Breast Pump)	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form

Breast Reconstruction	Surgical Services	General Prior Authorization Request Form
Breast Reduction	Surgical Services	General Prior Authorization Request Form
Care Management For Rehabilitation Units	Inpatient Hospital Services	General Prior Authorization Request Form
Care Management Psychiatric Units	Inpatient Hospital Services	Out-of-State Prior Authorization Request Form General Prior Authorization Request Form
Cochlear Implant	Surgical Services	General Prior Authorization Request Form
Continuous Glucose Monitoring Policy	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form
Continuous Passive Motion Devices	Surgical Services	DME Prior Authorization Request Form
Cough Stimulating Devices	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form
EPSDT	Well Child, Well Adult, and Other Preventative Services	General Prior Authorization Request Form DME Prior Authorization Request Form Nutrition Prior Authorization Request Form
Gait Trainers	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form
Genetic Testing	Laboratory and Pathology Services	Genetic Testing Prior Authorization Request Form BRCA Testing Prior Authorization Request Form
High Frequency Chest Wall Compression Or Intrapulmonary Percussive Ventilation Devices	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form

Hydroxyprogesterone Caproate (Makena®)	Physician Administered Drugs, Vaccines and Immunizations	General Prior Authorization Request Form
Hyperbaric Oxygen Therapy	Outpatient Hospital Services	General Prior Authorization Request Form
Hysterectomy	Sterilization	Hysterectomy Acknowledgement of Information
Implanted Nerve Stimulators	Surgical Services	General Prior Authorization Request Form
Long Term Acute Care	Inpatient Hospital Services	General Prior Authorization Request Form
Low Air Loss / Pressure Reduction Therapy	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form
Lymphedema Pumps	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form
Magnetoencephalography (Meg) And Magnetic Source Imaging (Msi)	Outpatient Hospital Services	General Prior Authorization Request Form
Medically Complex / Rehab For Children	Inpatient Hospital Services	General Prior Authorization Request Form
Mental Health Visits Beyond The Coverage Limit	Independent Mental Health Practitioners	General Prior Authorization Request Form
Mental Health Visits For Children Under 2 Years Of Age	Community Mental Health Centers	General Prior Authorization Request Form
Negative Pressure Wound Therapy Pumps V.A.C.	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form
Neonatal Intensive Care Unit	Inpatient Hospital Services	General Prior Authorization Request Form
Nutrition Therapy	Nutritional Therapy Services and Nutrition Supplements	Nutrition Prior Authorization Request Form
Out-Of-State Services	Out-of-State Providers	Out-of-State Prior Authorization Request Form
Panniculectomy	Surgical Services	General Prior Authorization Request Form
Private Duty Nursing	Private Duty Nursing	Private Duty Nursing & Extended Home Health Services Prior Authorization Request Form

Psychiatric Residential Treatment Facilities (PRTF)	Psychiatric Residential Treatment Facilities	State Review Team Facilitator Megan Newling Phone: 605-773-3448
Questionably Cosmetic Procedures	Surgical Services	General Prior Authorization Request Form
Removal Of Excess Skin	Surgical Services	General Prior Authorization Request Form
Specialty Mobility Devices	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form
Speech Generating Device	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form
Spinal Surgery	Surgical Services	General Prior Authorization Request Form
Sterilization	Sterilization	Sterilization Consent Form
Synagis	Physician Administered Drugs, Vaccines and Immunizations	Prior Authorization Form
Transplants	Surgical Services	General Prior Authorization Request Form

SERVICES REQUIRING PRIOR AUTHORIZATION BY HCPCS

CPT/HCPC Code	Description
0012M	Oncology (Urothelial), Mrna, Gene Expression Profiling By Real-Time Quantitative Pcr Of Five Genes (Mdk, Hoxa13, Cdc2 [Cdk1], Igfbp5, And Cxcr2), Utilizing Urine, Algorithm Reported As A Risk Score For Having Urothelial Carcinoma
0013M	Oncology (Urothelial), Mrna, Gene Expression Profiling By Real-Time Quantitative Pcr Of Five Genes (Mdk, Hoxa13, Cdc2 [Cdk1], Igfbp5, And Cxcr2), Utilizing Urine, Algorithm Reported As A Risk Score For Having Recurrent Urothelial Carcinoma
0402T	Collagen Cross-Linking Treatment Of Disease Of Cornea
11921	Introduction Of Pigment Into Skin (6.1 To 20.0 Sq Cm) To Correct Color Defect
11951	Injection Of 1.1 To 5.0 Cc Filling Material, Beneath The Skin
11954	Injection Of Over 10.0 Cc Filling Material, Beneath The Skin
11970	Replacement Of Tissue Expander With Permanent Implant
15769	Grafting Of Patient Soft Tissue, Harvested By Direct Excision
15771	Grafting Of Patient Fat, Harvested By Liposuction To Trunk, Breasts, Scalp, Arms, And/Or Legs; 50 Cubic Centimeters Or Less
15772	Grafting Of Patient Fat, Harvested By Liposuction To Trunk, Breasts, Scalp, Arms, And/Or Legs; Additional 50 Cubic Centimeters Or Less
15773	Grafting Of Patient Fat, Harvested By Liposuction To Face, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, And/Or Feet; 25 Cc Or Less Injectate

CPT/HCPC Code	Description
15774	Grafting Of Patient Fat, Harvested By Liposuction To Face, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, And/Or Feet; Each Additional 25 Cc Or Less Injectate
15788	Chemical Peel Of Skin Of Face, Outer Layer
15789	Chemical Peel Of Skin Of Face, Deep Layer
15823	Blepharoplasty, Upper Eyelid; With Excessive Skin Weighting Down Lid
15830	Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Abdomen, Infraumbilical Panniculectomy
15832	Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Thigh
15833	Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Leg
15834	Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Hip
15835	Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Buttock
15836	Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Arm
15837	Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Forearm Or Hand
15838	Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Submental Fat Pad
15839	Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Other Area
15876	Suction Assisted Lipectomy; Head And Neck
15877	Suction Assisted Lipectomy; Trunk
15878	Suction Assisted Lipectomy; Upper Extremity
15879	Suction Assisted Lipectomy; Lower Extremity
19300	Mastectomy For Gynecomastia
19316	Repair For Sagging Of The Breast
19318	Breast Reduction
19325	Insertion Of Breast Implant
19328	Removal Of Intact Breast Implant
19330	Removal Of Ruptured Breast Implant And Implant Material
19340	Immediate Insertion Of Breast Implant On Same Day As Mastectomy
19342	Delayed Insertion Of Breast Implant After Mastectomy
19350	Nipple/Areola Reconstruction
19355	Correction Of Inverted Nipples
19357	Reconstruction Of Breast Using Tissue Expander
19361	Reconstruction Of Breast With Back Muscle Flap
19364	Reconstruction Of Breast With Free Flap
19367	Reconstruction Of Breast With Abdominal Muscle Flap
19368	Reconstruction Of Breast With Single-Based Abdominal Muscle Flap
19369	Reconstruction Of Breast With Double-Based Abdominal Muscle Flap
19370	Surgical Change To Tissue Capsule Surrounding Breast Implant
19371	Removal Of Entire Tissue Capsule Surrounding Breast Implant
19380	Surgical Change To Reconstructed Breast
19396	Preparation Of Moulage For Custom Breast Implant
20930	Fragmented Donor Bone Graft Or Placement Of Material To Promote Bone Growth For Spine Surgery
20931	Structural Donor Bone Graft For Spine Surgery

