

**THE VIRGINIA PREMIER CODES BELOW WILL HAVE THE FOLLOWING  
COVERAGE AND/OR AUTHORIZATION REQUIREMENT EFFECTIVE 1/1/2024-  
MEDICARE**

| <b>PROCEDURE CODE</b> | <b>CODE DESCRIPTION</b>                          | <b>MEDICARE AUTH REQUIREMENT</b> | <b>MEDICARE EXCEPTIONS</b> | <b>EFFECTIVE DATE</b> |
|-----------------------|--|----------------------------------|----------------------------|-----------------------|
| 11720                 | DEBRIDEMENT NAIL ANY METHOD 1-5                  | YES                              |                            | 1/1/2024              |
| 11721                 | DEBRIDEMENT NAIL ANY METHOD 6/>                  | YES                              |                            | 1/1/2024              |
| 11980                 | SUBCUTANEOUS HORMONE PELLETT IMPLANTATION        | YES                              |                            | 1/1/2024              |
| 15271                 | APP SKN SUB GRFT T/A/L AREA/100SQ CM /<1ST 25    | YES                              |                            | 1/1/2024              |
| 15273                 | APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM | YES                              |                            | 1/1/2024              |
| 15275                 | SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM  | YES                              |                            | 1/1/2024              |
| 15277                 | SKN SUB GRFT F/N/HF/G CHILD                      | YES                              |                            | 1/1/2024              |
| 17106                 | DESTRUCTION CUTANEOUS VASC PROLIFERATIVE <10CM   | YES                              |                            | 1/1/2024              |
| 17107                 | DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM | YES                              |                            | 1/1/2024              |
| 17108                 | DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM     | YES                              |                            | 1/1/2024              |
| 20692                 | APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM  | YES                              |                            | 1/1/2024              |
| 20920                 | FASCIA LATA GRAFT BY STRIPPER                    | YES                              |                            | 1/1/2024              |
| 20922                 | FASCIA LATA GRAFT INCISION & AREA EXPOSURE       | YES                              |                            | 1/1/2024              |
| 20932                 | OSTEOART ALGRFT W/SURF & B1                      | YES                              |                            | 1/1/2024              |
| 20933                 | HEMICRT INTRCLRY ALGRFT PRTL                     | YES                              |                            | 1/1/2024              |

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| 20934 | INTERCALARY ALGRFT COMPL                               | YES |  | 1/1/2024 |
| 20937 | AUTOGRAFT SPINE SURGERY<br>MORSELIZED SEP INCISION     | YES |  | 1/1/2024 |
| 20938 | AUTOGRAFT SPINE SURGERY<br>BICORT/TRICORT SEP INC      | YES |  | 1/1/2024 |
| 20939 | BONE MARROW ASPIRATION<br>BONE GRFG SPI SURG ONLY      | YES |  | 1/1/2024 |
| 20982 | ABLATE BONE TUMOR(S)<br>PERQ                           | YES |  | 1/1/2024 |
| 20983 | ABLATJ BONE TUMOR CRYO<br>PERQ W/IMG GDN WHEN<br>PRFMD | YES |  | 1/1/2024 |
| 21811 | OPEN TX RIB FX W/FIXJ<br>THORACOSCOPIC VIS 1-3 RIBS    | YES |  | 1/1/2024 |
| 22510 | PERQ VERTEBROPLASTY<br>UNI/BI INJX<br>CERVICOTHORACIC  | YES |  | 1/1/2024 |
| 22511 | PERQ VERTEBROPLASTY<br>UNI/BI INJECTION<br>LUMBOSACRAL | YES |  | 1/1/2024 |
| 22512 | VERTEBROPLASTY EACH ADDL<br>CERVICOTHOR/LUMBOSACRAL    | YES |  | 1/1/2024 |
| 22513 | PERQ VERT AGMNTJ CAVITY<br>CRTJ UNI/BI CANNULATION     | YES |  | 1/1/2024 |
| 24370 | REVIS ELBOW ARTHRPLSTY<br>HUMERAL/ULNA COMPNT          | YES |  | 1/1/2024 |
| 24371 | REVIS ELBOW ARTHRPLSTY<br>HUMERAL&ULNA COMPNT          | YES |  | 1/1/2024 |
| 27080 | COCCYGECTOMY PRIMARY                                   | YES |  | 1/1/2024 |
| 29828 | ARTHROSCOPY SHOULDER<br>BICEPS TENODESIS               | YES |  | 1/1/2024 |
| 29866 | ARTHROSCOPY KNEE<br>OSTEOCHONDRAL AGRFT<br>MOSAICPLAST | YES |  | 1/1/2024 |
| 29867 | ARTHROSCOPY KNEE<br>OSTEOCHONDRAL ALLOGRAFT            | YES |  | 1/1/2024 |

