



PRIOR APPROVAL LIST FOR GHI HMO, HIP, EMBLEMHEALTH COMPREHEALTH EPO AND VYTRA HMO/ASO Effective January 22, 2014

On January 22, 2014, a revised Prior Approval List went into effect for benefit plans in the following networks:

- GHI HMO
- HIP Premium
- HIP Prime
- Medicaid Prime
- NY Metro
- Select Care
- VIP Prime
- Vytra

What requires prior approval?

Services that require prior approval are now consistent for the networks noted above unless the service is not covered by the member's benefit plan.

A **Prior Approval Look-up Tool** to simplify determining what procedures need pre-service review and approval became operational on January 22, 2014. Sign in to our secure website to access the Look-up Tool.

When submitting a prior approval request, there may be minor exceptions in timing (for example, the number of referral visits allowed before a prior approval request must be made).

Who conducts the pre-service review?

Pre-service reviews are administered by the managing entity listed on the member ID card or by the vendor managing a utilization program on our behalf.

The following services require prior approval in accordance with the member's benefit plan:

1. All inpatient confinements:

- Emergency admissions*
- Elective hospital admissions
- Skilled nursing facility admissions
- Rehabilitation facility admissions
- Inpatient hospice admissions

** Prior approval is not required for emergency admissions; however, EmblemHealth must be notified within 24 hours. The services will be reviewed for Medical Necessity following notification and submission of clinical information.*

2. All services and procedures provided in an ambulatory or outpatient surgery center.

3. All procedures (outpatient, ambulatory surgery and inpatient) that require an assistant surgeon or co-surgeon.

4. Reconstructive surgery or other procedures that may be considered cosmetic, including but not limited to:

- Blepharoplasty/canthopexy/canthoplasty
- Breast reconstruction/breast enlargement
- Breast reduction/mammoplasty
- Cervicoplasty
- Chemical peels
- Cosmetic procedures (See EmblemHealth's **cosmetic medical policy** located in Clinical Corner under **Provider Resources**).

- Excision of excessive skin due to weight loss
 - Gastroplasty/gastric bypass
 - Gender reassignment surgery
 - Hair transplant
 - Injection of filling material
 - Lipectomy or excess fat removal
 - Otoplasty
 - Pectus excavatum repair
 - Rhinoplasty/rhytidectomy
 - Surgical treatment of gynecomastia
 - Sclerotherapy or surgery for varicose veins
5. **Outpatient cardiac and pulmonary rehabilitation.**
 6. **Nonemergent services when rendered by nonparticipating providers in accordance with the member's benefit plan.**
 7. **All procedures considered experimental and investigational. To review these services, see the EmblemHealth Medical Technology Database located in Clinical Corner under Provider Resources.**
 8. **All home health care services, including home uterine monitoring, home hospice and home sleep study services.**
 9. **Home infusion therapy.**
 10. **Some types of durable medical equipment (DME). See code list for services that require prior approval.**
 11. **Dental implants and oral appliances.**
 12. **Elective (nonemergent) transportation by ambulance, ambulette or medical van, and all transfers via air ambulance. See the EmblemHealth Provider Manual.**
 13. **Genetic testing, including:**
 - BRCA 1 and BRCA 2 Genetic/BRAC Analysis Rearrangement Testing (BART)
 - Genetic testing for colorectal cancer
 - Genetic testing for long QT syndrome
 - Genetic testing — BRAC Analysis Rearrangement Testing (BART)
 - Genetic testing — comparative genomic hybridization (CGH) microarray for chromosomal imbalance (various manufacturers)
 - Genetic testing — cystic fibrosis
 - Genetic testing — familial hypertrophic cardiomyopathy
 - Genetic testing — KRAS sequence variant analysis for predicting response to colorectal cancer drug therapy
 14. **Assisted reproductive infertility treatments, including pre-implantation genetic testing.**
 15. **All major organ transplant evaluations and transplants, including but not limited to kidney, liver, heart, lung and pancreas and bone marrow replacement, and stem cell transfer after high-dose chemotherapy.**
 16. **Services covered by vendor-administered utilization programs, which may require prior approval for all members. See programs listed below for services and entities responsible for authorizing services.**

17. Standing Referrals

A PCP may refer members with chronic, disabling or degenerative conditions or diseases to a specialist for a set number of visits within a specified time period. An EmblemHealth or managing entity medical director must approve standing referrals via the prior approval process.

18. Specialists as PCPs

A specialist may substitute as a PCP for a member with a life-threatening condition or disease or degenerative and disabling condition or disease, either of which requires specialized medical care over a prolonged period of time, when authorized by the managing entity's medical director. Whenever possible, the specialist who will be acting as a PCP should be dually board certified. A treatment plan must be agreed upon among the PCP, the managing entity's medical director and the specialist.

19. Specialty Care Centers

A member with a life-threatening condition or disease or degenerative and disabling condition or disease, either of which requires specialized medical care over a prolonged period of time, may request a referral to a specialty care center. Such referral will require prior approval by the managing entity's medical director. A treatment plan must be agreed upon among the PCP, the managing entity's medical director and the practitioner.

20. Use of Out-of-Network Providers

All requests to see out-of-network providers are reviewed against the member's benefits, the plan's provider network and the medical necessity of treatment by an out-of-network provider. Members with a Point of Service, PPO or Access II contract may elect to receive specialty care from an out-of-network specialist without a PCP referral if they elect to use their out-of-network benefits (including appropriate out-of-pocket expenses). If the service requires prior approval, the member is responsible for obtaining prior approval from the managing entity.

For more details regarding when out-of-network providers can be used, see the Commercial and Medicaid and Medicare product summary sections of the **Provider Networks and Member Benefit Plans** chapter in the **EmblemHealth Provider Manual**.

Prior approval is required for members who do not have out-of-network benefits. See the **How to Obtain a Prior Approval** section in the Care Management Chapter of the **EmblemHealth Provider Manual** for more information on how to request prior approval. If a specialist is not available in the network and prior approval has been granted by the managing entity listed on the member's ID card, the member may receive care from an out-of-network specialist at no additional cost to the member.

21. Continuity/Transition of Care – New Members

Upon enrollment, the member shall select a PCP from whom the member may request continuation of care. When appropriate, EmblemHealth will permit new members to continue seeing their current out-of-network practitioner for up to 60 days.

If on the effective date of enrollment a member has a life-threatening disease or condition or a degenerative and disabling disease or condition, the member may continue to see their current out-of-network practitioner for up to 60 days. In the case of pregnancy, if the member has entered into her second trimester, she may continue to see the nonparticipating practitioner through delivery and postpartum care for up to 60 days for care related to the delivery for Medicaid and Family Health Plus (FHPlus) members. All transitions of care and continuity of services must be reviewed and approved by EmblemHealth or the member's assigned managing entity (see back of member ID card) prior to the services continuing. In order for the request to be considered, the member must have at least one of the following health conditions:

- a. A condition in the midst of ongoing course of treatment with an out-of-network provider.
- b. Second and third trimester of pregnancy (up to 60 days postpartum directly related to the delivery for Medicaid and FHPlus members).

If transitions of care and/or continuity of care is approved, it will be for up to 60 days from the effective date of enrollment when the eligibility criteria are met. A single case agreement for continued services with an out-of-network health care provider must be agreed upon by EmblemHealth and the provider. The provider must:

- Accept our reimbursement rates as payment in full;
- Adhere to our **Quality Improvement** program;
- Provide medical information related to the enrollees' care; and
- Otherwise adhere to our policies and procedures including those regarding referrals and obtaining prior approvals and a treatment plan approved by our applicable Prior Authorization department. (See the **How to Obtain Prior Approval** section in the Care Management Chapter of the **EmblemHealth Provider Manual**.)

This transitional method does not require EmblemHealth to provide coverage for benefits not otherwise covered or diminish or impair pre-existing condition limitations contained in the Member Agreement.

22. Continuity/Transition of Care - Benefits Exhausted or Ended

We collaborate with the members, their providers and practitioners to assure that members receive the services needed, within the benefit limitations of their contracts. When benefits end for members, the Utilization Management department will assist, if applicable, in the transition of their care.

23. Continuity of Care - When Providers Leave the Network

When a member's health care practitioner leaves EmblemHealth, the member will be given the option of continuing an ongoing course of treatment with his/her current practitioner for a transitional period of up to 90 days. If the member has entered the second trimester of pregnancy, the transitional period includes the provision of postpartum care through 60 days postpartum directly related to the delivery. Members who wish to continue seeing their current health care practitioner for a limited time must contact or have their provider contact the appropriate Anticipated Care department (See the **How to Obtain Prior Approval** section in the Care Management Chapter of the **EmblemHealth Provider Manual**.)

