# Important Update: New Prior Authorization Code List, and Covered Services Benefits Guide

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We have an important update to share with you.

The new **Covered Services Benefits Guide** outlines covered services and prior authorization requirements for the Alliance **Group Care, Medi-Cal,** and **Alameda Alliance Wellness (HMO D-SNP)** programs.

The Covered Services Benefits Guide is **effective Thursday, January 1, 2026**, and available on the Alliance website at **www.alamedaalliance.org/providers/authorizations**.

Enclosed with this notice is a list of certain Group Care and Medi-Cal codes where PA requirements have changed since the last publication of the code list. For the most comprehensive list of codes and their PA requirements, please review the Covered Services Benefits Guide available online at **www.alamedaalliance.org/providers/authorizations**.

**Important:** The Covered Services Benefits Guide is reviewed and published regularly. Updates to the guide are announced in Alliance Provider Alerts and published on the Alliance website.

**Please Note:** For service procedure codes that do not require PA, but are associated with a PA-required service, payment is contingent upon an approved authorization for the primary service requiring authorization. Associated codes not on the list will not be paid separately if the primary service was denied or does not have PA.

**Reminder:** The Alliance will validate all claims against authorizations to ensure appropriate reimbursement.

The following items will be validated:

- Member name
- Provider NPI
- Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) coding
- Date(s) of service is within the authorized range
- Number of units and/or visits
- Place of service matches the site of care submitted on the authorization request form
- National Drug Codes (NDCs) approved by the United States Food and Drug Administration (FDA) are required on claims submissions
- Claims missing and/or without a matching NDC on a claim will be denied

Thank you for your continued partnership and for providing high quality care to our members and the community.

# Referral and Procedure Codes That Require Prior Authorization (PA)

**Before services are provided, please check:**
Member Eligibility ▪ Medical Group ▪ Benefit Coverage ▪ Contracted Provider ▪ Medi-Cal Excluded Code
Questions? Please call the Alliance Provider Services Department at **1.510.747.4510**

| Service Category | HCPCS Code | HCPCS Description |
|---|---|---|
| Home Health | G0299 | DIR SNS RN HH/HOSPICE SET EA 15 MIN |
| Home Health | G0300 | DIR SNS LPN HH/HOSPCE SET EA 15 MIN |
| Pharmacy | J0139 | ADALIMUMAB |
| Pharmacy | J0177 | AFLIBERCEPT HD |
| Pharmacy | J0725 | CHORIONIC GONADOTROPIN |
| Pharmacy | J1299 | ECULIZUMAB |
| Pharmacy | J1326 | ZOLBETUXIMAB-CLZB (VYLOY) |
| Pharmacy | J2351 | OCRELIZUMAB, 1 MG AND HYALURONIDASE-OCSQ |
| Pharmacy | J3391 | ATIDARSAGENE AUTOTEMCEL (LENMELDY) |
| Pharmacy | J7172 | MARSTACIMAB-HNCQ (HYMPAVZI) |
| Pharmacy | J9024 | ATEZOLIZUMAB, 5 MG AND HYALURONIDASE-TQJS (TECENTRIQ HYBREZA) |
| Pharmacy | J9037 | BELANTAMAB MAFODOTIN-BLMF (BLENREP) |
| Pharmacy | J9038 | NIKTIMVO (AXATILIMAB-CSFR) |
| Pharmacy | J9054 | BORTEZOMIB (BORUZU) |
| Pharmacy | J9161 | DENILEUKIN DIFTITOX-CXDL |
| Pharmacy | J9174 | DOCETAXEL (BEIZRAY) |
| Pharmacy | J9275 | COSIBELIMAB-IPDL (UNLOXCYT) |
| Pharmacy | J9276 | ZANIDATAMAB-HRII (ZIIHERA) |
| Pharmacy | J9289 | NIVOLUMAB, 2 MG AND HYALURONIDASENVHY (OPDIVO QVANTIG) |
| Pharmacy | J9341 | THIOTEPA (TEPYLUTE) |
| Pharmacy | J9342 | THIOTEPA, NOT OTHERWISE SPECIFIED |
| Pharmacy | J9382 | ZENOCUTUZUMAB-ZBCO |
| Pharmacy | Q2058 | OBECABTAGENE AUTOLEUCEL (AUCATZYL) |