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| 29868 | ARTHROSCOPY KNEE<br>MENISCAL TRNSPLJ MED/LAT           | YES |  | 1/1/2024 |
| 29870 | ARTHROSCOPY KNEE<br>DIAGNOSTIC W/WO SYNOVIAL<br>BX SPX | YES |  | 1/1/2024 |
| 29871 | ARTHROSCOPY KNEE<br>INFECTION LAVAGE &<br>DRAINAGE     | YES |  | 1/1/2024 |
| 29873 | ARTHROSCOPY KNEE LATERAL<br>RELEASE                    | YES |  | 1/1/2024 |
| 29874 | ARTHROSCOPY KNEE<br>REMOVAL LOOSE/FOREIGN<br>BODY      | YES |  | 1/1/2024 |
| 29875 | ARTHROSCOPY KNEE<br>SYNOVECTOMY LIMITED SPX            | YES |  | 1/1/2024 |
| 29876 | ARTHROSCOPY KNEE<br>SYNOVECTOMY<br>2/>COMPARTMENTS     | YES |  | 1/1/2024 |
| 29877 | ARTHRS KNEE<br>DEBRIDEMENT/SHAVING<br>ARTCLR CRTLG     | YES |  | 1/1/2024 |
| 29879 | ARTHRS KNEE ABRASION<br>ARTHRP/MLT DRLG/MICROFX        | YES |  | 1/1/2024 |
| 29880 | ARTHRS KNEE<br>W/MENISCECTOMY MED&LAT<br>W/SHAVING     | YES |  | 1/1/2024 |
| 29881 | ARTHRS KNE SURG<br>W/MENISCECTOMY MED/LAT<br>W/SHVG    | YES |  | 1/1/2024 |
| 29882 | ARTHROSCOPY KNEE<br>W/MENISCUS RPR<br>MEDIAL/LATERAL   | YES |  | 1/1/2024 |
| 29883 | ARTHROSCOPY KNEE<br>W/MENISCUS RPR<br>MEDIAL&LATERAL   | YES |  | 1/1/2024 |
| 29884 | ARTHROSCOPY KNEE W/LYSIS<br>ADHESIONS W/WO MANJ SPX    | YES |  | 1/1/2024 |
| 29885 | ARTHRS KNEE DRILL<br>OSTEOCHONDRITIS<br>DISSECANS GRFG | YES |  | 1/1/2024 |
| 29886 | ARTHRS KNEE DRILLING<br>OSTEOCHOND DISSECANS<br>LESION | YES |  | 1/1/2024 |
| 29887 | ARTHRS KNEE DRLG<br>OSTEOCHOND DISSECANS INT<br>FIXJ   | YES |  | 1/1/2024 |

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| 29888 | ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ | YES |  | 1/1/2024 |
| 29889 | ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ | YES |  | 1/1/2024 |
| 30801 | ABL TJ SOFT TIS INFERIOR TURBINATES UNI/BI SUPFC | YES |  | 1/1/2024 |
| 31513 | LARYNGOSCOPY INDIRECT W/VOCAL CORD INJECTION     | YES |  | 1/1/2024 |
| 31570 | LARYNGOSCOPE INJECTION VOCAL CORD THERAPEUTIC    | YES |  | 1/1/2024 |
| 31571 | LARGSC W/NJX VOCAL CORD THER W/MICRO/TELESCOPE   | YES |  | 1/1/2024 |
| 31574 | LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI     | YES |  | 1/1/2024 |
| 31641 | BRNCHSC W/DSTRJ TUM RELIEF STENOSIS OTH/THN EXC  | YES |  | 1/1/2024 |
| 33216 | INSERT 1 ELECTRODE PM-DEFIB                      | YES |  | 1/1/2024 |
| 33217 | INSERT 2 ELECTRODE PM-DEFIB                      | YES |  | 1/1/2024 |
| 33274 | TCAT INSJ/RPL PERM LDLS PM                       | YES |  | 1/1/2024 |
| 37183 | REVJ TRANSVNS INTRAHEPATIC PORTOSYSTEMIC SHUNT   | YES |  | 1/1/2024 |
| 37242 | VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I | YES |  | 1/1/2024 |
| 37243 | VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT    | YES |  | 1/1/2024 |
| 37244 | VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE    | YES |  | 1/1/2024 |
| 37735 | LIGJ & DIVJ RADICAL STRIP LONG/SHORT SAPHENOUS   | YES |  | 1/1/2024 |
| 38205 | BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC   | YES |  | 1/1/2024 |