EmblemHealth will permit a member to continue with their current practitioner as long as the reason for leaving is not related to imminent harm to patients, a determination of fraud or a final disciplinary action by a state licensing board that impairs the health professional's ability to practice. The practitioner must agree to:

- Continue to accept reimbursement at the rates applicable prior to the start of the transitional period as payment in full.
- Adhere to EmblemHealth's quality assurance requirements and provide us with necessary medical information related to such care.
- Otherwise adhere to our policies, which include, but are not limited to, procedures regarding referrals, obtaining prior approval for services and obtaining an approved treatment plan.

Prior Approval Requests for Vendor-Administered Utilization Management Programs

EmblemHealth has engaged a number of vendors to conduct utilization management for certain segments of our member populations. Full descriptions may be found in the **EmblemHealth Provider Manual**.

If a member is not covered by the vendor program, prior approval must be obtained from the managing entity indicated on the member's ID card or on our website.

EmblemHealth's Injectable Drug Utilization Management Program

Prior approval requests should be made directly to **ICORE**. Drugs requiring prior approval are as follows:

| J-Code | IVIG Drugs |
|--------|--------------------------------|
| J1566 | CARIMUNE® NF AND GAMMAGARD S/D |
| J1572 | FLEBOGAMMA® |
| J1569 | GAMMAGARD |
| J1557 | GAMMAPLEX |
| J1561 | GAMUNEX®-C AND GAMMAKED™ |
| J1568 | OCTAGAM® |
| J1459 | PRIVIGEN® |

| J-Code | RA Drugs |
|--------|-----------|
| J0129 | ORENCIA® |
| J1745 | REMICADE® |

| J-Code | Brand Name |
|-------------|----------------------------|
| J9264 | ABRAXANE® |
| J9305 | ALIMTA® |
| J2469 | ALOXI® |
| J0881 | ARANESP® |
| J9035 | AVASTIN® (FOR CANCER ONLY) |
| J0585 | BOTOX® |
| J0885 | EPOGEN®/PROCRIT® |
| J9055 | ERBITUX® |
| J9355 | HERCEPTIN® |
| J2820 | LEUKINE® |
| J0587 | MYOBLOC® |
| J2505 | NEULASTA® |
| J1440/J1441 | NEUPOGEN® |
| Q2043 | PROVENGE® |
| J9310 | RITUXAN® |
| J2353 | SANDOSTATIN® LAR |
| J1300 | SOLIRIS® |
| J9225 | VANTAS® |
| J9303 | VECTIBIX® |
| Q2051 | ZOLEDRONIC ACID |

Exception:

HIP members assigned to a Montefiore or HealthCare Partners PCP are excluded from this program.

Emblem Behavioral Health Services Program

Prior approval requests should be submitted to **ValueOptions**, who manages our behavioral health program. You may reach them at **1-888-447-2526**. The following services require prior approval:

- Inpatient behavioral health treatment
- Ambulatory detoxification treatment
- Outpatient ECT (electro-convulsive treatment)
- Partial hospitalization
- Intensive outpatient treatment
- Neuropsychological testing
- Psychological testing

Exception:

Members who have the Montefiore logo in the lower left corner of their ID card. For these members, utilization management functions for behavioral health services, including prior approvals, are performed by Montefiore.

Neuropsychological testing may be performed for either behavioral health or medical services. For medical services, utilization management functions, including prior approvals, are performed by the member's managing entity.

Physical and Occupational Therapy Program

Outpatient physical and occupational therapy (PT/OT) requires prior approval. The first visit for HIP members and the first six visits for GHI HMO members should be arranged as a referral by signing in to our [website](#). Thereafter, PT/OT practitioners must obtain prior approval from [Palladian Muscular Skeletal Health](#) for the member's second/seventh treatment, as applicable, and each continued treatment thereafter. To do so, please complete and submit the medical necessity review forms, which are available at [Palladian](#).

Exceptions:

Members with the following benefit plans are not managed by Palladian:

- EmblemHealth CompreHealth EPO
- HIP Classic
- Medicare Cost
- Vytra HMO
- Vytra ASO

Members whose ID card indicates a primary care physician from one of the following entities:

- HealthCare Partners (HCP)
- Montefiore (CMO)
- Inspiris

HIP members whose ID card indicates a primary care physician from one of the following physician group practices and who are not enrolled in HIPaccess[®] I, HIPaccess[®] II, Dual Eligible PPO SNP, Dual Eligible HMO SNP, or an EPO or PPO plan.

- Manhattan's Physician Group
- Preferred Health Partners
- Queens–Long Island Medical Group
- Staten Island Physician Practice

PT/OT services rendered by a podiatrist

Chiropractic Program

Chiropractic therapy requires prior approval; however, the initial visit to a chiropractor does not require prior approval for HIP and EmblemHealth CompreHealth HMO members. GHI HMO members may obtain six chiropractic visits before prior approval is required. Chiropractors must obtain prior approval from [Palladian Muscular Skeletal Health](#) for the member's second/seventh treatment, as applicable, and each continued treatment thereafter. To do so, please complete and submit the medical necessity review forms, which are available at [Palladian](#).

Exception:

Members with the following benefit plans are not managed by Palladian: HIP state sponsored plans, HIP Prime EPO, HIP Select EPO, HIP Prime PPO, HIP Select PPO, GHI HMO Value Plan, GHI Direct Pay, GHI Direct Access and CompreHealth EPO.

EmblemHealth's Cardiology Imaging, Radiology and Radiation Therapy Programs

Prior approval is required for the outpatient radiology, cardiology imaging and radiation therapy services listed below. To submit prior approval requests, visit [CareCore National](#) or call CareCore at **1-866-417-2345** for plans underwritten by HIP or **1-800-835-7064** for GHI HMO and EmblemHealth Medicare PPO plans. Representatives are available Monday through Friday, from 7 am to 7 pm. Multiple requests can be handled with one call.

Exceptions:

- HIP members with Montefiore CMO or HealthCare Partners as their Managing Entity.
- Members affiliated with St. Barnabas Hospital, Inspiris or one of our physician group practices (Manhattan's Physician Group, Preferred Health Partners, Queens–Long Island Medical Group and Staten Island Physician Practice).

EmblemHealth Radiology Program

Effective January 22, 2014

| HIP, EMBLEMHEALTH COMPREHEALTH EPO AND VYTRA HMO/ASO RADIOLOGY CODE LIST — EFFECTIVE January 22, 2014 | |
|---|---|
| CPT CODE | PROCEDURE DESCRIPTION |
| 70336 | MAGNETIC RESONANCE IMAGING TMJ |
| 70450 | COMPUTED TOMOGRAPHY HEAD/BRAIN WITHOUT CONTRAST |
| 70460 | COMPUTED TOMOGRAPHY HEAD/BRAIN WITH CONTRAST |
| 70470 | COMPUTED TOMOGRAPHY HEAD/BRAIN WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 70480 | COMPUTED TOMOGRAPHY ORBIT WITHOUT CONTRAST |
| 70481 | COMPUTED TOMOGRAPHY ORBIT WITH CONTRAST |
| 70482 | COMPUTED TOMOGRAPHY ORBIT WITHOUT AND WITH CONTRAST |
| 70486 | COMPUTED TOMOGRAPHY MAXILLOFACIAL WITHOUT CONTRAST |
| 70487 | COMPUTED TOMOGRAPHY MAXILLOFACIAL WITH CONTRAST |
| 70488 | COMPUTED TOMOGRAPHY MAXILLOFACIAL WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 70490 | COMPUTED TOMOGRAPHY SOFT TISSUE NECK WITHOUT CONTRAST |
| 70491 | COMPUTED TOMOGRAPHY SOFT TISSUE NECK WITH CONTRAST |
| 70492 | COMPUTED TOMOGRAPHY SOFT TISSUE NECK WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 70496 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY HEAD WITH CONTRAST, NONCONTRAST, AND POSTPROCESSING |
| 70498 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY NECK WITH CONTRAST, NONCONTRAST, AND POSTPROCESSING |
| 70540 | MAGNETIC RESONANCE IMAGING FACE, ORBIT, NECK WITHOUT CONTRAST |
| 70542 | MAGNETIC RESONANCE IMAGING FACE, ORBIT, NECK WITH CONTRAST |
| 70543 | MAGNETIC RESONANCE IMAGING FACE, ORBIT, NECK WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 70544 | MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITHOUT CONTRAST |
| 70545 | MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITH CONTRAST |
| 70546 | MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 70547 | MAGNETIC RESONANCE ANGIOGRAPHY NECK WITHOUT CONTRAST |
| 70548 | MAGNETIC RESONANCE ANGIOGRAPHY NECK WITH CONTRAST |
| 70549 | MAGNETIC RESONANCE ANGIOGRAPHY NECK WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 70551 | MAGNETIC RESONANCE IMAGING BRAIN AND BRAIN STEM WITHOUT CONTRAST |
| 70552 | MAGNETIC RESONANCE IMAGING BRAIN AND BRAIN STEM WITH CONTRAST |
| 70553 | MAGNETIC RESONANCE IMAGING BRAIN AND BRAIN STEM WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 70554 | MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE BODY PART MOVEMENT AND/OR VISUAL STIMULATION, NOT REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION |
| 70555 | MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIRE NEUROFUNCTIONAL TESTING |
| 71250 | COMPUTED TOMOGRAPHY THORAX WITHOUT CONTRAST |
| 71260 | COMPUTED TOMOGRAPHY THORAX WITH CONTRAST |
| 71270 | COMPUTED TOMOGRAPHY THORAX WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 71275 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY CHEST, NON-CORONARY WITH CONTRAST, NONCONTRAST, AND POSTPROCESSING |
| 71550 | MAGNETIC RESONANCE IMAGING CHEST WITHOUT CONTRAST |
| 71551 | MAGNETIC RESONANCE IMAGING CHEST WITH CONTRAST |
| 71552 | MAGNETIC RESONANCE IMAGING CHEST WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |

HIP, EMBLEMHEALTH COMPREHEALTH EPO AND VYTRA HMO/ASO RADIOLOGY CODE LIST — EFFECTIVE January 22, 2014

| CPT CODE | PROCEDURE DESCRIPTION |
|-----------------|---|
| 71555 | MAGNETIC RESONANCE ANGIOGRAPHY CHEST (EXC MYOCARDIUM) WITH OR WITHOUT CONTRAST |
| 72125 | COMPUTED TOMOGRAPHY CERVICAL SPINE WITHOUT CONTRAST |
| 72126 | COMPUTED TOMOGRAPHY CERVICAL SPINE WITH CONTRAST |
| 72127 | COMPUTED TOMOGRAPHY CERVICAL SPINE WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 72128 | COMPUTED TOMOGRAPHY THORACIC SPINE WITHOUT CONTRAST |
| 72129 | COMPUTED TOMOGRAPHY THORACIC SPINE WITH CONTRAST |
| 72130 | COMPUTED TOMOGRAPHY THORACIC SPINE WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 72131 | COMPUTED TOMOGRAPHY LUMBAR SPINE WITHOUT CONTRAST |
| 72132 | COMPUTED TOMOGRAPHY LUMBAR SPINE WITH CONTRAST |
| 72133 | COMPUTED TOMOGRAPHY LUMBAR SPINE WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 72141 | MAGNETIC RESONANCE IMAGING CERVICAL SPINE AND CONTENTS, WITHOUT CONTRAST |
| 72142 | MAGNETIC RESONANCE IMAGING CERVICAL SPINE AND CONTENTS, WITH CONTRAST |
| 72146 | MAGNETIC RESONANCE IMAGING THORACIC SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST |
| 72147 | MAGNETIC RESONANCE IMAGING THORACIC SPINAL CANAL AND CONTENTS, WITH CONTRAST |
| 72148 | MAGNETIC RESONANCE IMAGING LUMBAR SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST |
| 72149 | MAGNETIC RESONANCE IMAGING LUMBAR SPINAL CANAL AND CONTENTS, WITH CONTRAST |
| 72156 | MAGNETIC RESONANCE IMAGING CERVICAL SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 72157 | MAGNETIC RESONANCE IMAGING THORACIC SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 72158 | MAGNETIC RESONANCE IMAGING LUMBAR SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 72159 | MAGNETIC RESONANCE ANGIOGRAPHY SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST |
| 72191 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY PELVIS WITH CONTRAST, NONCONTRAST, AND POSTPROCESSING |
| 72192 | COMPUTED TOMOGRAPHY PELVIS WITHOUT CONTRAST |
| 72193 | COMPUTED TOMOGRAPHY PELVIS WITH CONTRAST |
| 72194 | COMPUTED TOMOGRAPHY PELVIS WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 72195 | MAGNETIC RESONANCE IMAGING PELVIS WITHOUT CONTRAST |
| 72196 | MAGNETIC RESONANCE IMAGING PELVIS WITH CONTRAST |
| 72197 | MAGNETIC RESONANCE IMAGING PELVIS WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 72198 | MAGNETIC RESONANCE ANGIOGRAPHY PELVIS WITH OR WITHOUT CONTRAST |
| 73200 | COMPUTED TOMOGRAPHY UPPER EXTREMITY WITHOUT CONTRAST |
| 73201 | COMPUTED TOMOGRAPHY UPPER EXTREMITY WITH CONTRAST |
| 73202 | COMPUTED TOMOGRAPHY UPPER EXTREMITY WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 73206 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY UPPER EXTREMITY WITH CONTRAST, NONCONTRAST, AND POSTPROCESSING |
| 73218 | MAGNETIC RESONANCE IMAGING UPPER EXTREMITY OTHER THAN JOINT, WITHOUT CONTRAST |
| 73219 | MAGNETIC RESONANCE IMAGING UPPER EXTREMITY OTHER THAN JOINT, WITH CONTRAST |
| 73220 | MAGNETIC RESONANCE IMAGING UPPER EXTREMITY OTHER THAN JOINT, WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 73221 | MAGNETIC RESONANCE IMAGING UPPER EXTREMITY ANY JOINT, WITHOUT CONTRAST |
| 73222 | MAGNETIC RESONANCE IMAGING UPPER EXTREMITY ANY JOINT, WITH CONTRAST |
| 73223 | MAGNETIC RESONANCE IMAGING UPPER EXTREMITY ANY JOINT, WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 73225 | MAGNETIC RESONANCE ANGIOGRAPHY UPPER EXTREMITY WITH OR WITHOUT CONTRAST |

HIP, EMBLEMHEALTH COMPREHEALTH EPO AND VYTRA HMO/ASO RADIOLOGY CODE LIST — EFFECTIVE January 22, 2014

| CPT CODE | PROCEDURE DESCRIPTION |
|-----------------|---|
| 73700 | COMPUTED TOMOGRAPHY LOWER EXTREMITY WITHOUT CONTRAST |
| 73701 | COMPUTED TOMOGRAPHY LOWER EXTREMITY WITH CONTRAST |
| 73702 | COMPUTED TOMOGRAPHY LOWER EXTREMITY WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 73706 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY LOWER EXTREMITY WITH CONTRAST, NONCONTRAST, AND POSTPROCESSING |
| 73718 | MAGNETIC RESONANCE IMAGING LOWER EXTREMITY OTHER THAN JOINT, WITHOUT CONTRAST |
| 73719 | MAGNETIC RESONANCE IMAGING LOWER EXTREMITY OTHER THAN JOINT, WITH CONTRAST |
| 73720 | MAGNETIC RESONANCE IMAGING LOWER EXTREMITY OTHER THAN JOINT, WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 73721 | MAGNETIC RESONANCE IMAGING LOWER EXTREMITY ANY JOINT, WITHOUT CONTRAST |
| 73722 | MAGNETIC RESONANCE IMAGING LOWER EXTREMITY ANY JOINT, WITH CONTRAST |
| 73723 | MAGNETIC RESONANCE IMAGING LOWER EXTREMITY ANY JOINT, WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 73725 | MAGNETIC RESONANCE ANGIOGRAPHY LOWER EXTREMITY WITH OR WITHOUT CONTRAST |
| 74150 | COMPUTED TOMOGRAPHY ABDOMEN WITHOUT CONTRAST |
| 74160 | COMPUTED TOMOGRAPHY ABDOMEN WITH CONTRAST |
| 74170 | COMPUTED TOMOGRAPHY ABDOMEN WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 74174 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST, NONCONTRAST, AND POSTPROCESSING |
| 74175 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY ABDOMEN, WITH CONTRAST, NONCONTRAST, AND POSTPROCESSING |
| 74176 | COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL |
| 74177 | COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S) |
| 74178 | COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS |
| 74181 | MAGNETIC RESONANCE IMAGING ABDOMEN WITHOUT CONTRAST |
| 74182 | MAGNETIC RESONANCE IMAGING ABDOMEN WITH CONTRAST |
| 74183 | MAGNETIC RESONANCE IMAGING ABDOMEN, WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 74185 | MAGNETIC RESONANCE ANGIOGRAPHY ABDOMEN WITH OR WITHOUT CONTRAST |
| 74261 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL |
| 74262 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL (S) INCLUDING NON-CONTRAST IMAGES, IF PERFORMED |
| 74263 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE POSTPROCESSING |
| 75635 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING |
| 76376 | 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POST PROCESSING UNDER CONCURRENT SUPERVISION; NOT REQUIRING IMAGE POST PROCESSING ON AN INDEPENDENT WORKSTATION |
| 76377 | 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POSTPROCESSING UNDER CONCURRENT SUPERVISION; REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION |
| 76380 | COMPUTED TOMOGRAPHY LIMITED OR LOCALIZED FOLLOW-UP STUDY |
| 76390 | MAGNETIC RESONANCE IMAGING SPECTROSCOPY |
| 76801 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIRST TRIMESTER <14 WEEKS , TRANSABDOMINAL ,SINGLE OR FIRST GESTATION |
| 76802 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIRST TRIMESTER <14 WEEKS , TRANSABDOMINAL, EACH ADDITIONAL GESTATION |