**Please Note:** This list does not include all services.

| Service Category | HCPCS Code | HCPCS Description |
|---|---|---|
| Pharmacy | Q5098 | USTEKINUMAB-SRLF (IMULDOSA) |
| Pharmacy | Q5099 | USTEKINUMAB-STBA (STEQEYMA) |
| Pharmacy | Q5100 | USTEKINUMAB-KFCE (YESINTEK) |
| Pharmacy | Q5139 | ECULIZUMAB-AEEB (BKEMV) |
| Pharmacy | Q5140 | ADALIMUMAB-FKJP (HULIO) |
| Pharmacy | Q5141 | ADALIMUMAB-AATY (YUFLYMA) |
| Pharmacy | Q5142 | ADALIMUMAB-RYVK (SIMLANDI) |
| Pharmacy | Q5143 | ADALIMUMAB-ADBM (CYLTEZO) |
| Pharmacy | Q5144 | ADALIMUMAB-AACF (IDACIO) |
| Pharmacy | Q5145 | ADALIMUMAB-AFZB (ABRILADA) |
| Pharmacy | Q5146 | TRASTUZUMAB-STRF (HERCESSI) |
| Pharmacy | Q5147 | AFLIBERCEPT-AYYH (PAVBLU) |
| Pharmacy | Q5148 | FILGRASTIM-TXID (NYPOZI) |
| Pharmacy | Q5149 | AFLIBERCEPT-ABZV (ENZEEVU) |
| Pharmacy | Q5150 | AFLIBERCEPT-MRBB (AHZANTIVE) |
| Pharmacy | Q5151 | ECULIZUMAB-AAGH (EPYSQLI) |
| Pharmacy | Q5152 | ECULIZUMAB-AEEB (BKEMV) |
| Pharmacy | Q5153 | AFLIBERCEPT-YSZY (OPUVIZ) |
| Pharmacy | Q9996 | USTEKINUMAB-TTWE (PYZCHIVA), SUBCUTANEOUS |
| Pharmacy | Q9997 | USTEKINUMAB-TTWE (PYZCHIVA), INTRAVENOUS |
| Pharmacy | Q9998 | USTEKINUMAB-AEKN (SELARSDI) |
| Pharmacy | Q9999 | USTEKINUMAB-AAUZ (OTULFI) |
| Pharmacy | S0122 | MENOTROPINS |
| Pharmacy | S0126 | FOLLITROPIN ALFA |
| Pharmacy | S0128 | FOLLITROPIN BETA |
| Pharmacy | S0132 | GANIRELIX ACETATE |

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# Referral and Procedure Codes That No Longer Require Prior Authorization (PA)

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| Service Category | HCPCS Code | HCPCS Description |
|---|---|---|
| Audiological Services | V5264 | EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE |
| Blood Products | P9010 | BLOOD FOR TRANSFUSION PER UNIT |
| Blood Products | P9011 | BLOOD SPLIT UNIT |
| Blood Products | P9012 | CRYOPRECIPITATE EACH UNIT |
| Blood Products | P9016 | RBCS LEUKOCYTES REDUCED EACH UNIT |
| Blood Products | P9017 | FFP FRZN WITHIN 8 HRS CLCT EA UNIT |
| Blood Products | P9019 | PLATELETS EACH UNIT |
| Blood Products | P9020 | PLATELET RICH PLASMA EACH UNIT |
| Blood Products | P9021 | RED BLOOD CELLS EACH UNIT |
| Blood Products | P9022 | RED BLOOD CELLS WASHED EACH UNIT |
| Blood Products | P9023 | PLASMA POOL MX DONOR FROZEN EA UNIT |
| Blood Products | P9031 | PLATLTS LEUKOCYTES REDUCED EA UNIT |
| Blood Products | P9032 | PLATELETS IRRADIATED EACH UNIT |
| Blood Products | P9033 | PLATLTS LEUKOCYTES RDUC IRRADATD EA |
| Blood Products | P9034 | PLATELETS PHERESIS EACH UNIT |
| Blood Products | P9035 | PLATLTS PHERES LEUKOCYTES RDUC EA U |
| Blood Products | P9036 | PLATELETS PHERESIS IRRADATD EA UNIT |
| Blood Products | P9037 | PLATLT PHERES LEUKOCYT RDUC IRRADTD |
| Blood Products | P9038 | RBCS IRRADIATED EACH UNIT |
| Blood Products | P9039 | RBCS DEGLYCEROLIZED EACH UNIT |
| Blood Products | P9040 | RBCS LEUKOCYTES RDUC IRRADATD EA U |
| Blood Products | P9041 | INFUSION ALBUMIN HUMAN 5% 50 ML |
| Blood Products | P9043 | INFUS PLSMA PROT FRAC HUMN 5% 50 ML |