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| 41820 | GINGIVECTOMY EXC GINGIVA<br>EACH QUADRANT              | YES |  | 1/1/2024 |
| 43210 | EGD PARTIAL/COMPL<br>ESOPHAGOGASTRIC<br>FUNDOPLASTY    | YES |  | 1/1/2024 |
| 43229 | ESOPHAGOSCOPY FLEX<br>TRANSORAL LESION ABLATION        | YES |  | 1/1/2024 |
| 43257 | EGD DELIVER THERMAL<br>ENERGY SPHNCTR/CARDIA<br>GERD   | YES |  | 1/1/2024 |
| 49185 | SCLEROTHERAPY FLUID<br>COLLECTION PRQ W/IMG GID        | YES |  | 1/1/2024 |
| 49203 | EXCISION/DESTRUCTION<br>OPEN ABDOMINAL TUMOR 5<br>CM/< | YES |  | 1/1/2024 |
| 49204 | EXC/DESTRUCTION OPEN<br>ABDMNL TUMORS 5.1-10.0<br>CM   | YES |  | 1/1/2024 |
| 49205 | EXC/DESTRUCTION OPEN<br>ABDOMINAL TUMORS >10.0<br>CM   | YES |  | 1/1/2024 |
| 53854 | TRURL DSTRJ PRST8 TISS RF<br>WV                        | YES |  | 1/1/2024 |
| 56810 | PERINEOPLASTY RPR<br>PERINEUM NONOBSTETRICAL<br>SPX    | YES |  | 1/1/2024 |
| 59325 | CERCLAGE CERVIX<br>PREGNANCY ABDOMINAL                 | YES |  | 1/1/2024 |
| 62324 | NJX DX/THER SBST INTRLMNR<br>CRV/THRC W/O IMG GDN      | YES |  | 1/1/2024 |
| 62325 | NJX DX/THER SBST INTRLMNR<br>CRV/THRC W/IMG GDN        | YES |  | 1/1/2024 |
| 62326 | NJX DX/THER SBST INTRLMNR<br>CRV/THRC W/O IMG GDN      | YES |  | 1/1/2024 |
| 62327 | NJX DX/THER SBST INTRLMNR<br>CRV/THRC W/IMG GDN        | YES |  | 1/1/2024 |
| 64505 | INJECTION ANES AGENT<br>SPHENOPALATINE GANGLION        | YES |  | 1/1/2024 |
| 64569 | REVISION/REPLMT<br>NEUROSTIMLATOR ELTRD<br>CRANIAL NRV | YES |  | 1/1/2024 |

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| 64570 | REMOVAL CRNL NRV NSTIM<br>ELTRDS & PULSE GENERATO      | YES |  | 1/1/2024 |
| 64585 | REVJ/RMVL PERIPHERAL<br>NEUROSTIMULATOR<br>ELECTRODE   | YES |  | 1/1/2024 |
| 64595 | REVISION/RMVL<br>PERIPHERAL/GASTRIC NPGR               | YES |  | 1/1/2024 |
| 64612 | CHEMODNRVTJ MUSC MUSC<br>INNERVATED FACIAL NRV<br>UNIL | YES |  | 1/1/2024 |
| 64617 | CHEMODENERVATION<br>MUSCLE LARYNX UNILAT<br>W/EMG      | YES |  | 1/1/2024 |
| 64795 | BIOPSY NERVE   | YES |  | 1/1/2024 |
| 65855 | TRABECULOPLASTY BY LASER<br>SURGERY                    | YES |  | 1/1/2024 |
| 66820 | DISCISSION SECONDARY<br>MEMBRANOUS CATARACT            | YES |  | 1/1/2024 |
| 66821 | POST-CATARACT LASER<br>SURGERY                         | YES |  | 1/1/2024 |
| 66825 | REPOSITIONING IO LENS<br>PROSTHESIS REQ INC SPX        | YES |  | 1/1/2024 |
| 66982 | XCAPSULAR CATARACT RMVL<br>INSJ LENS PROSTH 1 STG      | YES |  | 1/1/2024 |
| 66984 | CATARACT REMOVAL<br>INSERTION OF LENS                  | YES |  | 1/1/2024 |
| 66987 | XCAPSL CTRC RMVL CPLX<br>W/ECP                         | YES |  | 1/1/2024 |
| 66988 | XCAPSL CTRC RMVL W/ECP                                 | YES |  | 1/1/2024 |
| 66989 | XCPSL CTRC RMVL CPLX INSJ<br>1+                        | YES |  | 1/1/2024 |
| 66991 | XCAPSL CTRC RMVL INSJ 1+                               | YES |  | 1/1/2024 |
| 67229 | EXTENSIVE RETINOPATHY 1/><br>SESS PRETERM INFANT       | YES |  | 1/1/2024 |