HIP, EMBLEMHEALTH COMPREHEALTH EPO AND VYTRA HMO/ASO RADIOLOGY CODE LIST — EFFECTIVE January 22, 2014

| CPT CODE | PROCEDURE DESCRIPTION |
|-----------------|---|
| 76805 | ULTRASOUND PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, AFTER FIRST TRIMESTER (> OR = 14 WEEKS 0 DAYS), TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION |
| 76810 | ULTRASOUND PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, AFTER FIRST TRIMESTER (> OR = 14 WEEKS 0 DAYS), TRANSABDOMINAL APPROACH; EACH ADDITIONAL GESTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) |
| 76811 | ULTRASOUND PREGNANT UTERUS REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION PLUS DETAILED FETAL ANATOMIC EXAMINATION, TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION |
| 76812 | ULTRASOUND PREGNANT UTERUS REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION PLUS DETAILED FETAL ANATOMIC EXAMINATION, TRANSABDOMINAL APPROACH; EACH ADDITIONAL GESTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) |
| 76813 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT, TRANSABDOMINAL OR TRANSVAGINAL APPROACH; SINGLE OR FIRST GESTATION |
| 76814 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT, TRANSABDOMINAL OR TRANSVAGINAL APPROACH; EACH ADDITIONAL GESTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) |
| 76815 | ULTRASOUND PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (E.G., FETAL HEART BEAT, PLACENTAL LOCATION, FETAL POSITION AND/OR QUALITATIVE AMNIOTIC FLUID VOLUME), 1 OR MORE FETUSES |
| 76816 | ULTRASOUND PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP, TRANSABDOMINAL APPROACH, PER FETUS |
| 76817 | ULTRASOUND PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL |
| 76818 | FETAL BIOPHYSICAL PROFILE WITH NON-STRESS TESTING |
| 76819 | FETAL BIOPHYSICAL PROFILE WITHOUT NON-STRESS TESTING |
| 76820 | DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY |
| 76821 | DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY |
| 76825 | ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING |
| 76826 | ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING; FOLLOW-UP OR REPEAT STUDY |
| 76827 | DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; COMPLETE |
| 76828 | DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; COMPLETE; FOLLOW UP OR REPEAT STUDY |
| 76975 | GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION |
| 77021 | MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION |
| 77022 | MAGNETIC RESONANCE GUIDANCE FOR AND MONITORING OF PARENCHYMAL TISSUE ABLATION |
| 77058 | MAGNETIC RESONANCE IMAGING BREAST WITH AND/OR WITHOUT CONTRAST; UNILATERAL |
| 77059 | MAGNETIC RESONANCE IMAGING BREAST WITH AND/OR WITHOUT CONTRAST; BILATERAL |
| 77084 | MAGNETIC RESONANCE IMAGING, BONE MARROW BLOOD SUPPLY |
| 78806 | RADIOPHARM LOCALIZATION OF INFLAMMATORY PROCESS, WHOLE BODY |
| 78807 | RADIOPHARM LOCALIZATION OF INFLAMMATORY PROCESS, TOMOGRAPHIC (SPECT) |
| 78811 | POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (E.G., CHEST, HEAD/NECK) |
| 78812 | POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH |
| 78813 | POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY |
| 78814 | POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; LIMITED AREA (E.G., CHEST, HEAD/NECK) |
| 78815 | POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH |

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| CPT CODE | PROCEDURE DESCRIPTION |
|-----------------|---|
| 78816 | POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; WHOLE BODY |
| C8900 | |
| C8901 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, ABDOMEN |
| C8902 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, ABDOMEN |
| C8903 | MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; UNILATERAL |
| C8904 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; UNILATERAL |
| C8905 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; UNILATERAL |
| C8906 | MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; BILATERAL |
| C8907 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; BILATERAL |
| C8908 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; BILATERAL |
| C8909 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM) |
| C8910 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM) |
| C8911 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM) |
| C8912 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, LOWER EXTREMITY |
| C8913 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, LOWER EXTREMITY |
| C8914 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, LOWER EXTREMITY |
| C8918 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, PELVIS |
| C8919 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, PELVIS |
| C8920 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, PELVIS |
| C8931 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, SPINAL CANAL AND CONTENTS |
| C8932 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, SPINAL CANAL AND CONTENTS |
| C8933 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, SPINAL CANAL AND CONTENTS |
| C8934 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, UPPER EXTREMITY |
| C8935 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY |
| C8936 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, UPPER EXTREMITY |

Note: This program does not change members' benefits, nor does it change claim submission procedures for practitioners with a current direct contract with one of EmblemHealth's companies. Radiologists directly contracted with CareCore are now required to submit claims to CareCore.

EmblemHealth Radiology Program, GHI HMO Code List

| GHI HMO RADIOLOGY CODE LIST — EFFECTIVE January 22, 2014 | |
|--|---|
| CPT CODE | PROCEDURE DESCRIPTION |
| 70336 | MAGNETIC RESONANCE IMAGING TMJ |
| 70450 | COMPUTED TOMOGRAPHY HEAD/BRAIN WITHOUT CONTRAST |
| 70460 | COMPUTED TOMOGRAPHY HEAD/BRAIN WITH CONTRAST |
| 70470 | COMPUTED TOMOGRAPHY HEAD/BRAIN WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 70480 | COMPUTED TOMOGRAPHY ORBIT WITHOUT CONTRAST |
| 70481 | COMPUTED TOMOGRAPHY ORBIT WITH CONTRAST |
| 70482 | COMPUTED TOMOGRAPHY ORBIT WITHOUT AND WITH CONTRAST |
| 70486 | COMPUTED TOMOGRAPHY MAXILLOFACIAL WITHOUT CONTRAST |
| 70487 | COMPUTED TOMOGRAPHY MAXILLOFACIAL WITH CONTRAST |
| 70488 | COMPUTED TOMOGRAPHY MAXILLOFACIAL WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 70490 | COMPUTED TOMOGRAPHY SOFT TISSUE NECK WITHOUT CONTRAST |
| 70491 | COMPUTED TOMOGRAPHY SOFT TISSUE NECK WITH CONTRAST |
| 70492 | COMPUTED TOMOGRAPHY SOFT TISSUE NECK WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 70496 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY HEAD WITH CONTRAST, NONCONTRAST, AND POSTPROCESSING |
| 70498 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY NECK WITH CONTRAST, NONCONTRAST, AND POSTPROCESSING |
| 70540 | MAGNETIC RESONANCE IMAGING FACE, ORBIT, NECK WITHOUT CONTRAST |
| 70542 | MAGNETIC RESONANCE IMAGING FACE, ORBIT, NECK WITH CONTRAST |
| 70543 | MAGNETIC RESONANCE IMAGING FACE, ORBIT, NECK WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 70544 | MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITHOUT CONTRAST |
| 70545 | MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITH CONTRAST |
| 70546 | MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 70547 | MAGNETIC RESONANCE ANGIOGRAPHY NECK WITHOUT CONTRAST |
| 70548 | MAGNETIC RESONANCE ANGIOGRAPHY NECK WITH CONTRAST |
| 70549 | MAGNETIC RESONANCE ANGIOGRAPHY NECK WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 70551 | MAGNETIC RESONANCE IMAGING BRAIN AND BRAIN STEM WITHOUT CONTRAST |
| 70552 | MAGNETIC RESONANCE IMAGING BRAIN AND BRAIN STEM WITH CONTRAST |
| 70553 | MAGNETIC RESONANCE IMAGING BRAIN AND BRAIN STEM WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 70554 | MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE BODY PART MOVEMENT AND/OR VISUAL STIMULATION, NOT REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION |
| 70555 | MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIRE NEUROFUNCTIONAL TESTING |
| 71250 | COMPUTED TOMOGRAPHY THORAX WITHOUT CONTRAST |
| 71260 | COMPUTED TOMOGRAPHY THORAX WITH CONTRAST |
| 71270 | COMPUTED TOMOGRAPHY THORAX WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 71275 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY CHEST, NON-CORONARY WITH CONTRAST, NONCONTRAST, AND POSTPROCESSING |
| 71550 | MAGNETIC RESONANCE IMAGING CHEST WITHOUT CONTRAST |
| 71551 | MAGNETIC RESONANCE IMAGING CHEST WITH CONTRAST |
| 71552 | MAGNETIC RESONANCE IMAGING CHEST WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |

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| CPT CODE | PROCEDURE DESCRIPTION |
|-----------------|---|
| 71555 | MAGNETIC RESONANCE ANGIOGRAPHY CHEST (EXC MYOCARDIUM) WITH OR WITHOUT CONTRAST |
| 72125 | COMPUTED TOMOGRAPHY CERVICAL SPINE WITHOUT CONTRAST |
| 72126 | COMPUTED TOMOGRAPHY CERVICAL SPINE WITH CONTRAST |
| 72127 | COMPUTED TOMOGRAPHY CERVICAL SPINE WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 72128 | COMPUTED TOMOGRAPHY THORACIC SPINE WITHOUT CONTRAST |
| 72129 | COMPUTED TOMOGRAPHY THORACIC SPINE WITH CONTRAST |
| 72130 | COMPUTED TOMOGRAPHY THORACIC SPINE WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 72131 | COMPUTED TOMOGRAPHY LUMBAR SPINE WITHOUT CONTRAST |
| 72132 | COMPUTED TOMOGRAPHY LUMBAR SPINE WITH CONTRAST |
| 72133 | COMPUTED TOMOGRAPHY LUMBAR SPINE WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 72141 | MAGNETIC RESONANCE IMAGING CERVICAL SPINE AND CONTENTS, WITHOUT CONTRAST |
| 72142 | MAGNETIC RESONANCE IMAGING CERVICAL SPINE AND CONTENTS, WITH CONTRAST |
| 72146 | MAGNETIC RESONANCE IMAGING THORACIC SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST |
| 72147 | MAGNETIC RESONANCE IMAGING THORACIC SPINAL CANAL AND CONTENTS, WITH CONTRAST |
| 72148 | MAGNETIC RESONANCE IMAGING LUMBAR SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST |
| 72149 | MAGNETIC RESONANCE IMAGING LUMBAR SPINAL CANAL AND CONTENTS, WITH CONTRAST |
| 72156 | MAGNETIC RESONANCE IMAGING CERVICAL SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 72157 | MAGNETIC RESONANCE IMAGING THORACIC SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 72158 | MAGNETIC RESONANCE IMAGING LUMBAR SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 72159 | MAGNETIC RESONANCE ANGIOGRAPHY SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST |
| 72191 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY PELVIS WITH CONTRAST, NONCONTRAST, AND POSTPROCESSING |
| 72192 | COMPUTED TOMOGRAPHY PELVIS WITHOUT CONTRAST |
| 72193 | COMPUTED TOMOGRAPHY PELVIS WITH CONTRAST |
| 72194 | COMPUTED TOMOGRAPHY PELVIS WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 72195 | MAGNETIC RESONANCE IMAGING PELVIS WITHOUT CONTRAST |
| 72196 | MAGNETIC RESONANCE IMAGING PELVIS WITH CONTRAST |
| 72197 | MAGNETIC RESONANCE IMAGING PELVIS WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 72198 | MAGNETIC RESONANCE ANGIOGRAPHY PELVIS WITH OR WITHOUT CONTRAST |
| 73200 | COMPUTED TOMOGRAPHY UPPER EXTREMITY WITHOUT CONTRAST |
| 73201 | COMPUTED TOMOGRAPHY UPPER EXTREMITY WITH CONTRAST |
| 73202 | COMPUTED TOMOGRAPHY UPPER EXTREMITY WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 73206 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY UPPER EXTREMITY WITH CONTRAST, NONCONTRAST, AND POSTPROCESSING |
| 73218 | MAGNETIC RESONANCE IMAGING UPPER EXTREMITY OTHER THAN JOINT, WITHOUT CONTRAST |
| 73219 | MAGNETIC RESONANCE IMAGING UPPER EXTREMITY OTHER THAN JOINT, WITH CONTRAST |
| 73220 | MAGNETIC RESONANCE IMAGING UPPER EXTREMITY OTHER THAN JOINT, WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 73221 | MAGNETIC RESONANCE IMAGING UPPER EXTREMITY ANY JOINT, WITHOUT CONTRAST |
| 73222 | MAGNETIC RESONANCE IMAGING UPPER EXTREMITY ANY JOINT, WITH CONTRAST |
| 73223 | MAGNETIC RESONANCE IMAGING UPPER EXTREMITY ANY JOINT, WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 73225 | MAGNETIC RESONANCE ANGIOGRAPHY UPPER EXTREMITY WITH OR WITHOUT CONTRAST |

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| CPT CODE | PROCEDURE DESCRIPTION |
|-----------------|---|
| 73700 | COMPUTED TOMOGRAPHY LOWER EXTREMITY WITHOUT CONTRAST |
| 73701 | COMPUTED TOMOGRAPHY LOWER EXTREMITY WITH CONTRAST |
| 73702 | COMPUTED TOMOGRAPHY LOWER EXTREMITY WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 73706 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY LOWER EXTREMITY WITH CONTRAST, NONCONTRAST, AND POSTPROCESSING |
| 73718 | MAGNETIC RESONANCE IMAGING LOWER EXTREMITY OTHER THAN JOINT, WITHOUT CONTRAST |
| 73719 | MAGNETIC RESONANCE IMAGING LOWER EXTREMITY OTHER THAN JOINT, WITH CONTRAST |
| 73720 | R EXTREMITY OTHER THAN JOINT, WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 73721 | MAGNETIC RESONANCE IMAGING LOWER EXTREMITY ANY JOINT, WITHOUT CONTRAST |
| 73722 | MAGNETIC RESONANCE IMAGING LOWER EXTREMITY ANY JOINT, WITH CONTRAST |
| 73723 | MAGNETIC RESONANCE IMAGING LOWER EXTREMITY ANY JOINT, WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 73725 | MAGNETIC RESONANCE ANGIOGRAPHY LOWER EXTREMITY WITH OR WITHOUT CONTRAST |
| 74150 | COMPUTED TOMOGRAPHY ABDOMEN WITHOUT CONTRAST |
| 74160 | COMPUTED TOMOGRAPHY ABDOMEN WITH CONTRAST |
| 74170 | COMPUTED TOMOGRAPHY ABDOMEN WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SECTIONS |
| 74174 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST, NONCONTRAST, AND POSTPROCESSING |
| 74175 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY ABDOMEN, WITH CONTRAST, NONCONTRAST, AND POSTPROCESSING |
| 74176 | COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL |
| 74177 | COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S) |
| 74178 | COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS |
| 74181 | MAGNETIC RESONANCE IMAGING ABDOMEN WITHOUT CONTRAST |
| 74182 | MAGNETIC RESONANCE IMAGING ABDOMEN WITH CONTRAST |
| 74183 | MAGNETIC RESONANCE IMAGING ABDOMEN, WITHOUT CONTRAST, FOLLOWED BY CONTRAST AND FURTHER SEQUENCES |
| 74185 | MAGNETIC RESONANCE ANGIOGRAPHY ABDOMEN WITH OR WITHOUT CONTRAST |
| C8900 | |
| 74261 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL |
| 74262 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL (S) INCLUDING NON-CONTRAST IMAGES, IF PERFORMED |
| 74263 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE POSTPROCESSING |
| 75557 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; |
| 75559 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH STRESS IMAGING |
| 75561 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; |
| 75563 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; WITH STRESS IMAGING |
| 75572 | COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED) |
| 75573 | COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE SETTING OF CONGENITAL HEART DISEASE (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF LV CARDIAC FUNCTION, RV STRUCTURE AND FUNCTION AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED) |