CPT/HCPC Code	Description
20936	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (Eg, Ribs, Spinous Process, Or Lamina Fragments) Obtained From Same Incision (List Separately In Addition To Code For Primary Procedure)
20939	Harvest Of Bone Marrow For Spine Surgery Graft
21137	Reduction Forehead; Contouring Only
21138	Reduction Forehead; Contouring And Application Of Prosthetic Material Or Bone Graft (Includes Obtaining Autograft)
22532	Fusion Of Middle Spine Bones With Removal Of Disc, Lateral Approach
22533	Fusion Of Lower Spine Bones With Removal Of Disc, Lateral Approach
22548	Fusion Of Spine Bones At Base Of Neck, Oral Approach
22551	Fusion Of Spine Bones With Removal Of Disc At Upper Spinal Column, Anterior Approach, Complex
22552	Fusion Of Spine Bones With Removal Of Disc In Upper Spinal Column Below Second Vertebra Of Neck , Anterior Approach
22554	Fusion Of Spine Bones With Removal Of Disc At Upper Spinal Column, Anterior Approach, Simple
22556	Fusion Of Middle Spine Bones With Removal Of Disc, Anterior Approach
22558	Fusion Of Spine Bones With Removal Of Disc At Lower Spinal Column, Anterior Approach
22585	Fusion Of Spine Bones With Removal Of Disc, Anterior Approach
22586	Arthrodesis, Pre-Sacral Interbody Technique, Including Disc Space Preparation, Discectomy, With Posterior Instrumentation, With Image Guidance, Includes Bone Graft When Performed, L5-S1 Interspace
22590	Fusion Of First Two Upper Spine Bones Of Spinal Column, Posterior Approach
22595	Fusion Of Spine Bones At Skull Base, Posterior Approach
22600	Fusion Of Upper Spine Bones, Posterior Or Posterolateral Approach
22610	Fusion Of Middle Spine Bones, Posterior Or Posterolateral Approach
22612	Fusion Of Lower Spine Bones, Posterior Or Posterolateral Approach
22614	Fusion Of Spine Bones, Posterior Or Posterolateral Approach
22630	Fusion Of Lower Spine Bones With Removal Of Disc, Posterior Approach, Single Interspace
22632	Fusion Of Lower Spine Bones With Removal Of Disc, Posterior Approach, Single Interspace, Each Additional Interspace
22633	Fusion Of Lower Spine Bones With Removal Of Disc, Posterior Or Posterolateral Approach, Single Interspace And Segment
22634	Fusion Of Lower Spine Bones With Removal Of Disc, Posterior Or Posterolateral Approach, Single Interspace And Segment, Each Additional Interspace And Segment
22800	Fusion Of Spine Bones For Correction Of Deformity, Posterior Approach, Up To 6 Vertebral Segments
22802	Fusion Of Spine Bones For Correction Of Deformity, Posterior Approach, 7 To 12 Vertebral Segments
22804	Fusion Of Spine Bones For Correction Of Deformity, Posterior Approach, 13 Or More Vertebral Segments
22808	Fusion Of Spine Bones For Correction Of Deformity, Anterior Approach, 2 To 3 Vertebral Segments

CPT/HCPC Code	Description
22810	Fusion Of Spine Bones For Correction Of Deformity, Anterior Approach, 4 To 7 Vertebral Segments
22812	Fusion Of Spine Bones For Correction Of Deformity, Anterior Approach, 8 Or More Vertebral Segments
22818	Fusion Of Spine Bones For Correction Of Hunchback Deformity, Single Or 2 Segments
22819	Fusion Of Spine Bones For Correction Of Hunchback Deformity, 3 Or More Segments
22830	Exploration Of Spinal Fusion
22840	Insertion Of Posterior Spinal Instrumentation At Base Of Neck For Stabilization, 1 Interspace
22841	Internal Spinal Fixation By Wiring Of Spinous Processes (List Separately In Addition To Code For Primary Procedure)
22842	Insertion Of Posterior Spinal Instrumentation For Spinal Stabilization, 3 To 6 Vertebral Segments
22843	Insertion Of Posterior Spinal Instrumentation For Spinal Stabilization, 7 To 12 Vertebral Segments
22844	Insertion Of Posterior Spinal Instrumentation For Spinal Stabilization, 13 Or More Vertebral Segments
22845	Insertion Of Anterior Spinal Instrumentation For Spinal Stabilization, 2 To 3 Vertebral Segments
22846	Insertion Of Anterior Spinal Instrumentation For Spinal Stabilization, 4 To 7 Vertebral Segments
22847	Insertion Of Anterior Spinal Instrumentation For Spinal Stabilization, 8 Or More Vertebral Segments
22848	Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony Structures) Other Than Sacrum (List Separately In Addition To Code For Primary Procedure)
22849	Reinsertion Of Spinal Fixation Device
22850	Removal Of Posterior Nonsegmental Spinal Instrumentation
22852	Removal Of Posterior Segmental Spinal Instrumentation
22855	Removal Of Anterior Instrumentation (Eg, Dwyer Device)
22856	Insertion Of Artificial Upper Spine Disc, Anterior Approach
22857	Insertion Of Artificial Lower Spine Disc, Anterior Approach
22858	Insertion Of Artificial Upper Spine Disc Anterior Approach
22859	Insertion Of Device Into Gap Left By Removal Of Part Of Vertebra
22861	Revision With Replacement Of Artificial Upper Spine Disc
22862	Revision With Replacement Of Artificial Lower Spine Disc
22864	Revision Of Artificial Upper Spine Disc, Cervical
22865	Revision Of Artificial Lower Spine Disc, Lumbar
22867	Insertion Of Stabilizing Or Separating Device Into Lower Spine At Single Level With Open Decompression
22868	Insertion Of Stabilizing Or Separating Device Into Lower Spine At Additional Level With Open Decompression
22869	Insertion Of Stabilizing Or Separating Device Into Lower Spine At Single Level
22870	Insertion Of Stabilizing Or Separating Device Into Lower Spine At Second Level
22899	Unlisted Procedure, Spine

CPT/HCPC Code	Description
30468	Repair Of Collapsed Nostril Using Implant In Side Of Nose
31298	Dilation Of Sphenoid And Frontal Sinus In The Nose Using An Endoscope
32850	Donor Pneumonectomy (Including Cold Preservation), From Cadaver Donor
32851	Lung Transplant, Single; Without Cardiopulmonary Bypass
32852	Lung Transplant, Single; With Cardiopulmonary Bypass
32853	Lung Transplant, Double (Bilateral Sequential Or En Bloc); Without Cardiopulmonary Bypass
32854	Lung Transplant, Double (Bilateral Sequential Or En Bloc); With Cardiopulmonary Bypass
33927	Implantation Of Artificial Heart
33928	Replacement Of Artificial Heart
33935	Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy
33945	Heart Transplant, With Or Without Recipient Cardiectomy
36465	Injection Of Chemical Agent Into Single Incompetent Vein Of Leg Using Ultrasound Guidance
36466	Injection Of Chemical Agent Into Multiple Incompetent Veins Of Same Leg Using Ultrasound Guidance
36468	Injection Of Chemical Agent Into Spider Veins Of Arm, Leg, Or Trunk
36470	Injection Of Chemical Agent Into Single Incompetent Vein
36471	Injection Of Chemical Agent Into Multiple Incompetent Veins Of One Leg
36475	Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin
36476	Radiofrequency Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance
36478	Laser Destruction Of Incompetent Vein Of Arm Or Leg Using Imaging Guidance, Accessed Through The Skin
36479	Laser Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance
36482	Chemical Destruction Of Incompetent Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance
36483	Chemical Destruction Of Incompetent Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance, Subsequent Vein(S)
36516	Mechanical Separation Of Plasma And Abnormal Antibodies From Blood
37718	Ligation, Division, And Stripping, Short Saphenous Vein
37722	Ligation, Division, And Stripping, Long (Greater) Saphenous Veins From Saphenofemoral Junction To Knee Or Below
37735	Ligation And Division And Complete Stripping Of Long Or Short Saphenous Veins With Radical Excision Of Ulcer And Skin Graft And/Or Interruption Of Communicating Veins Of Lower Leg, With Excision Of Deep Fascia
37760	Tying Of Varicose Veins In One Leg, Open Procedure, Radical
37761	Tying Of Varicose Veins In One Leg, Open Procedure, Simple
37765	Multiple Incisions For Removal Of Varicose Veins Of Arm Or Leg, 10-20 Incisions
37766	Multiple Incisions For Removal Of Varicose Veins Of Arm Or Leg, Greater Than 20 Incisions
37780	Tying And Incision Leg Vein, Short Saphenous Vein
37785	Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg

CPT/HCPC Code	Description
38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Allogenic
38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Autologous
38230	Harvesting Of Donor Bone Marrow For Transplantation
38240	Transplantation Of Donor Stem Cells, Per Donor
38241	Transplantation Of Patient-Derived Stem Cells
38242	Transplantation Of Donor White Cells (Lymphocytes)
43633	Gastrectomy, Partial, Distal; With Roux-En-Y Reconstruction
43644	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb 150 Cm Or Less)
43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine Reconstruction To Limit Absorption
43647	Laparoscopy, Surgical; Implantation Or Replacement Of Gastric Neurostimulator Electrodes, Antrum
43648	Laparoscopy, Surgical; Revision Or Removal Of Gastric Neurostimulator Electrodes, Antrum
43659	Unlisted Laparoscopy Procedure, Stomach
43770	Laparoscopy, Surgical, Gastric Restrictive Procedure; Placement Of Adjustable Gastric Restrictive Device (Eg, Gastric Band And Subcutaneous Port Components)
43771	Laparoscopy, Surgical, Gastric Restrictive Procedure; Revision Of Adjustable Gastric Restrictive Device Component Only
43772	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gastric Restrictive Device Component Only
43773	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal And Replacement Of Adjustable Gastric Restrictive Device Component Only
43774	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gastric Restrictive Device And Subcutaneous Port Components
43775	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy)
43842	Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty
43843	Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty
43845	Partial Removal Of Stomach, With Partial Gastrectomy
43846	Partial Removal Of Stomach, With Gastroenterostomy
43847	Partial Removal Of Stomach, With Small Intestine Repair
43848	Revision Of Upper Stomach Bypass, Open Procedure
43850	Revision Of Gastroduodenal Anastomosis (Gastroduodenostomy) With Reconstruction; Without Vagotomy
43881	Replacement Of Stimulator Electrodes In Upper Stomach, Open Procedure
43882	Removal Of Stimulator Electrodes In Upper Stomach, Open Procedure
43886	Revision Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure
43887	Removal Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure

CPT/HCPC Code	Description
43888	Replacement Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure
44133	Partial Removal Of Donor Small Bowel For Transplantation, Open Procedure
44136	Intestinal Allograft; From Living Donor
47135	Transplantation Of Donor Liver To Anatomic Position
48160	Pancreatectomy, Total Or Subtotal, With Autologous Transplantation Of Pancreas Or Pancreatic Islet Cells
48550	Donor Pancreatectomy (Including Cold Preservation), With Or Without Duodenal Segment For Transplantation
48551	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues, Splenectomy, Duodenotomy, Ligation Of Bile Duct, Ligation Of Mesenteric Vessels, And Y-Gr
48552	Preparation Of Donor Pancreas For Transplantation, Each
48554	Transplantation Of Pancreatic Allograft
48556	Removal Of Transplanted Pancreatic Allograft
48999	Unlisted Procedure, Pancreas
56805	Clitoroplasty For Intersex State
61885	Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To A Single Electrode
61886	Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To Multiple Electrodes
63001	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetomy, Foraminotomy Or Discectomy, (Eg, Spinal Stenosis), One Or Two Vertebral Segments; Cervical
63003	Partial Removal Of Spinal Bone With Exploration And/Or Decompression Of Spinal Cord In Upper Back
63005	Partial Removal Of Spinal Bone With Exploration And/Or Decompression Of Spinal Cord In Lower Back
63011	Laminectomy For Decompression Of Spinal Cord And/Or Cauda Equina, One Or Two Segments; Sacral
63012	Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis With Decompression Of Cauda Equina And Nerve Roots For Spondylolisthesis, Lumbar (Gill Type Procedure)
63015	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetomy, Foraminotomy Or Discectomy, (Eg, Spinal Stenosis), More Than 2 Vertebral Segments; Cervical
63016	Partial Removal Of Bone And/Or Release Of Middle Spinal Cord Or Spinal Nerves, More Than 2 Vertebral Segments
63017	Partial Removal Of Bone And/Or Release Of Lower Spinal Cord Or Spinal Nerves, More Than 2 Vertebral Segments
63020	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Cervical
63030	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Lumbar

CPT/HCPC Code	Description
63035	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; Each Additional Interspace, Cervical Or Lumbar (List Separately In Addition To Code For Primary
63040	Re-Exploration Of Spine Repair With Release Of Upper Spinal Cord Or Nerves, Single Interspace
63042	Re-Exploration Of Spine Repair With Release Of Lower Spinal Cord Or Nerves, Single Interspace
63043	Re-Exploration Of Spine Repair With Release Of Upper Spinal Cord Or Nerves, Each Additional Cervical Interspace
63044	Re-Exploration Of Spine Repair With Release Of Lower Spinal Cord Or Nerves, Each Additional Lumbar Interspace
63045	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root(S), (Eg, Spinal Or Lateral Recess Stenosis), Single Vertebral Segment; Cervical
63046	Partial Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Mid Back (Thoracic) Area
63047	Partial Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Lower Back (Lumbar) Area
63048	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root(S), (Eg, Spinal Or Lateral Recess Stenosis)), Single Vertebral Segment; Each Additional Segment, Cervical, Thoracic, Or Lumba
63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More Vertebral Segments;
63051	Reconstruction Of Bone Around Spinal Canal With Release Of Spinal Cord, With Bone Reconstruction
63055	Release Of Middle Spinal Cord And/Or Nerves
63056	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disk), Single Segment; Lumbar (Including Transfacet, Or Lateral Extraforaminal Approach) (Eg, Far Lateral Herniated Intervertebral Disk)
63057	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disk), Single Segment; Each Additional Segment, Thoracic Or Lumbar (List Separately In Addition To Code For Primary Procedure)
63064	Release Of Middle Spinal Cord Or Nerves, Costovertebral Approach, Single Segment
63066	Release Of Middle Spinal Cord Or Nerves, Costovertebral Approach, Each Additional Segment
63075	Removal Of Upper Spine Disc And Release Of Spinal Cord And/Or Nerves, Single Interspace
63076	Removal Of Upper Spine Disc And Release Of Spinal Cord And/Or Nerves, Each Additional Interspace
63077	Removal Of Middle Spine Disc And Release Of Spinal Cord And/Or Nerves, Single Interspace

CPT/HCPC Code	Description
63078	Removal Of Middle Spine Disc And Release Of Spinal Cord And/Or Nerves, Each Additional Interspace
63185	Removal Of Spine Bone With Severing Of Nerve Roots, 1 Or 2 Segments
63190	Removal Of Spine Bone With Severing Of Nerve Roots, More Than 2 Segments
63191	Laminectomy With Section Of Spinal Accessory Nerve
63194	Removal Of Spine Bone With Incision Of One Upper Spinal Cord Tract
63195	Removal Of Spine Bone With Incision Of One Middle Spinal Cord Tract
63196	Removal Of Spine Bone With Incision Of Both Upper Spinal Cord Tracts
63197	Removal Of Spine Bone With Incision Of Both Middle Spinal Cord Tracts
63198	Removal Of Spine Bone With Incision Of Upper Spinal Cord, 2 Stages Within 14 Days
63199	Removal Of Spine Bone With Incision Of Middle Spinal Cord, 2 Stages Within 14 Days
63200	Laminectomy, With Release Of Tethered Spinal Cord, Lumbar
63650	Implantation Of Spinal Neurostimulator Electrodes, Accessed Through The Skin
63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural
63685	Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling
64561	Insertion Of Sacral Nerve Neurostimulator Electrodes, Accessed Through The Skin
64568	Incision For Implantation Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array And Pulse Generator
64575	Incision For Implantation Of Neurostimulator Electrode Array; Peripheral Nerve (Excludes Sacral Nerve)
64581	Incision For Implantation Of Neurostimulator Electrode Array; Sacral Nerve (Transforaminal Placement)
64590	Insertion Or Replacement Of Peripheral Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling
64595	Revision Or Removal Of Peripheral Neurostimulator Pulse Generator Or Receiver
69300	Otoplasty, Protruding Ear, With Or Without Size Reduction
69930	Cochlear Device Implantation, With Or Without Mastoidectomy
81161	Gene Analysis (Dystrophin)
81162	Gene Analysis (Breast Cancer 1 And 2) Of Full Sequence And Analysis For Duplication Or Deletion Variants
81163	Gene Analysis (Breast Cancer 1 And 2) Of Full Sequence
81164	Gene Analysis (Breast Cancer 1 And 2) For Duplication Or Deletion Variants
81165	Gene Analysis (Breast Cancer 1) Of Full Sequence
81166	Gene Analysis (Breast Cancer 1) For Duplication Or Deletion Variants
81167	Gene Analysis (Breast Cancer 2) For Duplication Or Deletion Variants
81171	Gene Analysis (Fragile X Mental Retardation 2) For Abnormal Alleles
81172	Gene Analysis (Fragile X Mental Retardation 2) For Characterization Of Alleles
81173	Gene Analysis (Androgen Receptor) Of Full Sequence
81174	Gene Analysis (Androgen Receptor) For Known Familial Variant
81177	Gene Analysis (Atropin 1) For Abnormal Alleles
81178	Gene Analysis (Ataxin 1) For Abnormal Alleles
81179	Gene Analysis (Ataxin 2) For Abnormal Alleles
81180	Gene Analysis (Ataxin 3) For Abnormal Alleles