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| 67916 | REPAIR ECTROPION EXCISION<br>TARSAL WEDGE              | YES         |                          | 1/1/2024 |
| 69711 | RMVL/RPR EMGNT BONE<br>CNDJ DEV TEMPORAL BONE          | YES         |                          | 1/1/2024 |
| 69717 | REVJ/RPLCMT OI IMPLT PRQ<br>ESP                        | YES         |                          | 1/1/2024 |
| 75894 | TRANSCATHETER<br>EMBOLIZATION ANY METH<br>RS&I         | YES         |                          | 1/1/2024 |
| 77401 | RADIATION TX DELIVERY<br>SUPERFICIAL&/ORTHO VOLTA      | YES         |                          | 1/1/2024 |
| 77423 | HIGH ENERGY NEUTRON RADJ<br>TX DLVR 1/> ISOCENTER      | YES         |                          | 1/1/2024 |
| 81221 | CFTR GENE ANALYSIS KNOWN<br>FAMILIAL VARIANTS          | YES         |                          | 1/1/2024 |
| 81222 | CFTR GENE ANALYSIS<br>DUPLICATION/DELETION<br>VARIANTS | YES         |                          | 1/1/2024 |
| 81240 | F2 GENE ANALYSIS 20210G >A<br>VARIANT                  | YES         |                          | 1/1/2024 |
| 81241 | F5 COAGULATION FACTOR V<br>ANAL LEIDEN VARIANT         | YES         |                          | 1/1/2024 |
| 81244 | FMR1 GENE ANALYSIS<br>CHARACTERIZATION OF<br>ALLELES   | YES         |                          | 1/1/2024 |
| 81245 | FLT3 GENE ANALYSIS<br>INTERNAL TANDEM DUP<br>VARIANTS  | YES         |                          | 1/1/2024 |
| 81246 | FLT3 GENE ANLYS TYROSINE<br>KINASE DOMAIN VARIANTS     | YES         |                          | 1/1/2024 |
| 81270 | JAK2 GENE ANALYSIS<br>P.VAL617PHE VARIANT              | YES         |                          | 1/1/2024 |
| 81310 | NPM1 NUCLEOPHOSMIN<br>GENE ANAL EXON 12<br>VARIANTS    | YES         |                          | 1/1/2024 |
| 81311 | NRAS GENE ANALYSIS<br>VARIANTS IN EXON 2&3             | YES         |                          | 1/1/2024 |
| 82757 | ASSAY OF FRUCTOSE SEMEN                                | NOT COVERED | NOT A COVERED<br>BENEFIT | 1/1/2024 |

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| 83521 | IMMUNOGLOBULIN LIGHT CHAINS (IE, KAPPA, LAMBDA), FREE, EACH | YES         |  | 1/1/2024 |
| 86152 | CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC             | YES         |  | 1/1/2024 |
| 86153 | CELL ENUMERATION IMMUNE SELECTJ & ID PHYS INTERP            | YES         |  | 1/1/2024 |
| 88125 | CYTOPATHOLOGY FORENSIC                                      | NOT COVERED |  | 1/1/2024 |
| 88368 | M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL            | YES         |  | 1/1/2024 |
| 90668 | IIV VACCINE PANDEMIC IM                                     | YES         |  | 1/1/2024 |
| 90870 | ELECTROCONVULSIVE THERAPY                                   | YES         |  | 1/1/2024 |
| 90913 | BFB TRAINING EA ADDL 15 MIN                                 | YES         |  | 1/1/2024 |
| 92512 | NASAL FUNCTION STUDIES                                      | YES         |  | 1/1/2024 |
| 92541 | SPONTANEOUS NYSTAGMUS TEST                                  | YES         |  | 1/1/2024 |
| 92544 | OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIPH STIM W/REC            | YES         |  | 1/1/2024 |
| 92545 | OSCILLATING TRACKING TEST W/RECORDING                       | YES         |  | 1/1/2024 |
| 92546 | SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING                 | YES         |  | 1/1/2024 |
| 92547 | USE VERTICAL ELECTRODES                                     | YES         |  | 1/1/2024 |
| 92640 | ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR               | YES         |  | 1/1/2024 |
| 92971 | CARDIOASSIST-METH CIRCULATORY ASSIST EXTERNAL               | YES         |  | 1/1/2024 |
| 93050 | ART PRESS WAVEFORM ANALYS CENTRAL ART PRESSURE              | YES         |  | 1/1/2024 |