| Service Category | HCPCS Code | HCPCS Description |
|---|---|---|
| Blood Products | P9044 | PLSMA CRYOPRECIPITATE RDUC EA UNIT |
| Blood Products | P9045 | INFUSION ALBUMIN HUMAN 5% 250 ML |
| Blood Products | P9046 | INFUSION ALBUMIN HUMAN 25% 20 ML |
| Blood Products | P9047 | INFUSION ALBUMIN HUMAN 25% 50 ML |
| Blood Products | P9048 | INFUS PLSMA PROT FRAC HU 5% 250 ML |
| Blood Products | P9050 | GRANULOCYTES PHERESIS EACH UNIT |
| Blood Products | P9051 | WHOLE BLD/RBCS LEUKOCYTES RDUC CMV |
| Blood Products | P9052 | PLT HLA-MATCHD LEUKOCYTES RDUC EACH |
| Blood Products | P9053 | PLT PHERES LEUKOCYT RDUC CMV-NEG EA |
| Blood Products | P9054 | WHOLE BLD/RBCS LEUKOCYTES RDUC FRZN |
| Blood Products | P9055 | PLT LEUKOCYT RDUC CMV-NEG APH/PHERS |
| Blood Products | P9056 | WHOLE BLD LEUKOCYTES RDUC IRRADATD |
| Blood Products | P9057 | RBCS FRZN/DEGLYCEROLIZED/WASHED LEU |
| Blood Products | P9058 | RBCS LEUKOCYTES RDUC CMV-NEG IRRADA |
| Blood Products | P9059 | FRESH FRZN PLAS BETWN 8-24 HR CLCT |
| Blood Products | P9060 | FRESH FRZN PLSMA DONR RETESTED EA U |
| Blood Products | P9073 | PLATELETS PHERESIS PATHOGEN-REDUCED |
| Blood Products | P9100 | PATHOGEN TEST FOR PLATELETS |
| Blood Products | 36440 | BL PUSH TRANSFUSE 2 YR/< |
| Blood Products | 36450 | BL EXCHANGE/TRANSFUSE NB |
| Blood Products | 36455 | BL EXCHANGE/TRANSFUSE NON-NB |
| Blood Products | 36456 | PRTL EXCHANGE TRANSFUSE NB |
| Blood Products | 36460 | TRANSFUSION SERVICE FETAL |
| Blood Products | 86850 | RBC ANTIBODY SCREEN |
| Blood Products | 86860 | RBC ANTIBODY ELUTION |
| Blood Products | 86870 | RBC ANTIBODY IDENTIFICATION |
| Blood Products | 86927 | PLASMA FRESH FROZEN |
| Blood Products | 86945 | BLOOD PRODUCT/IRRADIATION |
| Blood Products | 86999 | TRANSFUSION PROCEDURE |
| Cardiac Therapy | 93797 | Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitor (per session) |
| Cardiac Therapy | 93798 | Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitor (per session) |

| Service Category | HCPCS Code | HCPCS Description |
|---|---|---|
| Dental Services | 170 | ANESTH PROCEDURE ON MOUTH |
| Dental Services | 172 | ANESTH CLEFT PALATE REPAIR |
| Dental Services | 174 | ANESTH PHARYNGEAL SURGERY |
| Dental Services | 176 | ANESTH PHARYNGEAL SURGERY |
| Dialysis | 36825 | ARTERY-VEIN AUTOGRAFT |
| Dialysis | 36830 | ARTERY-VEIN NONAUTOGRAFT |
| Dialysis | 36831 | OPEN THROMBECT AV FISTULA |
| Dialysis | 36832 | AV FISTULA REVISION OPEN |
| Dialysis | 36833 | AV FISTULA REVISION |
| Dialysis | 36835 | ARTERY TO VEIN SHUNT |
| Dialysis | 36908 | STENT PLMT CTR DIALYSIS SEG |
| EEG (Electroencephalogram) | 95711 | VEEG 2-12 HR UNMONITORED |
| EEG (Electroencephalogram) | 95712 | VEEG 2-12 HR INTMT MNTR |
| EEG (Electroencephalogram) | 95713 | VEEG 2-12 HR CONT MNTR |
| EEG (Electroencephalogram) | 95714 | VEEG EA 12-26 HR UNMNTR |
| EEG (Electroencephalogram) | 95715 | VEEG EA 12-26HR INTMT MNTR |
| EEG (Electroencephalogram) | 95716 | VEEG EA 12-26HR CONT MNTR |
| Enteral Formula and Supplies | E0776 | IV POLE |
| Home Health | 99341 | HOME VISIT NEW PATIENT |
| Home Health | 99342 | HOME VISIT NEW PATIENT |
| Home Health | 99343 | HOME VISIT NEW PATIENT |
| Home Health | 99344 | HOME VISIT NEW PATIENT |
| Home Health | 99345 | HOME VISIT NEW PATIENT |
| Home Health | 99347 | HOME VISIT EST PATIENT |
| Home Health | 99348 | HOME VISIT EST PATIENT |
| Home Health | 99349 | HOME VISIT EST PATIENT |
| Home Health | 99350 | HOME VISIT EST PATIENT |
| Home Health | 99501 | HOME VISIT POSTNATAL |
| Home Health | 99502 | HOME VISIT NB CARE |
| Infusion | E0776 | IV POLE |
| Infusion | E0779 | AMB INFUS PUMP MECH INFUS 8 HR/> |
| Infusion | E0780 | AMB INFUS PUMP MECH INFUS < 8 HR |
| Lab | 81420 | FETAL ANEUPLOIDY |