CPT/HCPC Code	Description
81181	Gene Analysis (Ataxin 7) For Abnormal Alleles
81182	Gene Analysis (Ataxin 8 Opposite Strand [Non-Protein Coding]) For Abnormal Alleles
81183	Gene Analysis (Ataxin 10) For Abnormal Alleles
81184	Gene Analysis (Calcium Voltage-Gated Channel Subunit Alpha1 A) For Abnormal Alleles
81185	Gene Analysis (Calcium Voltage-Gated Channel Subunit Alpha1 A) Of Full Sequence
81186	Gene Analysis (Calcium Voltage-Gated Channel Subunit Alpha1 A) For Known Familial Variant
81187	Gene Analysis (Cch-Type Zinc Finger Nucleic Acid Binding Protein) For Abnormal Alleles
81188	Gene Analysis (Cystatin B) For Abnormal Alleles
81189	Gene Analysis (Cystatin B) Of Full Sequence
81190	Gene Analysis (Cystatin B) For Known Familial Variants
81191	Gene Analysis (Neurotrophic Receptor Tyrosine Kinase 1) Translocation Analysis
81192	Gene Analysis (Neurotrophic Receptor Tyrosine Kinase 2) Translocation Analysis
81193	Gene Analysis (Neurotrophic Receptor Tyrosine Kinase 3) Translocation Analysis
81194	Gene Analysis (Neurotrophic Receptor Tyrosine Kinase 1, 2, And 3) Translocation Analysis
81200	Aspa (Aspartoacylase) (Eg, Canavan Disease) Gene Analysis, Common Variants (Eg, E285A, Y231X)
81201	Gene Analysis (Adenomatous Polyposis Coli), Full Gene Sequence
81202	Gene Analysis (Adenomatous Polyposis Coli), Known Familial Variants
81203	Gene Analysis (Adenomatous Polyposis Coli), Duplication Or Deletion Variants
81204	Gene Analysis (Androgen Receptor) For Characterization Of Alleles
81205	Gene Analysis (Branched-Chain Keto Acid Dehydrogenase E1, Beta Polypeptide)
81209	Gene Analysis (Bloom Syndrome, Recq Helicase-Like)
81210	Gene Analysis (V-Raf Murine Sarcoma Viral Oncogene Homolog B1)
81212	Gene Analysis (Breast Cancer 1 And 2) For 185Delag, 5385Insc, 6174Delt Variants
81215	Gene Analysis (Breast Cancer 1) For Known Familial Variant
81216	Gene Analysis (Breast Cancer 2) Of Full Sequence
81217	Gene Analysis (Breast Cancer 2) For Known Familial Variant
81220	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Common Variants (Eg, Acmg/Acog Guidelines)
81221	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Known Familial Variants
81222	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Duplication/Deletion Variants
81223	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Full Gene Sequence
81224	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Intron 8 Poly-T Analysis (Eg, Male Infertility)
81225	Gene Analysis (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19) Common Variants
81226	Gene Analysis (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6) Common Variants

CPT/HCPC Code	Description
81227	Gene Analysis (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) Common Variants
81228	Cytogenomic Constitutional (Genome-Wide) Microarray Analysis; Interrogation Of Genomic Regions For Copy Number Variants (Eg, Bacterial Artificial Chromosome [Bac] Or Oligo-Based Comparative Genomic Hybridization [Cgh] Microarray Analysis)
81229	Cytogenomic Constitutional (Genome-Wide) Microarray Analysis; Interrogation Of Genomic Regions For Copy Number And Single Nucleotide Polymorphism (Snp) Variants For Chromosomal Abnormalities
81233	Gene Analysis (Bruton'S Tyrosine Kinase) For Common Variants
81234	Gene Analysis (Dm1 Protein Kinase) For Abnormal Alleles
81236	Gene Analysis (Enhancer Of Zeste 2 Polycomb Repressive Complex 2 Subunit) Of Full Sequence
81237	Gene Analysis (Enhancer Of Zeste 2 Polycomb Repressive Complex 2 Subunit) For Common Variants
81239	Gene Analysis (Dm1 Protein Kinase) For Characterization Of Alleles
81240	Gene Analysis (Prothrombin, Coagulation Factor Ii) A Variant
81244	Gene Analysis (Fragile X Mental Retardation 1) For Characterization Of Alleles
81251	Gene Analysis (Glucosidase, Beta, Acid) Common Variants
81252	Gene Analysis (Gap Junction Protein, Beta 2, 26Kda, Connexin 26), Full Gene Sequence
81253	Gene Analysis (Gap Junction Protein, Beta 2, 26Kda, Connexin 26), Known Familial Variants
81254	Gene Analysis (Gap Junction Protein, Beta 6, 30Kda, Connexin 30), Common Variants
81257	Gene Analysis (Alpha Globin 1 And Alpha Globin 2) For Common Deletions Or Variant
81258	Gene Analysis (Alpha Globin 1 And Alpha Globin 2) For Known Familial Variant
81259	Gene Analysis (Alpha Globin 1 And Alpha Globin 2) Full Sequence Analysis
81260	Gene Analysis (Inhibitor Of Kappa Light Polypeptide Gene Enhancer In B-Cells, Kinase Complex-Associated Protein) Common Variants
81269	Gene Analysis (Alpha Globin 1 And Alpha Globin 2) For Duplication/Deletion Variants
81271	Gene Analysis (Huntingtin) For Abnormal Alleles
81272	Gene Analysis (V-Kit Hardy-Zuckerman 4 Feline Sarcoma Viral Oncogene Homolog), Targeted Sequence
81273	Gene Analysis (V-Kit Hardy-Zuckerman 4 Feline Sarcoma Viral Oncogene Homolog), D816 Variants
81274	Gene Analysis (Huntingtin) For Characterization Of Alleles
81275	Gene Analysis (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncogene) Variants In Codons 12 And 13
81276	Gene Analysis (Kirsten Rat Sarcoma Viral Oncogene Homolog), Additional Variants
81277	Cancer Cytogenomic Array Gene Analysis
81284	Gene Analysis (Fratxin) For Abnormal Alleles
81285	Gene Analysis (Fratxin) For Characterization Of Alleles
81286	Gene Analysis (Fratxin) Of Full Sequence

CPT/HCPC Code	Description
81288	Test For Detecting Genes Associated With Colon Cancer, Promoter Methylation Analysis
81289	Gene Analysis (Frataxin) For Known Familial Variants
81290	Mcoln1 (Mucolipin 1) (Eg, Mucolipidosis, Type Iv) Gene Analysis, Common Variants (Eg, Ivs3-2A>G, Del6.4Kb)
81291	Gene Analysis (5, 10-Methylenetetrahydrofolate Reductase) Common Variants
81292	Gene Analysis (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Full Sequence Analysis
81293	Gene Analysis (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Known Familial Variants
81294	Gene Analysis (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Duplication Or Deletion Variants
81295	Gene Analysis (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Full Sequence Analysis
81296	Gene Analysis (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Known Familial Variants
81297	Gene Analysis (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Duplication Or Deletion Variants
81298	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
81299	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
81300	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
81301	Microsatellite Instability Analysis (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Of Markers For Mismatch Repair Deficiency (Eg, Bat25, Bat26), Includes Comparison Of Neoplastic And Normal Tissue, If Performed
81302	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Full Sequence Analysis
81303	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Known Familial Variant
81304	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Duplication/Deletion Variants
81305	Gene Analysis (Myeloid Differentiation Primary Response 88) For P.Leu265Pro Variant
81306	Gene Analysis (Nudix Hydrolase 15) For Common Variants
81307	Gene Analysis (Partner And Localizer Of Brca2) Full Sequence Analysis
81308	Gene Analysis (Partner And Localizer Of Brca2) For Detection Of Known Familial Variant
81309	Gene Analysis (Partner And Localizer Of Brca2) Targeted Sequence Analysis
81311	Gene Analysis For Cancer (Neuroblastoma)
81312	Gene Analysis (Poly[A] Binding Protein Nuclear 1) For Abnormal Alleles
81313	Test For Detecting Genes Associated With Prostate Cancer
81314	Gene Analysis ((Platelet-Derived Growth Factor Receptor, Alpha Polypeptide) Targeted Sequence

CPT/HCPC Code	Description
81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
81320	Gene Analysis (Phospholipase C Gamma 2) For Common Variants
81321	Gene Analysis (Phosphatase And Tensin Homolog), Full Sequence Analysis
81322	Gene Analysis (Phosphatase And Tensin Homolog), Known Familial Variant
81323	Gene Analysis (Phosphatase And Tensin Homolog), Duplication Or Deletion Variant
81324	Gene Analysis (Peripheral Myelin Protein 22), Duplication Or Deletion Analysis
81325	Gene Analysis (Peripheral Myelin Protein 22), Full Sequence Analysis
81326	Gene Analysis (Peripheral Myelin Protein 22), Known Familial Variant
81327	Gene Analysis (Septin9) For Promoter Methylation
81328	Gene Analysis (Solute Carrier Organic Anion Transporter Family, Member 1B1) For Common Variant
81329	Gene Analysis (Survival Of Motor Neuron 1, Telomeric) For Dosage/Deletion
81330	Gene Analysis (Sphingomyelin Phosphodiesterase 1, Acid Lysosomal) Common Variants
81331	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) (Eg, Prader-Willi Syndrome And/Or Angelman Syndrome), Methylation Analysis
81332	Gene Analysis (Serpine Peptidase Inhibitor, Clade A, Alpha-1 Antiproteinase, Antitrypsin, Member 1) Common Variants
81333	Gene Analysis (Transforming Growth Factor Beta-Induced) For Common Variants
81336	Gene Analysis (Survival Of Motor Neuron 1, Telomeric) Of Full Sequence
81337	Gene Analysis (Survival Of Motor Neuron 1, Telomeric) For Known Familial Sequence Variants
81343	Gene Analysis (Protein Phosphatase 2 Regulatory Subunit Bbeta) For Abnormal Alleles
81344	Gene Analysis (Tata Box Binding Protein) For Abnormal Alleles
81345	Gene Analysis (Telomerase Reverse Transcriptase) Targeted Sequence Analysis
81347	Gene Analysis (Splicing Factor [3B] Subunit B1) For Detection Of Common Variants
81348	Gene Analysis (Serine And Arginine-Rich Splicing Factor 2) For Detection Of Common Variants
81350	Gene Analysis (Udp Glucuronosyltransferase 1 Family, Polypeptide A1) For Detection Of Common Variants
81351	Gene Analysis (Tumor Protein 53) Full Sequence Analysis
81352	Gene Analysis (Tumor Protein 53) Targeted Sequence Analysis
81353	Gene Analysis (Tumor Protein 53) Targeted Sequence Analysis For Detection Of Known Familial Variant