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| 93292 | INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR   | YES |  | 1/1/2024 |
| 93563 | NJX SEL HRT ART CONGENITAL HRT CATH W/S&I       | YES |  | 1/1/2024 |
| 93564 | NJX SEL HRT ART/GRFT CONGENITAL HRT CATH W/S&I  | YES |  | 1/1/2024 |
| 93701 | BIOMPEDANCE-DERIVED PHYSIOLOGIC CV ANALYSIS     | YES |  | 1/1/2024 |
| 93745 | 1ST SET-UP & PRGRMG PHYS/QHP OF WEARABLE CVDFB  | YES |  | 1/1/2024 |
| 93797 | OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR   | YES |  | 1/1/2024 |
| 93798 | OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING  | YES |  | 1/1/2024 |
| 94014 | PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I  | YES |  | 1/1/2024 |
| 94015 | PATIENT-INITIATED SPIROMETRIC RECORDING         | YES |  | 1/1/2024 |
| 94016 | PATIENT-INITIATED SPIROMETRIC PHYS/QHP R&I ONLY | YES |  | 1/1/2024 |
| 95012 | NITRIC OXIDE EXPIRED GAS DETERMINATION          | YES |  | 1/1/2024 |
| 95800 | SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME | YES |  | 1/1/2024 |
| 95801 | SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL | YES |  | 1/1/2024 |
| 95806 | SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT  | YES |  | 1/1/2024 |
| 95905 | MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB  | YES |  | 1/1/2024 |
| 96422 | CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS </1 HR  | YES |  | 1/1/2024 |
| 96423 | CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR | YES |  | 1/1/2024 |

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| 96425 | CHEMOTX ADMN IA NFS > 8<br>HR PRTBLE IMPLTBL PMP                   | YES         |  | 1/1/2024 |
| 97151 | BHV ID ASSMT BY PHYS/QHP   | NOT COVERED |  | 1/1/2024 |
| 97152 | BHV ID SUPRT ASSMT BY 1<br>TECH                                    | YES         |  | 1/1/2024 |
| 97153 | ADAPTIVE BEHAVIOR TX BY<br>TECH                                    | NOT COVERED |  | 1/1/2024 |
| 97155 | ADAPT BEHAVIOR TX<br>PHYS/QHP                                      | NOT COVERED |  | 1/1/2024 |
| 0014M | LIVER DISEASE, ANALYSIS OF 3<br>BIOMARKERS (HYALURONIC<br>ACID [HA | YES         |  | 1/1/2024 |
| 0035U | NEURO CSF DETCJ PRION<br>PRTN QUAKG CONF CONV<br>QUAL              | YES         |  | 1/1/2024 |
| 0036U | EXOME TUMOR TISSUE &<br>NORMAL SPECIMEN SEQ ALYS                   | YES         |  | 1/1/2024 |
| 0038U | VITAMIN D SERUM<br>MICROSAMPLE<br>QUANTITATIVE                     | YES         |  | 1/1/2024 |
| 0039U | DNA ANTIBODY DOUBLE<br>STRANDED HIGH AVIDITY                       | YES         |  | 1/1/2024 |
| 0040U | BCR/ABL1 GENE TLCJ ALYS<br>MAJOR BP QUANTITATIVE                   | YES         |  | 1/1/2024 |
| 0041U | B BURGENDORFERI ANTB 5 PRTN<br>GRP IMMUNOBLOT IGM                  | YES         |  | 1/1/2024 |
| A0425 | GROUND MILEAGE, PER<br>STATUTE MILE                                | YES         |  | 1/1/2024 |
| A0432 | PI VOLUNTEER AMBULANCE<br>CO PROHIBITED THIRD                      | YES         |  | 1/1/2024 |
| A4224 | SUPPLIES INSULIN INFUSION<br>CATH, PER WEEK                        | YES         |  | 1/1/2024 |
| A4225 | SUPPLIES EXTERNAL INSULIN<br>INFUSION PUMP SYR                     | YES         |  | 1/1/2024 |
| A4230 | INFUSION INSULIN PUMP<br>NON-NEEDLE CANNULA TYPE                   | YES         |  | 1/1/2024 |