| Service Category | HCPCS Code | HCPCS Description |
|---|---|---|
| Lab | 81507 | FETAL ANEUPLOIDY |
| Orthotics | L2492 | ADD KNEE LIFT LOOP DROP LOCK RING |
| Orthotics | L3000 | FT INSRT MOLD UCB TYPE BERKLY SHELL |
| Palliative Care | 99304 | NURSING FACILITY CARE INIT |
| Palliative Care | 99305 | NURSING FACILITY CARE INIT |
| Palliative Care | 99306 | NURSING FACILITY CARE INIT |
| Palliative Care | 99307 | NURSING FAC CARE SUBSEQ |
| Palliative Care | 99341 | HOME VISIT NEW PATIENT |
| Palliative Care | 99342 | HOME VISIT NEW PATIENT |
| Palliative Care | 99343 | HOME VISIT NEW PATIENT |
| Palliative Care | 99344 | HOME VISIT NEW PATIENT |
| Palliative Care | 99345 | HOME VISIT NEW PATIENT |
| Palliative Care | 99347 | HOME VISIT EST PATIENT |
| Palliative Care | 99348 | HOME VISIT EST PATIENT |
| Palliative Care | 99349 | HOME VISIT EST PATIENT |
| Palliative Care | 99350 | HOME VISIT EST PATIENT |
| Palliative Care | 99497 | ADVNCD CARE PLAN 30 MIN |
| Palliative Care | 99498 | ADVNCD CARE PLAN ADDL 30 MIN |
| Prosthetics | 21243 | RECONSTRUCTION OF JAW JOINT |
| Prosthetics | C1839 | IRIS PROSTHESIS |
| Pulmonary Therapy | 94626 | Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session) |
| Radiology | 70010 | CONTRAST X-RAY OF BRAIN |
| Radiology | 70015 | CONTRAST X-RAY OF BRAIN |
| Radiology | 70450 | CT HEAD/BRAIN W/O DYE |
| Radiology | 70460 | CT HEAD/BRAIN W/DYE |
| Radiology | 70470 | CT HEAD/BRAIN W/O & W/DYE |
| Radiology | 70480 | CT ORBIT/EAR/FOSSA W/O DYE |
| Radiology | 70481 | CT ORBIT/EAR/FOSSA W/DYE |
| Radiology | 70482 | CT ORBIT/EAR/FOSSA W/O&W/DYE |
| Radiology | 70486 | CT MAXILLOFACIAL W/O DYE |
| Radiology | 70487 | CT MAXILLOFACIAL W/DYE |
| Radiology | 70488 | CT MAXILLOFACIAL W/O & W/DYE |

| Service Category | HCPCS Code | HCPCS Description |
|---|---|---|
| Radiology | 70490 | CT SOFT TISSUE NECK W/O DYE |
| Radiology | 70491 | CT SOFT TISSUE NECK W/DYE |
| Radiology | 70492 | CT SFT TSUE NCK W/O & W/DYE |
| Radiology | 70496 | CT ANGIOGRAPHY HEAD |
| Radiology | 70498 | CT ANGIOGRAPHY NECK |
| Radiology | 70554 | FMRI BRAIN BY TECH |
| Radiology | 70555 | FMRI BRAIN BY PHYS/PSYCH |
| Radiology | 71250 | CT THORAX DX C- |
| Radiology | 71260 | CT THORAX DX C+ |
| Radiology | 71270 | CT THORAX DX C-/C+ |
| Radiology | 71275 | CT ANGIOGRAPHY CHEST |
| Radiology | 72125 | CT NECK SPINE W/O DYE |
| Radiology | 72126 | CT NECK SPINE W/DYE |
| Radiology | 72127 | CT NECK SPINE W/O & W/DYE |
| Radiology | 72128 | CT CHEST SPINE W/O DYE |
| Radiology | 72129 | CT CHEST SPINE W/DYE |
| Radiology | 72130 | CT CHEST SPINE W/O & W/DYE |
| Radiology | 72131 | CT LUMBAR SPINE W/O DYE |
| Radiology | 72132 | CT LUMBAR SPINE W/DYE |
| Radiology | 72133 | CT LUMBAR SPINE W/O & W/DYE |
| Radiology | 72191 | CT ANGIOGRAPH PELV W/O&W/DYE |
| Radiology | 72192 | CT PELVIS W/O DYE |
| Radiology | 72193 | CT PELVIS W/DYE |
| Radiology | 72194 | CT PELVIS W/O & W/DYE |
| Radiology | 73700 | CT LOWER EXTREMITY W/O DYE |
| Radiology | 73701 | CT LOWER EXTREMITY W/DYE |
| Radiology | 73702 | CT LWR EXTREMITY W/O&W/DYE |
| Radiology | 73706 | CT ANGIO LWR EXTR W/O&W/DYE |
| Radiology | 74150 | CT ABDOMEN W/O DYE |
| Radiology | 74160 | CT ABDOMEN W/DYE |
| Radiology | 74170 | CT ABDOMEN W/O & W/DYE |
| Radiology | 74174 | CT ANGIO ABD&PELV W/O&W/DYE |
| Radiology | 74175 | CT ANGIO ABDOM W/O & W/DYE |