CPT/HCPC Code	Description
81355	Gene Analysis (Vitamin K Epoxide Reductase Complex Subunit 1) Common Variants
81357	Gene Analysis (U2 Small Nuclear Rna Auxiliary Factor 1) For Detection Of Common Variants
81360	Gene Analysis (Zinc Finger Ccch-Type, Rna Binding Motif And Serine/Arginine-Rich 2) For Detection Of Common Variants
81400	Molecular Pathology Procedure Level 1
81401	Molecular Pathology Procedure Level 2
81402	Molecular Pathology Procedure Level 3
81403	Molecular Pathology Procedure Level 4
81404	Molecular Pathology Procedure Level 5
81405	Molecular Pathology Procedure Level 6
81406	Molecular Pathology Procedure Level 7
81407	Molecular Pathology Procedure Level 8
81408	Molecular Pathology Procedure Level 9
81410	Test For Detecting Genes Associated With Heart Disease, Genomic Sequence Analysis Panel, At Least 9 Genes
81411	Test For Detecting Genes Associated With Heart Disease, Duplication/Deletion Analysis Panel
81412	Test For Detecting Genes For Disorders Related To Ashkenazi Jews, Genomic Sequence Analysis Panel, At Least 9 Genes
81413	Test For Detecting Genes Associated With Heart Disease, Genomic Sequence Analysis Panel, At Least 10 Genes
81414	Test For Detecting Genes Associated With Heart Disease, Duplication/Deletion Analysis Panel, At Least 2 Genes
81415	Test For Detecting Exome, Sequence Analysis
81416	Test For Detecting Exome, Sequence Analysis, Each Comparator Exome
81417	Reevaluation Test Of Previously Obtained Exome Sequence
81419	Gene Analysis Panel For Evaluation Of Genes Associated With Epilepsy
81420	Test For Detecting Genes Associated With Fetal Disease, Aneuploidy Genomic Sequence Analysis Panel
81422	Test For Detecting Genes Associated With Fetal Disease, Microdeletion(S) Genomic Sequence Analysis
81425	Test For Detecting Genes Associated With Disease, Genome Sequence Analysis
81426	Test For Detecting Genes Associated With Disease, Genome Sequence Analysis, Each Additional Comparator Genome
81427	Reevaluation Test Of Previously Obtained Genome Sequence
81430	Test For Detecting Genes Causing Hearing Loss Genomic Sequence Analysis Panel, At Least 60 Genes
81431	Test For Detecting Genes Causing Hearing Loss, Duplication/Deletion Analysis Panel
81432	Test For Detecting Genes Associated With Inherited Breast Cancer-Related Disorders
81433	Gene Analysis (Breast And Related Cancers), Duplication Or Deletion Variants
81434	Gene Analysis (Retinal Disorders), Genomic Sequence
81435	Test For Detecting Genes Associated With Colon Cancer, Genomic Sequence Analysis Panel, At Least 10 Genes

CPT/HCPC Code	Description
81436	Test For Detecting Genes Associated With Colon Cancer, Duplication/Deletion Analysis Panel, At Least 5 Genes
81437	Gene Analysis (Neuroendocrine Tumors), Genomic Sequence
81438	Gene Analysis (Neuroendocrine Tumors), Duplication And Deletion Variants
81439	Test For Detecting Genes Associated With Inherited Disease Of Heart Muscle
81440	Test For Detecting Genes
81442	Gene Analysis (Noonan Syndrome) Genomic Sequence Analysis
81443	Genomic Sequence Analysis Panel For Severe Inherited Conditions With Sequencing Of 15 Or More Genes
81445	Test For Detecting Genes Associated With Cancer Of Body Organ
81448	Gene Analysis Panel For Hereditary Disorders Of The Peripheral Nervous System
81450	Test For Detecting Genes Associated With Blood Related Cancer
81455	Test For Detecting Genes Associated With Cancer
81460	Test For Detecting Genes Associated With Disease, Genomic Sequence, Must Include Sequence Analysis Of Entire Mitochondrial Genome
81465	Test For Detecting Genes Associated With Disease, Whole Mitochondrial Genome
81470	Test For Detecting Genes Associated With Intellectual Disability, Genomic Sequence Analysis Panel, At Least 60 Genes
81471	Test For Detecting Genes Associated With Intellectual Disability, Duplication/Deletion Gene Analysis, At Least 60 Genes
81479	Molecular Pathology Procedure
81490	Test For Detecting Genes Associated With Rheumatoid Arthritis Using Immunoassay Technique
81493	Test For Detecting Genes Associated With Heart Vessels Diseases
81500	Genetic Profiling On Oncology Biopsy Of Ovarian Lesions, Assays Of Two Proteins
81503	Genetic Profiling On Oncology Biopsy Of Ovarian Lesions, Assays Of Five Proteins
81504	Genetic Profiling On Oncology Biopsy Lesions
81507	Dna Analysis Using Maternal Plasma
81512	Fetal Congenital Abnormalities, Biochemical Assays Of Five Analytes (Afp, Ue3, Total Hcg, Hyperglycosylated Hcg, Dia) Utilizing Maternal Serum, Algorithm Reported As A Risk Score
81513	Measurement Of Rna Of Bacteria In Vaginal Fluid Specimen
81514	Measurement Of Dna Of Bacteria In Vaginal Fluid Specimen
81525	Gene Analysis (Colon Related Cancer)
81535	Culture Of Live Tumor Cells And Chemotherapy Drug Response By Staining, First Single Drug Or Drug Combination
81538	Testing Of Lung Tumor Cells For Prediction Of Survival
81539	Measurement Of Proteins Associated With Prostate Cancer
81540	Gene Analysis (Cancer)
81542	Mrna Gene Expression Analysis Of 22 Genes In Prostate Tumor Tissue
81546	Mrna Gene Analysis Of 10,196 Genes In Fine Needle Aspiration Thyroid Specimen, Reported As Category Result (E.G. Benign, Suspicious)
81552	Mrna Gene Expression Analysis Of 15 Genes In Eye Melanoma O Tissue Or Fine Needle Aspirate
81554	Mrna Gene Analysis Of 190 Genes Associated With Lung Disease (Idiopathic Pulmonary Fibrosis) In Transbronchial Biopsy Specimen Of Lung
81599	Multianalyte Assay Procedure With Algorithmic Analysis