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| A4231 | INFUSION INSULIN PUMP NEEDLE                  | YES |  | 1/1/2024 |
| A4356 | EXT URETHRA CLAMP OR COMPRESSION DEVICE, EACH | YES |  | 1/1/2024 |
| A4556 | ELECTRODES, E.G., APNEA MONITOR, PER PAIR     | YES |  | 1/1/2024 |
| A4558 | CONDUCTIVE GEL OR PASTE, PER OZ               | YES |  | 1/1/2024 |
| A4595 | ELECTRICAL STIMUL SUPPLIES, 2 LEAD, PER MONTH | YES |  | 1/1/2024 |
| A6223 | GAUZE >16<=48 NO WTR/SAL W/O BRDR, EACH DRNG  | YES |  | 1/1/2024 |
| A6252 | ABSORPTIV DRSG >16 <=48 W/O BORDER, EA DRNG   | YES |  | 1/1/2024 |
| A6253 | ABSORPTIV DRSG >48 SQ IN W/O BORDER, EA DRNG  | YES |  | 1/1/2024 |
| A6266 | IMPREG GAUZE, NO WATR/SALN, ANY WIDTH, PER YD | YES |  | 1/1/2024 |
| A7000 | DISPOSABLE CANISTER FOR SUCTION PUMP, EACH    | YES |  | 1/1/2024 |
| A7012 | LARGE VOL NEBULIZER WATER COLLECTION DEVICE   | YES |  | 1/1/2024 |
| A7015 | AEROSOL MASK USED WITH DME NEBULIZER          | YES |  | 1/1/2024 |
| A7025 | REPLACE CHEST COMPRESS VEST, PT OWNED, EACH   | YES |  | 1/1/2024 |
| A7026 | REPLACE CHEST CMPRSS SYS HOSE, PT OWNED, EACH | YES |  | 1/1/2024 |
| C9250 | ARTISS HUMAN PLASMA FIBRIN SEALANT, 2ML       | YES |  | 1/1/2024 |
| C9358 | SURGIMEND, FETAL, PER 0.5 SQ. CM              | YES |  | 1/1/2024 |
| C9734 | ULTRASOUND TREATMENT, NOT LEIOMYOMATA WITH MR | YES |  | 1/1/2024 |

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| E0147 | WALKER HVY DUTY BRAKING<br>VARIABLE WHEEL RESIST        | YES         |  | 1/1/2024 |
| E0163 | COMMODE CHAIR MOBILE<br>WITH FIXED ARM                  | YES         |  | 1/1/2024 |
| E0167 | COMMODE CHAIR PAIL OR<br>PAN                            | YES         |  | 1/1/2024 |
| E0168 | HEAVYDUTY/EXTRA WIDE<br>COMMODE CHAIR ANY TYPE          | YES         |  | 1/1/2024 |
| E0241 | BATHTUB WALL RAIL EACH                                  | NOT COVERED |  | 1/1/2024 |
| E0243 | TOILET RAIL EACH  | NOT COVERED |  | 1/1/2024 |
| E1035 | MULTIPOSITION PATIENT<br>TRANSFR SYS W SEAT<br><=300LBS | YES         |  | 1/1/2024 |
| E1036 | MULTI-POS PATIENT<br>TRANSFER SYSTEM, WGT >300<br>LBS   | YES         |  | 1/1/2024 |
| G0237 | THERAPEUTIC PX INC RESP<br>STRENGTH/ENDUR 15 MIN        | YES         |  | 1/1/2024 |
| G0238 | THERAPEUTIC PX INCREASE<br>RESP FUNCTION 15 MIN         | YES         |  | 1/1/2024 |
| G0239 | THERAP PX INCR RESP<br>FNCTN/STRNGTH/ENDUR<br>GROUP     | YES         |  | 1/1/2024 |
| G0282 | ELECT STIMULATE WOUND<br>CARE NOT PRESSURE ULCER        | YES         |  | 1/1/2024 |
| G0329 | ELECTROMAGNETIC THERAPY<br>FOR NONHEALING ULCERS        | YES         |  | 1/1/2024 |
| G0493 | RN CARE EA 15 MIN HH OR<br>HOSPICE                      | YES         |  | 1/1/2024 |
| G0494 | LPN CARE EA 15MIN HH OR<br>HOSPICE                      | YES         |  | 1/1/2024 |
| G2170 | PC AVF DIR TISS APP TR E&SEC<br>RDR BF                  | YES         |  | 1/1/2024 |
| G2171 | PRQ AVF DR ANY MG-GD<br>ART&V CTH&RF E                  | YES         |  | 1/1/2024 |