| Service Category | HCPCS Code | HCPCS Description |
|---|---|---|
| Radiology | 74176 | CT ABD & PELVIS W/O CONTRAST |
| Radiology | 74177 | CT ABD & PELV W/CONTRAST |
| Radiology | 74178 | CT ABD & PELV 1/> REGNS |
| Radiology | 74235 | REMOVE ESOPHAGUS OBSTRUCTION |
| Radiology | 74283 | THER NMA RDCTJ INTUS/OBSTRCJ |
| Radiology | 74290 | CONTRAST X-RAY GALLBLADDER |
| Radiology | 75600 | CONTRAST EXAM THORACIC AORTA |
| Radiology | 75605 | CONTRAST EXAM THORACIC AORTA |
| Radiology | 75625 | CONTRAST EXAM ABDOMINL AORTA |
| Radiology | 75635 | CT ANGIO ABDOMINAL ARTERIES |
| Radiology | 75901 | REMOVE CVA DEVICE OBSTRUCT |
| Radiology | 75902 | REMOVE CVA LUMEN OBSTRUCT |
| Radiology | 75956 | XRAY ENDOVASC THOR AO REPR |
| Radiology | 75957 | XRAY ENDOVASC THOR AO REPR |
| Radiology | 75958 | XRAY PLACE PROX EXT THOR AO |
| Radiology | 75959 | XRAY PLACE DIST EXT THOR AO |
| Radiology | 75970 | VASCULAR BIOPSY |
| Radiology | 76380 | CAT SCAN FOLLOW-UP STUDY |
| Radiology | 77001 | FLUOROGUIDE FOR VEIN DEVICE |
| Radiology | 77002 | NEEDLE LOCALIZATION BY XRAY |
| Radiology | 77003 | FLUOROGUIDE FOR SPINE INJECT |
| Radiology | 77011 | CT SCAN FOR LOCALIZATION |
| Radiology | 77012 | CT SCAN FOR NEEDLE BIOPSY |
| Radiology | 77013 | CT GUIDE FOR TISSUE ABLATION |
| Radiology | 77014 | CT SCAN FOR THERAPY GUIDE |
| Radiology | 77021 | MRI GUIDANCE NDL PLMT RS&I |
| Radiology | 77022 | MRI GDN PARNCHYMA TISS ABLTJ |
| Radiology | 77261 | RADIATION THERAPY PLANNING |
| Radiology | 77262 | RADIATION THERAPY PLANNING |
| Radiology | 77263 | RADIATION THERAPY PLANNING |
| Radiology | 77280 | SET RADIATION THERAPY FIELD |
| Radiology | 77285 | SET RADIATION THERAPY FIELD |
| Radiology | 77290 | SET RADIATION THERAPY FIELD |

| Service Category | HCPCS Code | HCPCS Description |
|---|---|---|
| Radiology | 77295 | 3-D RADIOTHERAPY PLAN |
| Radiology | 77299 | RADIATION THERAPY PLANNING |
| Radiology | 77300 | RADIATION THERAPY DOSE PLAN |
| Radiology | 77301 | RADIOTHERAPY DOSE PLAN IMRT |
| Radiology | 77306 | TELETHX ISODOSE PLAN SIMPLE |
| Radiology | 77307 | TELETHX ISODOSE PLAN CPLX |
| Radiology | 77316 | BRACHYTX ISODOSE PLAN SIMPLE |
| Radiology | 77317 | BRACHYTX ISODOSE INTERMED |
| Radiology | 77318 | BRACHYTX ISODOSE COMPLEX |
| Radiology | 77321 | SPECIAL TELETX PORT PLAN |
| Radiology | 77331 | SPECIAL RADIATION DOSIMETRY |
| Radiology | 77332 | RADIATION TREATMENT AID(S) |
| Radiology | 77333 | RADIATION TREATMENT AID(S) |
| Radiology | 77334 | RADIATION TREATMENT AID(S) |
| Radiology | 77336 | RADIATION PHYSICS CONSULT |
| Radiology | 77338 | DESIGN MLC DEVICE FOR IMRT |
| Radiology | 77370 | RADIATION PHYSICS CONSULT |
| Radiology | 77371 | SRS MULTISOURCE |
| Radiology | 77372 | SRS LINEAR BASED |
| Radiology | 77373 | SBRT DELIVERY |
| Radiology | 77385 | NTSTY MODUL RAD TX DLVR SMPL |
| Radiology | 77386 | NTSTY MODUL RAD TX DLVR CPLX |
| Radiology | 77387 | GUIDANCE FOR RADJ TX DLVR |
| Radiology | 77399 | EXTERNAL RADIATION DOSIMETRY |
| Radiology | 77401 | RADIATION TREATMENT DELIVERY |
| Radiology | 77402 | RADIATION TREATMENT DELIVERY |
| Radiology | 77407 | RADIATION TREATMENT DELIVERY |
| Radiology | 77412 | RADIATION TREATMENT DELIVERY |
| Radiology | 77417 | RADIOLOGY PORT IMAGES(S) |
| Radiology | 77423 | NEUTRON BEAM TX COMPLEX |
| Radiology | 77424 | IO RAD TX DELIVERY BY X-RAY |
| Radiology | 77425 | IO RAD TX DELIVER BY ELCTRNS |
| Radiology | 77427 | RADIATION TX MANAGEMENT X5 |