CPT/HCPC Code	Description
86828	Antibody To Human Leukocyte Antigens (Hla), Solid Phase Assays (Eg, Microspheres Or Beads, Elisa, Flow Cytometry); Qualitative Assessment Of The Presence Or Absence Of Antibody(les) To Hla Class I And Class Ii Hla Antigens
86829	Antibody To Human Leukocyte Antigens (Hla), Solid Phase Assays (Eg, Microspheres Or Beads, Elisa, Flow Cytometry); Qualitative Assessment Of The Presence Or Absence Of Antibody(les) To Hla Class I Or Class Ii Hla Antigens
86830	Assessment Of Antibody To Human Leukocyte Antigens (Hla) With Antibody Identification By Qualitative Panel Using Complete Hla Phenotypes, Hla Class I
86831	Assessment Of Antibody To Human Leukocyte Antigens (Hla) With Antibody Identification By Qualitative Panel Using Complete Hla Phenotypes, Hla Class Ii
86832	Assessment Of Antibody To Human Leukocyte Antigens (Hla) With High Definition Qualitative Panel For Identification Of Antibody Specificities, Hla Class I
86833	Assessment Of Antibody To Human Leukocyte Antigens (Hla) With High Definition Qualitative Panel For Identification Of Antibody Specificities, Hla Class Ii
86834	Assessment Of Antibody To Human Leukocyte Antigens (Hla), Hla Class I
86835	Assessment Of Antibody To Human Leukocyte Antigens (Hla) With Solid Phase Assays, Hla Class Ii
87563	Detection Of Mycoplasma Genitalium By Dna Or Rna Probe
90378	Respiratory Syncytial Virus, Monoclonal Antibody, Recombinant, For Intramuscular Use, 50 Mg, Each
90846	Family Psychotherapy, 50 Minutes
90847	Family Psychotherapy Including Patient, 50 Minutes
90849	Multiple Family Group Psychotherapy (With Patient Present); Trtmt Limited To Pymt For 40 Hrs Of Individual Psychotherapy In Combination W/All Other Trtmt Codes For Indep Mh Practitioners Only. Equal To 260 Units In 365-Days For Adults Only.
90853	Group Psychotherapy (Other Than Of A Multiple-Family Group); Trtmt Limited To Pymt For 40 Hrs Of Individual Psychotherapy In Combination W/All Other Trtmt Codes For Indep Mh Practitioners Only. Equal To 260 Units In 365-Days Adults Only.
90901	Biofeedback Training By Any Modality
95249	Continuous Monitoring Of Glucose In Tissue Fluid Using Sensor Under Skin
95250	Ambulatory Continuous Glucose (Sugar) Monitoring For A Minimum Of 72 Hours
95965	Magnetoencephalography (Meg), Recording And Analysis; For Spontaneous Brain Magnetic Activity (Eg, Epileptic Cerebral Cortex Localization)
95966	Measurement And Recording Of Externally Evoked Brain Processing Function Using Magnetic Fields, Single Method
95967	Measurement And Recording Of Externally Evoked Brain Processing Function Using Magnetic Fields, Each Additional Method
95971	Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Simple Spinal Cord Or Peripheral Nerve Stimulator Programming
96573	Application Of Light And Light-Sensitive Drugs To Aid Destruction Of Premalignant Skin Growths, Per Day
96574	Application Of Light And Light-Sensitive Drugs Following Removal Of Premalignant Thickened Skin Growth, Per Day
97151	Behavior Identification Assessment By Qualified Health Care Professional, Each 15 Minutes

CPT/HCPC Code	Description
97152	Behavior Identification Assessment By Technician Under Direction Of Qualified Health Care Professional, Each 15 Minutes
97153	Adaptive Behavior Treatment By Protocol, Administered By Technician Under Direction Of Qualified Health Care Professional To One Patient, Each 15 Minutes
97154	Adaptive Behavior Treatment By Protocol, Administered By Technician Under Direction Of Qualified Health Care Professional To Multiple Patients, Each 15 Minutes
97155	Adaptive Behavior Treatment With Protocol Modification Administered By Qualified Health Care Professional To One Patient, Each 15 Minutes
97156	Family Adaptive Behavior Treatment Guidance By Qualified Health Care Professional (With Or Without Patient Present), Each 15 Minutes
97157	Family Adaptive Behavior Treatment Guidance By Qualified Health Care Professional Without Patient Present, Each 15 Minutes
97158	Group Adaptive Behavior Treatment With Protocol Modification Administered By Qualified Health Care Professional To Multiple Patients, Each 15 Minutes
97607	Negative Pressure Wound Therapy Surface Area Less Than Or Equal To 50 Square Centimeters Per Session
97608	Negative Pressure Wound Therapy Surface Area Greater Than 50 Square Centimeters
99183	Physician Or Other Qualified Health Care Professional Attendance And Supervision Of Hyperbaric Oxygen Therapy, Per Session
99412	Group Preventive Medicine Counseling, Approximately 60 Minutes
99499	Unlisted Evaluation And Management Service
A4226	Supplies For Maintenance Of Insulin Infusion Pump With Dosage Rate Adjustment Using Therapeutic Continuous Glucose Sensing, Per Week
A4563	Rectal Control System For Vaginal Insertion, For Long Term Use, Includes Pump And All Supplies And Accessories, Any Type Each
A5514	For Diabetics Only, Multiple Density Insert, Made By Direct Carving With Cam Technology From A Rectified Cad Model Created From A Digitized Scan Of The Patient, Total Contact With Patient'S Foot, Including Arch, Base Layer Minimum Of 3/16 Inch Material Of Sho
A9276	Sensor; Invasive (E.G. Subcutaneous), Disposable, For Use With Interstitial Continuous Glucose Monitoring System, One Unit = 1 Day Supply
A9277	Transmitter; External, For Use With Interstitial Continuous Glucose Monitoring System
A9278	Receiver (Monitor); External, For Use With Interstitial Continuous Glucose Monitoring System
A9590	Iodine I-131, Iobenguane, 1 Millicurie
B4102	Enteral Formula, For Adults, Used To Replace Fluids And Electrolytes (E.G. Clear Liquids), 500 Ml = 1 Unit
B4149	Enteral Formula, Manufactured Blenderized Natural Foods With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit
B4150	Enteral Formula, Nutritionally Complete With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit

CPT/HCPC Code	Description
B4152	Enteral Formula, Nutritionally Complete, Calorically Dense (Equal To Or Greater Than 1.5 Kcal/MI) With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100
B4153	Enteral Formula, Nutritionally Complete, Hydrolyzed Proteins (Amino Acids And Peptide Chain), Includes Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit
B4154	Enteral Formula, Nutritionally Complete, For Special Metabolic Needs, Excludes Inherited Disease Of Metabolism, Includes Altered Composition Of Proteins, Fats, Carbohydrates, Vitamins And/Or Minerals, May Include Fiber, Administered Through An Enteral Feeding T
B4155	Enteral Formula, Nutritionally Incomplete/Modular Nutrients, Includes Specific Nutrients, Carbohydrates (E.G. Glucose Polymers), Proteins/Amino Acids (E.G. Glutamine, Arginine), Fat (E.G. Medium Chain Triglycerides) Or Combination, Administered Through An Ente
B4157	Enteral Formula, Nutritionally Complete, For Special Metabolic Needs For Inherited Disease Of Metabolism, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories =
B4160	Enteral Formula, For Pediatrics, Nutritionally Complete Calorically Dense (Equal To Or Greater Than 0.7 Kcal/MI) With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Ente
B4164	Parenteral Nutrition Solution: Carbohydrates (Dextrose), 50% Or Less (500 MI = 1 Unit) - Homemix
B4168	Parenteral Nutrition Solution; Amino Acid, 3.5%, (500 MI = 1 Unit) - Homemix
B4172	Parenteral Nutrition Solution; Amino Acid, 5.5% Through 7%, (500 ML = 1 UNIT)-Homemix
B4176	Parenteral Nutrition Solution; Amino Acid, 7% Through 8.5%, (500 ML = 1 UNIT)-Homemix
B4178	Parenteral Nutrition Solution: Amino Acid, Greater Than 8.5% (500 ML = 1 UNIT)-Homemix
B4180	Parenteral Nutrition Solution; Carbohydrates (Dextrose), Greater Than 50% (500 MI=1 Unit) - Homemix
B4185	Parenteral Nutrition Solution, Not Otherwise Specified, 10 Grams Lipids
B4187	Omegaven, 10 Grams Lipids
B4189	Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates With Electrolytes, Trace Elements, And Vitamins, Including Preparation, Any Strength, 10 To 51 Grams Of Protein - Premix
B4193	Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates With Electrolytes, Trace Elements, And Vitamins, Including Preparation, Any Strength, 52 To 73 Grams Of Protein - Premix
B4197	Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates With Electrolytes, Trace Elements And Vitamins, Including Preparation, Any Strength, 74 To 100 Grams Of Protein - Premix
B4199	Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates With Electrolytes, Trace Elements And Vitamins, Including Preparation, Any Strength, Over 100 Grams Of Protein - Premix