|       |  |             |  |          |
|-------|--|-------------|--|----------|
| L5668 | ADD TO L EXT, BELOW KNEE MOLDED DISTAL CUSHION   | YES         |  | 1/1/2024 |
| L7510 | PROSTHETIC DEVICE REPAIR/REPLACE MINOR PARTS     | YES         |  | 1/1/2024 |
| L7520 | REPAIR PROSTHETIC DEVICE, LABOR PER 15 MIN       | YES         |  | 1/1/2024 |
| L8000 | BREAST PROSTHESIS MASTECTOMY BRA                 | YES         |  | 1/1/2024 |
| L8001 | BREAST PROSTHESIS MASTECTOMY BRA UNILATERAL      | YES         |  | 1/1/2024 |
| L8002 | BREAST PROSTHESIS MASTECTOMY BRA BILATERAL       | YES         |  | 1/1/2024 |
| L8010 | BREAST PROSTHESIS MASTECTOMY SLEEVE              | YES         |  | 1/1/2024 |
| L8015 | EXTERNAL BREAST PROSTHESIS GARMENT POST MASTE    | YES         |  | 1/1/2024 |
| L8020 | BREAST PROSTHESIS MASTECTOMY FORM                | YES         |  | 1/1/2024 |
| L8030 | BREAST PROSTHESIS SILICONE OR EQUAL              | YES         |  | 1/1/2024 |
| L8031 | BREAST PROSTHESIS, SILICONE OR EQUAL, W ADHESIVE | YES         |  | 1/1/2024 |
| L8032 | REUSABLE NIPPLE PROSTHESIS, ANY TYPE, EACH       | YES         |  | 1/1/2024 |
| L8035 | CUSTOM BREAST PROSTHESIS POST MASTECTOMY         | YES         |  | 1/1/2024 |
| T2030 | ASSISTED LIVING WAIVER, PER MONTH                | NOT COVERED |  | 1/1/2024 |
| 77750 | NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE    | YES         |  | 1/1/2024 |
| 80155 | DRUG ASSAY CAFFEINE                              | NOT COVERED |  | 1/1/2024 |
| 81361 | HBB COMMON VARIANTS                              | NOT COVERED |  | 1/1/2024 |

|       |   |             |  |          |
|-------|---|-------------|--|----------|
| 81362 | HBB KNOWN FAMILIAL VARIANTS                     | NOT COVERED |  | 1/1/2024 |
| 81363 | HBB DUPLICATION/DELETION VARIANTS               | NOT COVERED |  | 1/1/2024 |
| 81364 | HBB FULL GENE SEQUENCE                          | NOT COVERED |  | 1/1/2024 |
| 83695 | LIPOPROTEIN (A)                                 | NOT COVERED |  | 1/1/2024 |
| 83698 | LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2         | NOT COVERED |  | 1/1/2024 |
| 83700 | LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN     | NOT COVERED |  | 1/1/2024 |
| 83701 | LIPOPROTEIN BLOOD HIGH RESOLTJ&QUANTJ SUBCLASS  | NOT COVERED |  | 1/1/2024 |
| 83704 | LIPOPROTEIN BLOOD QUAN NUMBERS&SUBCLASSES       | NOT COVERED |  | 1/1/2024 |
| A4234 | J-CELL BATTERY FOR GLUCOSE MONITOR              | NOT COVERED |  | 1/1/2024 |
| A4235 | LITHIUM BATTERY FOR GLUCOSE MONITOR             | NOT COVERED |  | 1/1/2024 |
| A4236 | SILVER OXIDE BATTERY GLUCOSE MONITOR            | NOT COVERED |  | 1/1/2024 |
| A4245 | ALCOHOL WIPES, PER BOX                          | NOT COVERED |  | 1/1/2024 |
| A6412 | OCCLUSIVE EYE PATCH, EACH                       | NOT COVERED |  | 1/1/2024 |
| A6445 | CONFORMING BAND NON-ELASTIC ST W <3 INCH PER YD | NOT COVERED |  | 1/1/2024 |
| G9012 | OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC     | NOT COVERED |  | 1/1/2024 |
| P9054 | WHOLE BLOOD, L/R, FROZ/DEGLY/WASH, EACH UNIT    | NOT COVERED |  | 1/1/2024 |
| 92552 | PURE TONE AUDIOMETRY AIR ONLY                   | NATIONS     |  | 1/1/2024 |