| Service Category | HCPCS Code | HCPCS Description |
|---|---|---|
| Radiology | 77431 | RADIATION THERAPY MANAGEMENT |
| Radiology | 77432 | STEREOTACTIC RADIATION TRMT |
| Radiology | 77435 | SBRT MANAGEMENT |
| Radiology | 77469 | IO RADIATION TX MANAGEMENT |
| Radiology | 77470 | SPECIAL RADIATION TREATMENT |
| Radiology | 77499 | RADIATION THERAPY MANAGEMENT |
| Radiology | 77520 | PROTON TRMT SIMPLE W/O COMP |
| Radiology | 77522 | PROTON TRMT SIMPLE W/COMP |
| Radiology | 77523 | PROTON TRMT INTERMEDIATE |
| Radiology | 77525 | PROTON TREATMENT COMPLEX |
| Radiology | 77750 | INFUSE RADIOACTIVE MATERIALS |
| Radiology | 77761 | APPLY INTRCAV RADIAT SIMPLE |
| Radiology | 77762 | APPLY INTRCAV RADIAT INTERM |
| Radiology | 77763 | APPLY INTRCAV RADIAT COMPL |
| Radiology | 77767 | HDR RDNCL SKN SURF BRACHYTX |
| Radiology | 77768 | HDR RDNCL SKN SURF BRACHYTX |
| Radiology | 77770 | HDR RDNCL NTRSTL/ICAV BRCHTX |
| Radiology | 77771 | HDR RDNCL NTRSTL/ICAV BRCHTX |
| Radiology | 77772 | HDR RDNCL NTRSTL/ICAV BRCHTX |
| Radiology | 77778 | APPLY INTERSTIT RADIAT COMPL |
| Radiology | 77789 | APPLY SURF LDR RADIONUCLIDE |
| Radiology | 77790 | RADIATION HANDLING |
| Radiology | 77799 | RADIUM/RADIOISOTOPE THERAPY |
| Radiology | 78075 | ADRENAL CORTEX & MEDULLA IMG |
| Radiology | 78099 | ENDOCRINE NUCLEAR PROCEDURE |
| Radiology | 78102 | BONE MARROW IMAGING LTD |
| Radiology | 78103 | BONE MARROW IMAGING MULT |
| Radiology | 78104 | BONE MARROW IMAGING BODY |
| Radiology | 78201 | LIVER IMAGING |
| Radiology | 78202 | LIVER IMAGING WITH FLOW |
| Radiology | 78215 | LIVER AND SPLEEN IMAGING |
| Radiology | 78216 | LIVER & SPLEEN IMAGE/FLOW |
| Radiology | 78226 | HEPATOBILIARY SYSTEM IMAGING |