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| CPT CODE | PROCEDURE DESCRIPTION |
|-----------------|--|
| 75574 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED) |
| 75635 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING |
| 76376 | 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POSTPROCESSING UNDER CONCURRENT SUPERVISION; NOT REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION |
| 76377 | 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POSTPROCESSING UNDER CONCURRENT SUPERVISION; REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION |
| 76380 | COMPUTED TOMOGRAPHY LIMITED OR LOCALIZED FOLLOW-UP STUDY |
| 76390 | MAGNETIC RESONANCE IMAGING SPECTROSCOPY |
| 76801 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIRST TRIMESTER <14 WEEKS , TRANSABDOMINAL ,SINGLE OR FIRST GESTATION |
| 76802 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIRST TRIMESTER <14 WEEKS , TRANSABDOMINAL, EACH ADDITIONAL GESTATION |
| 76805 | ULTRASOUND PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, AFTER FIRST TRIMESTER (> OR = 14 WEEKS 0 DAYS), TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION |
| 76810 | ULTRASOUND PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, AFTER FIRST TRIMESTER (> OR = 14 WEEKS 0 DAYS), TRANSABDOMINAL APPROACH; EACH ADDITIONAL GESTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) |
| 76811 | ULTRASOUND PREGNANT UTERUS REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION PLUS DETAILED FETAL ANATOMIC EXAMINATION, TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION |
| 76812 | ULTRASOUND PREGNANT UTERUS REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION PLUS DETAILED FETAL ANATOMIC EXAMINATION, TRANSABDOMINAL APPROACH; EACH ADDITIONAL GESTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) |
| 76813 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT, TRANSABDOMINAL OR TRANSVAGINAL APPROACH; SINGLE OR FIRST GESTATION |
| 76814 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT, TRANSABDOMINAL OR TRANSVAGINAL APPROACH; EACH ADDITIONAL GESTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) |
| 76815 | ULTRASOUND PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (E.G., FETAL HEART BEAT, PLACENTAL LOCATION, FETAL POSITION AND/OR QUALITATIVE AMNIOTIC FLUID VOLUME), 1 OR MORE FETUSES |
| 76816 | ULTRASOUND PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP, TRANSABDOMINAL APPROACH, PER FETUS |
| 76817 | ULTRASOUND PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL |
| 76818 | FETAL BIOPHYSICAL PROFILE WITH NON-STRESS TESTING |
| 76819 | FETAL BIOPHYSICAL PROFILE WITHOUT NON-STRESS TESTING |
| 76820 | DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY |
| 76821 | DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY |
| 76825 | ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING |
| 76826 | ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING; FOLLOW-UP OR REPEAT STUDY |
| 76827 | DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; COMPLETE |
| 76828 | DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; COMPLETE; FOLLOW UP OR REPEAT STUDY |

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| CPT CODE | PROCEDURE DESCRIPTION |
|-----------------|---|
| 77021 | MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION |
| 77058 | MAGNETIC RESONANCE IMAGING BREAST WITH AND/OR WITHOUT CONTRAST; UNILATERAL |
| 77059 | MAGNETIC RESONANCE IMAGING BREAST WITH AND/OR WITHOUT CONTRAST; BILATERAL |
| 77084 | MAGNETIC RESONANCE IMAGING, BONE MARROW BLOOD SUPPLY |
| 78012 | THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED) |
| 78013 | THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); |
| 78014 | THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S) QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED) |
| 78015 | THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY) |
| 78016 | THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY) |
| 78018 | THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY |
| 78020 | THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) |
| 78070 | PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED) |
| 78071 | PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT) |
| 78072 | PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ANATOMICAL LOCALIZATION |
| 78075 | ADRENAL IMAGING, CORTEX AND/OR MEDULLA |
| 78102 | BONE MARROW IMAGING, LIMITED AREA |
| 78103 | BONE MARROW IMAGING, MULTIPLE AREAS |
| 78104 | BONE MARROW IMAGING, WHOLE BODY |
| 78140 | LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE (EG, SPLENIC AND/OR HEPATIC) |
| 78185 | SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW |
| 78190 | KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION |
| 78191 | PLATELET SURVIVAL STUDY |
| 78195 | LYMPHATICS AND LYMPH NODES IMAGING |
| 78201 | LIVER IMAGING; STATIC ONLY |
| 78202 | LIVER IMAGING WITH VASCULAR FLOW |
| 78205 | LIVER IMAGING (SPECT) |
| 78206 | LIVER IMAGING (SPECT) WITH VASCULAR FLOW |
| 78215 | LIVER AND SPLEEN IMAGING; STATIC ONLY |
| 78216 | LIVER AND SPLEEN IMAGING WITH VASCULAR FLOW |
| 78220 | LIVER FUNCTION STUDY |
| 78223 | HIDA SCAN |
| 78226 | HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; |
| 78227 | HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT(S) WHEN PERFORMED |
| 78230 | SALIVARY GLAND IMAGING |
| 78231 | SALIVARY GLAND IMAGING WITH SERIAL IMAGES |
| 78232 | SALIVARY GLAND FUNCTION STUDY |
| 78258 | ESOPHAGEAL MOTILITY |
| 78261 | GASTRIC MUCOSA IMAGING |
| 78262 | GASTROESOPHAGAEL REFLUX STUDY |
| 78264 | GASTRIC EMPTYING STUDY |
| 78278 | ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING |
| 78282 | GASTROINTESTINAL PROTEIN LOSS EXAM |

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| CPT CODE | PROCEDURE DESCRIPTION |
|-----------------|---|
| 78290 | INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS) |
| 78291 | PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT) |
| 78300 | BONE OR JOINT IMAGING, LIMITED AREA |
| 78305 | BONE OR JOINT IMAGING, MULTIPLE AREAS |
| 78306 | BONE AND/OR JOINT IMAGING; WHOLE BODY |
| 78315 | BONE AND/OR JOINT IMAGING; 3 PHASE STUDY |
| 78320 | BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT) |
| 78414 | DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) WITH OR WITHOUT PHARMACOLOGIC INTERVENTION OR EXERCISE, SINGLE OR MULTIPLE DETERMINATIONS |
| 78428 | CARDIAC SHUNT DETECTION |
| 78445 | NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY) |
| 78451 | MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC) |
| 78452 | MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE OR PHARMACOLOGIC) AND/OR REDISTRIBUTION AND/OR REST REINJECTION |
| 78453 | MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC) |
| 78454 | MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE OR PHARMACOLOGIC) AND/OR REDISTRIBUTION AND/OR REST REINJECTION |
| 78456 | ACUTE VEIN THROMBOSIS IMAGING, PEPTIDE |
| 78457 | VEIN THROMBOSIS IMAGING, VENOGRAM; UNILATERAL |
| 78458 | VEIN THROMBOSIS IMAGING, VENOGRAM; BILATERAL |
| 78459 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION |
| 78466 | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE |
| 78468 | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE |
| 78469 | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION |
| 78472 | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT ADDITIONAL QUANTITATIVE PROCESSING |
| 78473 | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, AT REST AND STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH OR WITHOUT ADDITIONAL QUANTIFICATION |
| 78481 | CARDIAC BLOOD POOL IMAGING (PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS (EXERCISE AND/OR PHARMACOLOGIC), WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT QUANTIFICATION |
| 78483 | CARDIAC BLOOD POOL IMAGING (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE AND/OR PHARMACOLOGIC), WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT QUANTIFICATION |
| 78491 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS |
| 78492 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS |
| 78494 | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT QUANTITATIVE PROCESSING |