CPT/HCPC Code	Description
B4216	Parenteral Nutrition; Additives (Vitamins, Trace Elements, Heparin, Electrolytes) Homemix Per Day
B5000	Parenteral Nutrition Solution Compounded Amino Acid And Carbohydrates With Electrolytes, Trace Elements, And Vitamins, Including Preparation, Any Strength, Renal-Aminosyn-Rf, Nephramine, Renamine-Premix
B5100	Parenteral Nutrition Solution Compounded Amino Acid And Carbohydrates With Electrolytes, Trace Elements, And Vitamins, Including Preparation, Any Strength, Hepatic, Hepatamine-Premix
B5200	Parenteral Nutrition Solution Compounded Amino Acid And Carbohydrates With Electrolytes, Trace Elements, And Vitamins, Including Preparation, Any Strength, Stress-Branch Chain Amino Acids-Freamine-Hbc-Premix
C1767	Generator, Neurostimulator (Implantable), Nonrechargeable
C1820	Generator, Neurostimulator (Implantable), Non High-Frequency With Rechargeable Battery And Charging System
C1822	Generator, Neurostimulator (Implantable), High Frequency, With Rechargeable Battery And Charging System
C1897	Lead, Neurostimulator Test Kit (Implantable)
C2616	Brachytherapy Source, Yttrium-90, Per Source
E0193	Powered Air Flotation Bed (Low Air Loss Therapy), Per Day
E0194	Air Fluidized Bed
E0203	Therapeutic Lightbox, Minimum 10,000 Lux, Table Top Model
E0277	Powered Pressure-Reducing Air Mattress
E0316	Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type
E0328	Hospital Bed, Pediatric, Manual, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress
E0329	Hospital Bed, Pediatric, Electric Or Semi-Electric, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress
E0482	Cough Stimulating Device, Alternating Positive And Negative Airway Pressure
E0483	High Frequency Chest Wall Oscillation System, Includes All Accessories And Supplies, Each
E0650	Pneumatic Compressor, Non-Segmental Home Model
E0651	Pneumatic Compressor, Segmental Home Model Without Calibrated D Gradient Pressure
E0652	Pneumatic Compressor, Segmental Home Model With Calibrated Gradient Pressure
E0655	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Half Arm
E0660	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Leg
E0665	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Arm
E0666	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Half Leg
E0667	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Leg
E0668	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Arm
E0669	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Half Leg

CPT/HCPC Code	Description
E0671	Segmental Gradient Pressure Pneumatic Appliance, Full Leg
E0672	Segmental Gradient Pressure Pneumatic Appliance, Full Arm
E0673	Segmental Gradient Pressure Pneumatic Appliance, Half Leg
E0747	Osteogenesis Stimulator, Electrical, Non-Invasive, Other Than Spinal Applications
E0748	Osteogenic Stimulator, Noninvasive, Spinal Applications
E0760	Ostogenesis Stimulator, Low Intensity Ultrasound, Non-Invasive
E0787	External Ambulatory Infusion Pump, Insulin, Dosage Rate Adjustment Using Therapeutic Continuous Glucose Sensing
E0935	Continuous Passive Motion Exercise Device For Use On Knee Only
E0936	Continuous Passive Motion Exercise Device For Use Other Than Knee
E0958	Manual Wheelchair Accessory, One-Arm Drive Attachment, Each
E0986	Manual Wheelchair Accessory, Push-Rim Activated Power Assist System
E1002	Wheelchair Accessory, Power Seating System, Tilt Only
E1003	Wheelchair Accessory, Power Seating System, Recline Only, Without Shear Reduction
E1004	Wheelchair Accessory, Power Seating System, Recline Only, With Mechanical Shear Reduction
E1005	Wheelchair Accessory, Power Seating System, Recline Only, With Power Shear Reduction
E1006	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, Without Shear Reduction
E1007	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Mechanical Shear Reduction
E1008	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Power Shear Reduction
E1009	Wheelchair Accessory, Addition To Power Seating System, Mechanically Linked Leg Elevation System, Including Pushrod And Leg Rest, Each
E1010	Wheelchair Accessory, Addition To Power Seating System, Power Leg Elevation System, Including Leg Rest, Pair
E1012	Wheelchair Accessory, Addition To Power Seating System, Center Mount Power Elevating Leg Rest/Platform, Complete System, Any Type, Each
E1014	Reclining Back, Addition To Pediatric Size Wheelchair
E1030	Wheelchair Accessory, Ventilator Tray, Gimbale
E1161	Manual Adult Size Wheelchair, Includes Tilt In Space
E1225	Wheelchair Accessory, Manual Semi-Reclining Back, (Recline Greater Than 15 Degrees, But Less Than 80 Degrees), Each
E1226	Wheelchair Accessory, Manual Fully Reclining Back, (Recline Greater Than 80 Degrees), Each
E1227	Special Height Arms For Wheelchair
E1231	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, With Seating System
E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, With Seating System
E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, Without Seating System
E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, Without Seating System
E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System
E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System

CPT/HCPC Code	Description
E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System
E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System
E1310	Whirlpool, Non-Portable (Built-In Type)
E2227	Manual Wheelchair Accessory, Gear Reduction Drive Wheel, Each
E2295	Manual Wheelchair Accessory, For Pediatric Size Wheelchair, Dynamic Seating Frame, Allows Coordinated Movement Of Multiple Positioning Features
E2300	Wheelchair Accessory, Power Seat Elevation System, Any Type
E2312	Power Wheelchair Accessory, Hand Or Chin Control Interface, Mini-Proportional Remote Joystick, Proportional, Including Fixed Mounting Hardware
E2321	Power Wheelchair Accessory, Hand Control Interface, Remote Joystick, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware
E2322	Power Wheelchair Accessory, Hand Control Interface, Multiple Mechanical Switches, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware
E2323	Power Wheelchair Accessory, Specialty Joystick Handle For Hand Control Interface, Prefabricated
E2324	Power Wheelchair Accessory, Chin Cup For Chin Control Interface
E2325	Power Wheelchair Accessory, Sip And Puff Interface, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Manual Swingaway Mounting Hardware
E2326	Power Wheelchair Accessory, Breath Tube Kit For Sip And Puff Interface
E2327	Power Wheelchair Accessory, Head Control Interface, Mechanical, Proportional, Including All Related Electronics, Mechanical Direction Change Switch, And Fixed Mounting Hardware
E2328	Power Wheelchair Accessory, Head Control Or Extremity Control Interface, Electronic, Proportional, Including All Related Electronics And Fixed Mounting Hardware
E2329	Power Wheelchair Accessory, Head Control Interface, Contact Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware
E2330	Power Wheelchair Accessory, Head Control Interface, Proximity Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware
E2331	Power Wheelchair Accessory, Attendant Control, Proportional, Including All Related Electronics And Fixed Mounting Hardware
E2351	Power Wheelchair Accessory, Electronic Interface To Operate Speech Generating Device Using Power Wheelchair Control Interface
E2373	Power Wheelchair Accessory, Hand Or Chin Control Interface, Compact Remote Joystick, Proportional, Including Fixed Mounting Hardware
E2398	Wheelchair Accessory, Dynamic Positioning Hardware For Back
E2402	Negative Pressure Wound Therapy Electrical Pump, Stationary Or Portable
E2500	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Less Than Or Equal To 8 Minutes Recording Time
E2502	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater Than 8 Minutes But Less Than Or Equal To 20 Minutes Recording Time

CPT/HCPC Code	Description
E2504	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater Than 20 Minutes But Less Than Or Equal To 40 Minutes Recording Time
E2506	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater Than 40 Minutes Recording Time
E2508	Speech Generating Device, Synthesized Speech, Requiring Message Formulation By Spelling And Access By Physical Contact With The Device
E2510	Speech Generating Device, Synthesized Speech, Permitting Multiple Methods Of Message Formulation And Multiple Methods Of Device Access
E2511	Speech Generating Software Program, For Personal Computer Or Personal Digital Assistant
E2512	Accessory For Speech Generating Device, Mounting System
E2599	Accessory For Speech Generating Device, Not Otherwise Classified
E2609	Custom Fabricated Wheelchair Seat Cushion, Any Size
E2617	Custom Fabricated Wheelchair Back Cushion, Any Size, Including Any Type Mounting Hardware
E8000	Gait Trainer, Pediatric Size, Posterior Support, Includes All Accessories And Components
E8001	Gait Trainer, Pediatric Size, Upright Support, Includes All Accessories And Components
E8002	Gait Trainer, Pediatric Size, Anterior Support, Includes All Accessories And Components
G0277	Hyperbaric Oxygen Under Pressure, Full Body Chamber, Per 30 Minute Interval
H0016	Alcohol And/Or Drug Services; Medical/Somatic (Medical Intervention In Ambulatory Setting)
H0019	Behavioral Health; Long-Term Residential (Non-Medial, Non-Acute Care In A Residential Treatment Program Where Stay Is Typically Longer Than 30 Days), Without Room And Board, Per Diem
H2012	Behavioral Health Day Treatment, Per Hour
H2021	Community-Based Wrap-Around Services, Per 15 Minutes
H2036	Alcohol And/Or Other Drug Treatment Program, Per Diem
J0565	Injection, Bezlotoxumab, 10 Mg
J0585	Injection, Onabotulinumtoxina, 1 Unit
J0586	Injection, Abobotulinumtoxina, 5 Units
J0587	Injection, Rimabotulinumtoxinb, 100 Units
J0588	Injection, Incobotulinumtoxin A, 1 Unit
J0604	Cinacalcet, Oral, 1 Mg, (For Esrd On Dialysis)
J0606	Injection, Etelcalcetide, 0.1 Mg
J1429	Injection, Golodirsen, 10 Mg
J1632	Injection, Brexanolone, 1 Mg
J1726	Injection, Hydroxyprogesterone Caproate, (Makena), 10 Mg
J2326	Injection, Nusinersen, 0.1 Mg
J2941	Injection, Somatropin, 1 Mg
J3241	Injection, Teprotumumab-Trbw, 10 Mg
J3399	Injection, Onasemnogene Abeparvovec-Xioi, Per Treatment, Up To 5X10 ¹⁵ Vector Genomes
J3591	Unclassified Drug Or Biological Used For Esrd On Dialysis
J7352	Afamelanotide Implant, 1 Mg