| Service Category | HCPCS Code | HCPCS Description |
|---|---|---|
| Radiology | 78227 | HEPATOBIL SYST IMAGE W/DRUG |
| Radiology | 78299 | GI NUCLEAR PROCEDURE |
| Radiology | 78300 | BONE IMAGING LIMITED AREA |
| Radiology | 78305 | BONE IMAGING MULTIPLE AREAS |
| Radiology | 78306 | BONE IMAGING WHOLE BODY |
| Radiology | 78315 | BONE IMAGING 3 PHASE |
| Radiology | 78399 | MUSCULOSKELETAL NUCLEAR EXAM |
| Radiology | 78428 | CARDIAC SHUNT IMAGING |
| Radiology | 78451 | HT MUSCLE IMAGE SPECT SING |
| Radiology | 78452 | HT MUSCLE IMAGE SPECT MULT |
| Radiology | 78453 | HT MUSCLE IMAGE PLANAR SING |
| Radiology | 78454 | HT MUSC IMAGE PLANAR MULT |
| Radiology | 78466 | HEART INFARCT IMAGE |
| Radiology | 78468 | HEART INFARCT IMAGE (EF) |
| Radiology | 78472 | GATED HEART PLANAR SINGLE |
| Radiology | 78473 | GATED HEART MULTIPLE |
| Radiology | 78481 | HEART FIRST PASS SINGLE |
| Radiology | 78483 | HEART FIRST PASS MULTIPLE |
| Radiology | 78494 | HEART IMAGE SPECT |
| Radiology | 78496 | HEART FIRST PASS ADD-ON |
| Radiology | 78499 | CARDIOVASCULAR NUCLEAR EXAM |
| Radiology | 78579 | LUNG VENTILATION IMAGING |
| Radiology | 78580 | LUNG PERFUSION IMAGING |
| Radiology | 78582 | LUNG VENTILAT&PERFUS IMAGING |
| Radiology | 78597 | LUNG PERFUSION DIFFERENTIAL |
| Radiology | 78598 | LUNG PERF&VENTILAT DIFERENTL |
| Radiology | 78599 | RESPIRATORY NUCLEAR EXAM |
| Radiology | 78600 | BRAIN IMAGE < 4 VIEWS |
| Radiology | 78601 | BRAIN IMAGE W/FLOW < 4 VIEWS |
| Radiology | 78605 | BRAIN IMAGE 4+ VIEWS |
| Radiology | 78606 | BRAIN IMAGE W/FLOW 4 + VIEWS |
| Radiology | 78610 | BRAIN FLOW IMAGING ONLY |
| Radiology | 78630 | CEREBROSPINAL FLUID SCAN |

| Service Category | HCPCS Code | HCPCS Description |
|---|---|---|
| Radiology | 78699 | NERVOUS SYSTEM NUCLEAR EXAM |
| Radiology | 78799 | GENITOURINARY NUCLEAR EXAM |
| Radiology | 78800 | RP LOCLZJ TUM 1 AREA 1 D IMG |
| Radiology | 78801 | RP LOCLZJ TUM 2+AREA 1+D IMG |
| Radiology | 78802 | RP LOCLZJ TUM WHBDY 1 D IMG |
| Radiology | 78804 | RP LOCLZJ TUM WHBDY 2+D IMG |
| Radiology | 78808 | IV INJ RA DRUG DX STUDY |
| Radiology | 78999 | NUCLEAR DIAGNOSTIC EXAM |
| Radiology | 79005 | NUCLEAR RX ORAL ADMIN |
| Radiology | 79101 | NUCLEAR RX IV ADMIN |
| Radiology | 79200 | NUCLEAR RX INTRACAV ADMIN |
| Radiology | 79300 | NUCLR RX INTERSTIT COLLOID |
| Radiology | 79403 | HEMATOPOIETIC NUCLEAR TX |
| Radiology | 79440 | NUCLEAR RX INTRA-ARTICULAR |
| Radiology | 79445 | NUCLEAR RX INTRA-ARTERIAL |
| Radiology | 79999 | NUCLEAR MEDICINE THERAPY |
| Reconstructive Surgery | 53410 | RECONSTRUCTION OF URETHRA |
| Reconstructive Surgery | 53415 | RECONSTRUCTION OF URETHRA |
| Reconstructive Surgery | 53420 | RECONSTRUCT URETHRA STAGE 1 |
| Reconstructive Surgery | 53425 | RECONSTRUCT URETHRA STAGE 2 |
| Reconstructive Surgery | 53430 | RECONSTRUCTION OF URETHRA |
| Reconstructive Surgery | 53431 | RECONSTRUCT URETHRA/BLADDER |
| Sleep Study | 95782 | POS AIRWAY PRESSURE CPAP |
| Sleep Study | 95783 | POLYSOM <6 YRS 4/> PARAMTRS |
| Sleep Study | 95805 | POLYSOM <6 YRS CPAP/BILVL |
| Sleep Study | 95807 | MULTIPLE SLEEP LATENCY TEST |
| Sleep Study | 95808 | SLEEP STUDY ATTENDED |
| Sleep Study | 95810 | POLYSOM ANY AGE 1-3> PARAM |
| Sleep Study | 95811 | POLYSOM 6/> YRS 4/> PARAM |
| Speciality Surgery | 27120 | REPAIR, REVISION, AND/OR RECONSTRUCTION PROCEDURES ON THE PELVIS AND HIP JOINT |
| Speciality Surgery | 27122 | REPAIR, REVISION, AND/OR RECONSTRUCTION PROCEDURES ON THE PELVIS AND HIP JOINT |