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| CPT CODE | PROCEDURE DESCRIPTION |
|---------------------------|--|
| 78496 (Use with 78472) | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH RIGHT VENTRICULAR EJECTION FRACTION BY FIRST PASS TECHNIQUE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) |
| 78579 | PULMONARY VENTILATION IMAGING (E.G., AEROSOL OR GAS) |
| 78582 | PULMONARY VENTILATION (E.G., AEROSOL OR GAS) AND PERFUSION IMAGING |
| 78597 | QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING, WHEN PERFORMED |
| 78598 | QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (E.G., AEROSOL OR GAS), INCLUDING IMAGING, WHEN PERFORMED |
| 78600 | BRAIN IMAGING, LESS THAN 4 STATIC VIEWS |
| 78601 | BRAIN IMAGING, LESS THAN 4 STATIC VIEWS; WITH VASCULAR FLOW |
| 78605 | BRAIN IMAGING, MINIMUM 4 STATIC VIEWS |
| 78606 | BRAIN IMAGING, MINIMUM 4 STATIC VIEWS WITH VASCULAR FLOW |
| 78607 | BRAIN IMAGING, TOMOGRAPHIC (SPECT) |
| 78608 | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) METABOLIC EVALUATION |
| 78609 | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) PERFUSION EVALUATION |
| 78610 | BRAIN IMAGING, VASCULAR FLOW ONLY |
| 78630 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY |
| 78635 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY |
| 78645 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION |
| 78647 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); TOMOGRAPHIC (SPECT) |
| 78650 | CEREBROSPINAL FLUID FLOW LEAKAGE DETECTION AND LOCALIZATION |
| 78660 | RADIOPHARMACEUTICAL DACRYOCYSTORGRAPHY |
| 78700 | KIDNEY IMAGING MORPHOLOGY |
| 78701 | KIDNEY IMAGING MORPHOLOGY WITH VASCULAR FLOW |
| 78707 | KIDNEY IMAGING MORPHOLOGY WITH VASCULAR FLOW AND FUNCTION, SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION |
| 78708 | KIDNEY IMAGING MORPHOLOGY WITH VASCULAR FLOW AND FUNCTION, SINGLE STUDY WITH PHARM INTERVENTION |
| 78709 | KIDNEY IMAGING MORPHOLOGY WITH VASCULAR FLOW AND FUNCTION, MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL INTERVENTION |
| 78710 | KIDNEY IMAGING MORPHOLOGY; TOMOGRAPHIC (SPECT) |
| 78725 | KIDNEY FUNCTION STUDY, NON-IMAGE RADIOISOTROPIC |
| 78730 | URINARY BLADDER RESIDUAL STUDY |
| 78740 | URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM) |
| 78761 | TESTICULAR IMAGING WITH VASCULAR FLOW |
| 78800 | RADIOPHARM LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); LIMITED AREA |
| 78801 | RADIOPHARM LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); MULTIPLE AREAS |
| 78802 | RADIOPHARM LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); WHOLE BODY, SINGLE DAY IMAGING |
| 78803 | RADIOPHARM LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); TOMOGRAPHIC (SPECT) |
| 78804 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); WHOLE BODY, REQUIRING 2 OR MORE DAYS IMAGING |
| 78805 | RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMITED AREA |
| 78806 | RADIOPHARM LOCALIZATION OF INFLAMMATORY PROCESS, WHOLE BODY |
| 78807 | RADIOPHARM LOCALIZATION OF INFLAMMATORY PROCESS, TOMOGRAPHIC (SPECT) |
| 78811 | POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (E.G., CHEST, HEAD/NECK) |
| 78812 | POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH |
| 78813 | POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY |

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| CPT CODE | PROCEDURE DESCRIPTION |
|-----------------|--|
| 78814 | POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; LIMITED AREA (E.G., CHEST, HEAD/NECK) |
| 78815 | POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH |
| 78816 | POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; WHOLE BODY |
| 0174T | COMPUTER-AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR LESION DETECTION) WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION AND REPORT, WITH OR WITHOUT DIGITIZATION OF FILM RADIOGRAPHIC IMAGES, CHEST RADIOGRAPH(S), PERFORMED CONCURRENT WITH PRIMARY INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) |
| 0175T | COMPUTER-AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR LESION DETECTION) WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION AND REPORT, WITH OR WITHOUT DIGITIZATION OF FILM RADIOGRAPHIC IMAGES, CHEST RADIOGRAPH(S), PERFORMED REMOTE FROM PRIMARY INTERPRETATION |
| C8900 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, ABDOMEN (crosswalked to 74185) |
| C8901 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, ABDOMEN (crosswalked to 74185) |
| C8902 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, ABDOMEN (crosswalked to 74185) |
| C8903 | MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; UNILATERAL (crosswalked to 77058) |
| C8904 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; UNILATERAL (crosswalked to 77058) |
| C8905 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; UNILATERAL (crosswalked to 77058) |
| C8906 | MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; BILATERAL (crosswalked to 77059) |
| C8907 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; BILATERAL (crosswalked to 77059) |
| C8908 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; BILATERAL (crosswalked to 77059) |
| C8909 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM) (crosswalked to 71555) |
| C8910 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM) (crosswalked to 71555) |
| C8911 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM) (crosswalked to 71555) |
| C8912 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, LOWER EXTREMITY (crosswalked to 73725) |
| C8913 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, LOWER EXTREMITY (crosswalked to 73725) |
| C8914 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, LOWER EXTREMITY (crosswalked to 73725) |
| C8918 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, PELVIS (crosswalked to 72198) |
| C8919 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, PELVIS (crosswalked to 72198) |
| C8920 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, PELVIS (crosswalked to 72198) |
| C8931 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, SPINAL CANAL AND CONTENTS (crosswalk to 72159) |
| C8932 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, SPINAL CANAL AND CONTENTS (crosswalk to 72159) |
| C8933 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, SPINAL CANAL AND CONTENTS (crosswalk to 72159) |
| C8934 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, UPPER EXTREMITY (crosswalk to 73225) |
| C8935 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY (crosswalk to 73225) |
| C8936 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, UPPER EXTREMITY (crosswalk to 73225) |

EmblemHealth Cardiology Imaging Program Code List

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| HIP AND GHI HMO CARDIOLOGY IMAGING CODE LIST — EFFECTIVE January 22, 2014 | |
|---|---|
| CPT CODE | PROCEDURE DESCRIPTION |
| 75557 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; |
| 75559 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH STRESS IMAGING |
| 75561 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; |
| 75563 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; WITH STRESS IMAGING |
| 75571* | COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM |
| 75572 | COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED) |
| 75573 | COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE SETTING OF CONGENITAL HEART DISEASE (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF LV CARDIAC FUNCTION, RV STRUCTURE AND FUNCTION AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED) |
| 75574 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED) |
| 78451 | MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC) |
| 78452 | MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE OR PHARMACOLOGIC) AND/OR REDISTRIBUTION AND/OR REST REINJECTION |
| 78453 | MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC) |
| 78454 | MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE OR PHARMACOLOGIC) AND/OR REDISTRIBUTION AND/OR REST REINJECTION |
| 78459 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION |
| 78491 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS |
| 78492 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS |
| 93303 | TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE |
| 93304 | TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR LIMITED STUDY |
| 93306 | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITH SPECTRAL DOPPLER ECHOCARDIOGRAPHY, AND WITH COLOR FLOW DOPPLER ECHOCARDIOGRAPHY |
| 93307 | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITHOUT SPECTRAL OR COLOR DOPPLER ECHOCARDIOGRAPHY |
| 93308 | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, FOLLOW-UP OR LIMITED STUDY |
| 93350 | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION AND REPORT |

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| CPT CODE | PROCEDURE DESCRIPTION |
|----------|---|
| 93351 | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION AND REPORT; INCLUDING PERFORMANCE OF CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, WITH SUPERVISION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL. |
| 93452 | LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED |
| 93453 | COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED |
| 93454 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION |
| 93455 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) (INTERNAL MAMMARY, FREE ARTERIAL, VENOUS GRAFTS) INCLUDING INTRAPROCEDURAL INJECTION(S) FOR BYPASS GRAFT ANGIOGRAPHY |
| 93456 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT HEART CATHETERIZATION |
| 93457 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) (INTERNAL MAMMARY, FREE ARTERIAL, VENOUS GRAFTS) INCLUDING INTRAPROCEDURAL INJECTION(S) FOR BYPASS GRAFT ANGIOGRAPHY AND RIGHT HEART CATHETERIZATION |
| 93458 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, WHEN PERFORMED |
| 93459 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, WHEN PERFORMED, CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) (INTERNAL MAMMARY, FREE ARTERIAL, VENOUS GRAFTS) WITH BYPASS GRAFT ANGIOGRAPHY |
| 93460 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, WHEN PERFORMED |
| 93461 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, WHEN PERFORMED, CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) (INTERNAL MAMMARY, FREE ARTERIAL, VENOUS GRAFTS) WITH BYPASS GRAFT ANGIOGRAPHY |
| 93462 | LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY TRANSAPICAL PUNCTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) |
| C8921 | TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE |
| C8922 | TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR LIMITED STUDY |
| C8923 | TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITHOUT SPECTRAL OR COLOR DOPPLER ECHOCARDIOGRAPHY |
| C8924 | TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, FOLLOW-UP OR LIMITED STUDY |
| C8928 | TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION AND REPORT |

HIP AND GHI HMO CARDIOLOGY IMAGING CODE LIST — EFFECTIVE January 22, 2014

| CPT CODE | PROCEDURE DESCRIPTION |
|-----------------|---|
| C8929 | TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITH SPECTRAL DOPPLER ECHOCARDIOGRAPHY, AND WITH COLOR FLOW DOPPLER ECHOCARDIOGRAPHY |
| C8930 | TRANSTHORACIC ECHOCARDIOGRAPHY, WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION AND REPORT; INCLUDING PERFORMANCE OF CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, WITH PHYSICIAN SUPERVISION |

* GHI HMO Exception: 75571 is not a GHI HMO contracted code.