CPT/HCPC Code	Description
K0002	Standard Hemi (Low Seat) Wheelchair
K0003	Lightweight Wheelchair
K0004	High Strength, Lightweight Wheelchair
K0005	Ultralightweight Wheelchair
K0006	Heavy Duty Wheelchair
K0007	Extra Heavy Duty Wheelchair
K0009	Other Manual Wheelchair/Base
K0010	Standard - Weight Frame Motorized/Power Wheelchair
K0011	Standard - Weight Frame Motorized/Power Wheelchair With Programmable Control Parameters For Speed Adjustment, Tremor Dampening, Acceleration Control And Braking
K0012	Lightweight Portable Motorized/Power Wheelchair
K0013	Custom Motorized/Power Wheelchair Base
K0014	Other Motorized/Power Wheelchair Base
K0108	Other Accessories
K0553	Supply Allowance For Therapeutic Continuous Glucose Monitor (Cgm), Includes All Supplies And Accessories, 1 Month Supply = 1 Unit Of Service
K0554	Receiver (Monitor), Dedicated, For Use With Therapeutic Glucose Continuous Monitor System
K0813	Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds
K0814	Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
K0815	Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds
K0816	Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
K0820	Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds
K0821	Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
K0822	Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds
K0823	Power Wheelchair, Group 2 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
K0824	Power Wheelchair, Group 2 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds
K0825	Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds
K0826	Power Wheelchair, Group 2 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds
K0827	Power Wheelchair, Group 2 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 Pounds
K0828	Power Wheelchair, Group 2 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More
K0829	Power Wheelchair, Group 2 Extra Heavy Duty, Captains Chair, Patient Weight 601 Pounds Or More

CPT/HCPC Code	Description
K0830	Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds
K0831	Power Wheelchair, Group 2 Standard, Seat Elevator, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
K0835	Power Wheelchair, Group 2 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds
K0836	Power Wheelchair, Group 2 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
K0837	Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds
K0838	Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds
K0839	Power Wheelchair, Group 2 Very Heavy Duty, Single Power Option Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds
K0840	Power Wheelchair, Group 2 Extra Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More
K0841	Power Wheelchair, Group 2 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds
K0842	Power Wheelchair, Group 2 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
K0843	Power Wheelchair, Group 2 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds
K0848	Power Wheelchair, Group 3 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds
K0849	Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
K0850	Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds
K0851	Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds
K0852	Power Wheelchair, Group 3 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds
K0853	Power Wheelchair, Group 3 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 Pounds
K0854	Power Wheelchair, Group 3 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More
K0855	Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or More
K0856	Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds
K0857	Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
K0858	Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 301 To 450 Pounds
K0859	Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds

CPT/HCPC Code	Description
K0860	Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds
K0861	Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds
K0862	Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds
K0863	Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds
K0864	Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More
K0868	Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds
K0869	Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
K0870	Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds
K0871	Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds
K0877	Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds
K0878	Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
K0879	Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds
K0880	Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 451 To 600 Pounds
K0884	Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds
K0885	Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
K0886	Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds
K0890	Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds
K0891	Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds
K0898	Power Wheelchair, Not Otherwise Classified
K1013	Enema Tube, Any Type, Replacement Only, Each
K1014	Addition, Endoskeletal Knee-Shin System, 4 Bar Linkage Or Multiaxial, Fluid Swing And Stance Phase Control
K1015	Foot, Adductus Positioning Device, Adjustable
K1016	Transcutaneous Electrical Nerve Stimulator For Electrical Stimulation Of The Trigeminal Nerve
K1017	Monthly Supplies For Use Of Device Coded At K1016
K1018	External Upper Limb Tremor Stimulator Of The Peripheral Nerves Of The Wrist
K1019	Monthly Supplies For Use Of Device Coded At K1018
K1020	Non-Invasive Vagus Nerve Stimulator

CPT/HCPC Code	Description
L2006	Knee Ankle Foot Device, Any Material, Single Or Double Upright, Swing And Stance Phase Microprocessor Control With Adjustability, Includes All Components (E.G., Sensors, Batteries, Charger), Any Type Activation, With Or Without Ankle Joint(S), Custom Fabricated
L5859	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Powered And Programmable Flexion/Extension Assist Control, Includes Any Type Motor(S)
L5980	All Lower Extremity Protheses, Flex Foot System
L5987	All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon
L8608	Miscellaneous External Component, Supply Or Accessory For Use With The Argus Ii Retinal Prosthesis System
L8614	Cochlear Device, Includes All Internal And External Components
L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement
L8685	Implantable Neurostimulator Pulse Generator, Single Array, Rechargeable, Includes Extension
L8686	Implantable Neurostimulator Pulse Generator, Single Array, Non-Rechargeable, Includes Extension
L8687	Implantable Neurostimulator Pulse Generator, Dual Array, Rechargeable, Includes Extension
L8688	Implantable Neurostimulator Pulse Generator, Dual Array, Non-Rechargeable, Includes Extension
L8689	External Recharging System For Battery (Internal) For Use With Implantable Neurostimulator, Replacement Only
L8698	Miscellaneous Component, Supply Or Accessory For Use With Total Artificial Heart System
L8701	Powered Upper Extremity Range Of Motion Assist Device, Elbow, Wrist, Hand With Single Or Double Upright(S), Includes Microprocessor, Sensors, All Components And Accessories, Custom Fabricated
L8702	Powered Upper Extremity Range Of Motion Assist Device, Elbow, Wrist, Hand, Finger, Single Or Double Upright(S), Includes Microprocessor, Sensors, All Components And Accessories, Custom Fabricated
Q2042	Tisagenlecleucel, Up To 600 Million Car-Positive Viable T Cells, Including Leukapheresis And Dose Preparation Procedures, Per Therapeutic Dose
Q2053	Brexucabtagene Autoleucel, Up To 200 Million Autologous Anti-Cd19 Car Positive V Iable T Cells, Including Leukapheresis And Dose Preparation Procedures, Per Ther Apeutic Dose
Q3001	Radioelements For Brachytherapy, Any Type
S2083	Adjustment Of Gastric Band Diameter Via Subcutaneous Port By Injection Or Aspiration Of Saline
S5001	Prescription Drug, Brand Name
S9122	Home Health Aide Or Certified Nurse Assistant, Providing Care In The Home; Per Hour
S9123	Nursing Care, In The Home; By Registered Nurse, Per Hour (Use For General Nursing Care Only, Not To Be Used When Cpt Codes 99500-99602 Can Be Used)
S9124	Nursing Care, In The Home; By Licensed Practical Nurse, Per Hour
S9364	Home Infusion Therapy, Total Parenteral Nutrition (Tpn); Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies

CPT/HCPC Code	Description
	And Equipment (Includes Standard Tpn Formula - Lipids, Specialty Amino Acid Formulas, Drugs, And Nu
S9433	Medical Food Nutritionally Complete, Administered Orally, Providing 100% Of Nutritional Intake
S9434	Modified Solid Food Supplements For Inborn Errors Of Metabolism
S9435	Medical Foods For Inborn Errors Of Metabolism
T1020	Personal Care Service, Per Diem. (For Dhs Fs Waiver = Companion Care Per 15 Minute Unit, Below Rate Not Applicable. See Fee Schedule, Adult).
T1502	Administration Of Oral, Intramuscular And/Or Subcutaneous Medication By Health Care Agency/Professional, Per Visit
T2048	Behavioral Health, Long-Term Care Residential (Non-Acute Care In A Residential Treatment Program Where Stay Is Typically Longer Than 30 Days), With Room And Board, Per Diem
T5001	Positioning Seat For Persons With Special Orthopedic Needs, For Use In Vehicles The Usual Rate Of Payment Is Cost Invoice Plus 5%. Please See Prior Auth Paper Work.
V2799	Vision Item Or Service, Miscellaneous
V5040	Hearing Aid, Monaural, Body Worn, Bone Conduction
W8680	Epsdt dme

REFERENCES

- [Administrative Rule of South Dakota \(ARSD\)](#)
- [South Dakota Medicaid State Plan](#)
- [Code of Federal Regulations](#)