| Service Category | HCPCS Code | HCPCS Description |
|---|---|---|
| Speciality Surgery | 27125 | PARTIAL HIP REPLACEMENT |
| Speciality Surgery | 28291 | CORRJ HALUX RIGDUS W/IMPLT |
| Speciality Surgery | 28295 | CORRECTION HALLUX VALGUS |
| Speciality Surgery | 28296 | CORRECTION HALLUX VALGUS |
| Speciality Surgery | 28307 | INCISION OF METATARSAL |
| Speciality Surgery | 33948 | ECMO/ECLS DAILY MGMT-VENOUS |
| Speciality Surgery | 33949 | ECMO/ECLS DAILY MGMT ARTERY |
| Speciality Surgery | 33951 | ECMO/ECLS INSJ PRPH CANNULA |
| Speciality Surgery | 33952 | ECMO/ECLS INSJ PRPH CANNULA |
| Speciality Surgery | 33953 | ECMO/ECLS INSJ PRPH CANNULA |
| Speciality Surgery | 33954 | ECMO/ECLS INSJ PRPH CANNULA |
| Speciality Surgery | 33955 | ECMO/ECLS INSJ CTR CANNULA |
| Speciality Surgery | 33956 | ECMO/ECLS INSJ CTR CANNULA |
| Speciality Surgery | 33957 | ECMO/ECLS REPOS PERPH CNULA |
| Speciality Surgery | 33958 | ECMO/ECLS REPOS PERPH CNULA |
| Speciality Surgery | 33959 | ECMO/ECLS REPOS PERPH CNULA |
| Speciality Surgery | 33962 | ECMO/ECLS REPOS PERPH CNULA |
| Speciality Surgery | 33963 | ECMO/ECLS REPOS PERPH CNULA |
| Speciality Surgery | 33964 | ECMO/ECLS REPOS PERPH CNULA |
| Speciality Surgery | 33965 | ECMO/ECLS RMVL PERPH CANNULA |
| Speciality Surgery | 33966 | ECMO/ECLS RMVL PRPH CANNULA |
| Speciality Surgery | 50370 | REMOVE TRANSPLANTED KIDNEY |
| Speciality Surgery | 53855 | INSERT PROST URETHRAL STENT |
| Speciality Surgery | 53860 | TRANSURETHRAL RF TREATMENT |
| Speciality Surgery | 58920 | PARTIAL REMOVAL OF OVARY(S) |
| Speciality Surgery | 58925 | REMOVAL OF OVARIAN CYST(S) |
| Speciality Surgery | 61885 | INSRT/REDO NEUROSTIM 1 ARRAY |
| Speciality Surgery | 61886 | IMPLANT NEUROSTIM ARRAYS |
| Speciality Surgery | 65710 | CORNEAL TRANSPLANT |
| Speciality Surgery | 65730 | CORNEAL TRANSPLANT |
| Speciality Surgery | 65750 | CORNEAL TRANSPLANT |
| Speciality Surgery | 65755 | CORNEAL TRANSPLANT |
| Speciality Surgery | 65756 | CORNEAL TRNSPL ENDOTHELIAL |

| Service Category | HCPCS Code | HCPCS Description |
|---|---|---|
| Speciality Surgery | 66986 | EXCHANGE LENS PROSTHESIS |
| Speech Therapy | 92507 | SPEECH/HEARING THERAPY |
| Speech Therapy | 92508 | SPEECH/HEARING THERAPY |
| Speech Therapy | 92521 | EVALUATION OF SPEECH FLUENCY |
| Speech Therapy | 92522 | EVALUATE SPEECH PRODUCTION |
| Speech Therapy | 92526 | ORAL FUNCTION THERAPY |
| Transportation | A0120 | OR OTHER TRANSPORTATION SYSTEMS |
| Vision | 92371 | REPAIR & ADJUST SPECTACLES |
| Vision | Q1004 | IN FEDERAL REGISTER NOTICE |
| Vision | Q1005 | IN FEDERAL REGISTER NOTICE |
| Vision | V2118 | ANISEIKONIC LENS, SINGLE VISION |
| Vision | V2121 | LENTICULAR LENS, SINGLE |
| Vision | V2215 | LENS LENTICULAR MYODISC BIFOCAL |
| Vision | V2221 | LENTICULAR LENS, BIFOCAL |
| Vision | V2318 | ANISEIKONIC LENS, TRIFOCAL |
| Vision | V2321 | LENTICULAR LENS, TRIFOCAL |
| Vision | V2630 | ANTER CHAMBER INTRAOCUL LENS |
| Vision | V2631 | IRIS SUPPORT INTRAOCLR LENS |
| Vision | V2632 | POST CHMBR INTRAOCULAR LENS |
| UM Medications | J1300 | ECULIZUMAB (SOLIRIS) |