|       |  |         |  |          |
|-------|--|---------|--|----------|
| 92553 | PURE TONE AUDIOMETRY AIR & BONE              | NATIONS |  | 1/1/2024 |
| 92555 | SPEECH AUDIOMETRY THRESHOLD                  | NATIONS |  | 1/1/2024 |
| 92556 | SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ  | NATIONS |  | 1/1/2024 |
| 92557 | COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ | NATIONS |  | 1/1/2024 |
| 92562 | LOUDNESS BALANCE BINAURAL/MONAURAL           | NATIONS |  | 1/1/2024 |
| 92563 | TONE DECAY TEST                              | NATIONS |  | 1/1/2024 |
| 92565 | STENGER TEST PURE TONE                       | NATIONS |  | 1/1/2024 |
| 92567 | TYMPANOMETRY                                 | NATIONS |  | 1/1/2024 |
| 92568 | ACOUSTIC REFLEX THRESHOLD                    | NATIONS |  | 1/1/2024 |
| 92571 | FILTERED SPEECH TEST                         | NATIONS |  | 1/1/2024 |
| 92572 | STAGGERED SPONDAIC WORD                      | NATIONS |  | 1/1/2024 |
| 92575 | SENSORINEURAL ACUITY LEVEL                   | NATIONS |  | 1/1/2024 |
| 92576 | SYNTHETIC SENTENCE IDENTIFICATION TEST       | NATIONS |  | 1/1/2024 |
| 92577 | STENGER TEST SPEECH                          | NATIONS |  | 1/1/2024 |
| 92579 | VISUAL REINFORCEMENT AUDIOMETRY              | NATIONS |  | 1/1/2024 |
| 92582 | CONDITIONING PLAY AUDIOMETRY                 | NATIONS |  | 1/1/2024 |
| 92583 | SELECT PICTURE AUDIOMETRY                    | NATIONS |  | 1/1/2024 |

|       |   |         |  |          |
|-------|---|---------|--|----------|
| 92584 | ELECTROCOCHLEOGRAPHY                                  | NATIONS |  | 1/1/2024 |
| 92587 | DISTORT PRODUCT EVOKED<br>OTOACOUSTIC EMISNS LIMITD   | NATIONS |  | 1/1/2024 |
| 92588 | DISTR PROD EVOKD<br>OTOACOUSTIC EMSNS<br>COMP/DX EVAL | NATIONS |  | 1/1/2024 |
| 92597 | EVAL&/FITG VOICE PROSTC<br>DEV SUPLMNT ORAL SPEEC     | NATIONS |  | 1/1/2024 |
| 92601 | ANALYSIS COCHLEAR IMPLT PT<br><7 YR PRGRMG            | NATIONS |  | 1/1/2024 |
| 92602 | ANALYSIS COCHLEAR IMPLT PT<br><7 YR SBSQ REPRGRMG     | NATIONS |  | 1/1/2024 |
| 92603 | ANALYSIS COCHLEAR IMPLT 7<br>YR/> PRGRMG              | NATIONS |  | 1/1/2024 |
| 92604 | ANALYSIS COCHLEAR IMPLT 7<br>YR/> SBSQ REPRGRMG       | NATIONS |  | 1/1/2024 |
| 92620 | EVAL CENTRAL AUDITORY<br>FUNCJ W/REPRT 1ST 60 MIN     | NATIONS |  | 1/1/2024 |
| 92621 | EVAL CENTRAL AUDITORY<br>FUNCJ W/REPRT EA 15 MIN      | NATIONS |  | 1/1/2024 |
| 92625 | ASSESSMENT TINNITUS                                   | NATIONS |  | 1/1/2024 |
| 92626 | EVALUATION AUDITORY<br>REHAB STATUS 1ST HR            | NATIONS |  | 1/1/2024 |
| 92627 | EVALUATION AUDITORY<br>REHAB STATUS EA 15 MIN         | NATIONS |  | 1/1/2024 |
| 58300 | INSERTION INTRAUTERINE<br>DEVICE IUD                  | YES     |  | 1/1/2024 |
| 0042T | CEREBRAL PERFUSION ANALYS<br>CT W/BLOOD FLOW&VOLUME   |         |  | 1/1/2024 |