EmblemHealth Radiation Therapy Program Clinical Pathways and Code List Effective October 1, 2012

| RADIATION THERAPY PROGRAM CLINICAL PATHWAYS |
|--|
| BONE METASTASES |
| BRAIN METASTASES |
| BREAST CANCER |
| CERVICAL CANCER |
| ENDOMETRIAL CANCER |
| GASTRIC CANCER |
| HEAD/NECK CANCER |
| NON-CANCEROUS INDICATIONS |
| NON-SMALL CELL LUNG CANCER |
| OTHER CANCER TYPES |
| PANCREATIC CANCER |
| PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA |
| PRIMARY CENTRAL NERVOUS SYSTEM NEOPLASMS |
| PROSTATE CANCER |
| RECTAL CANCER |
| SMALL CELL LUNG CANCER |

EmblemHealth Radiation Therapy Code List

| RADIATION THERAPY CPT CODE | PROCEDURE DESCRIPTION | RADIATION THERAPY CPT CODE | PROCEDURE DESCRIPTION |
|----------------------------|--|----------------------------|---|
| 00330* | RADIOLOGY/THERAPEUTIC – GENERAL CLASSIFICATION | 77417 | THERAPEUTIC RADIOLOGY PORT FILMS |
| 00333* | RADIOLOGY/THERAPEUTIC – RADIATION THERAPY | 77418 | IMRT TREATMENT DELIVERY; SINGLE OR MULTIPLE FIELDS/ ARCS, VIA NARROW SPATIALLY AND TEMPORARILY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION |
| 00339* | RADIOLOGY/THERAPEUTIC – OTHER | 77421 | STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME |
| 00344* | THERAPEUTIC RADIOPHARMACEUTICALS | 77422 | HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA USING A SINGLE PORT OR PARALLEL-OPPOSED PORTS WITH NO BLOCKS OR SIMPLE BLOCKING |
| 00973* | RADIOLOGY/THERAPEUTIC – PROFESSIONAL FEES | 77423 | HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETRY WITH BLOCKING AND/OR WEDGE, AND/OR COMPENSATOR(S) |
| 19296* | PLACEMENT OF RADIATION THERAPY AFTERLOADING EXPANDABLE CATHETER INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, ON DATE SEPARATE FROM PARTIAL MASTECTOMY | 77427 | RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS |
| 19297* | PLACEMENT OF RADIATION THERAPY AFTERLOADING EXPANDABLE CATHETER INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, CONCURRENT WITH PARTIAL MASTECTOMY | 77431 | RADIATION TREATMENT MANAGEMENT, WITH COMPLETE COURSE OF THERAPY CONSISTING OF 1 –2 FRACTIONS ONLY |
| 19298 | PLACEMENT OF RADIATION THERAPY AFTERLOADING BRACHYTHERAPY CATHETER INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY | 77432 | STEREOTACTIC RADIATION TREATMENT MANAGEMENT CEREBRAL LESION(S) COMPLETE COURSE OF TREATMENT CONSISTING OF 1 SESSION |
| 32553 | PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (E.G., FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-THORACIC, SINGLE OR MULTIPLE | 77435 | STEREOTACTIC BODY RADIATION TREATMENT MANAGEMENT PER TREATMENT COURSE; 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS |
| 55920 | PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/OR GENITALIA (EXCEPT PROSTATE) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION | 77523 | PROTON TREATMENT DELIVERY, INTERMEDIATE |
| 57155 | INSERTION OF UTERINE TANDEM AND/ OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY | 77525 | PROTON TREATMENT DELIVERY, COMPLEX |
| 57156 | INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERAPY | 77600 | HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (I.E., HEATING TO A DEPTH OF 4 CM OR LESS) |
| 58346 | INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY | 77605 | HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (I.E., HEATING TO DEPTHS GREATER THAN 4 CM) |
| 76950 | ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS | 77610 | HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS |

| RADIATION THERAPY CPT CODE | PROCEDURE DESCRIPTION | RADIATION THERAPY CPT CODE | PROCEDURE DESCRIPTION |
|-----------------------------------|--|-----------------------------------|--|
| 76965 | ULTRASOUND GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION | 77615 | HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS |
| 77011 | COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION | 77620 | HYPERTHERMIA GENERATED BY INTRACAVITARY PROBES |
| 77014 | COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS | 77750 | INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES 3-MONTH FOLLOW-UP CARE) |
| 77261 | THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE | 77761 | INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE |
| 77262 | THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE | 77762 | INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE |
| 77263 | THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX | 77763 | INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX |
| 77280 | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE | 77776 | INTERSTITIAL RADIATION SOURCE; SIMPLE |
| 77285 | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE | 77777 | INTERSTITIAL RADIATION SOURCE; INTERMEDIATE |
| 77290 | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX | 77778 | INTERSTITIAL RADIATION SOURCE; COMPLEX |
| 77295 | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; 3-DIMENSIONAL | 77785 | REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 1 CHANNEL |
| 77299 | UNLISTED PROCEDURE; THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING | 77786 | REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 2-12 CHANNELS |
| 77300 | BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DOSE, AS REQUIRED DURING COURSE OF TREATMENT, ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN | 77787 | REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; OVER 12 CHANNELS |
| 77301 | INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS | 77789 | SURFACE APPLICATION OF RADIATION SOURCE |
| 77305 | TELETHERAPY ISODOSE PLAN; SIMPLE | 77790 | SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE |
| 77310 | TELETHERAPY ISODOSE PLAN; INTERMEDIATE | 77799 | UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY |
| 77315 | TELETHERAPY ISODOSE PLAN; COMPLEX | 0073T | COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED TREATMENT USING 3 OR MORE HIGH RESOLUTION (MILLED OR CAST) COMPENSATOR CONVERGENT BEAM MODULATED FIELDS, PER TREATMENT SESSION |
| 77321 | SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | 0182T | HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, PER FRACTION |
| 77326 | BRACHYTHERAPY ISODOSE PLAN; SIMPLE | 0197T | INTRA-FRACTION LOCALIZATION AND TRACKING OF TARGET OR PATIENT MOTION DURING DELIVERY OF RADIATION THERAPY (E.G., 3D POSITIONAL TRACKING, GATING, 3D SURFACE TRACKING), EACH FRACTION OF TREATMENT |
| 77327 | BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE | C1715 | BRACHYTHERAPY NEEDLE |

| RADIATION THERAPY CPT CODE | PROCEDURE DESCRIPTION | RADIATION THERAPY CPT CODE | PROCEDURE DESCRIPTION |
|----------------------------|---|----------------------------|--|
| 77328 | BRACHYTHERAPY ISODOSE PLAN; COMPLEX | C1716 | BRACHYTHERAPY SOURCE, NON-STRANDED, GOLD-198, PER SOURCE |
| 77331 | SPECIAL RADIATION DOSIMETRY | C1717 | BRACHYTHERAPY SOURCE, NON-STRANDED, GOLD-198 PER SOURCE |
| 77332 | TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE | C1719 | BRACHYTHERAPY SOURCE, NON-STRANDED, NON-HIGH DOSE RATE IRIIDIUM-192, PER SOURCE |
| 77333 | TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE | C1728 | CATHETER, BRACHYTHERAPY SEED ADMINISTRATION |
| 77334 | TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX | C2634 | BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY, IODINE-124, GREATER THAN 1.01 MCI |
| 77336 | CONTINUING MEDICAL PHYSICS CONSULTATION | C2635 | BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY, PALLADIUM-103, GREATER THAN 2.2 MCI |
| 77338 | MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN | C2636 | BRACHYTHERAPY LINEAR SOURCE, NON-STRANDED, PALADIUM-103, PER 1MM |
| 77370 | SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION | C2637 | BRACHYTHERAPY SOURCE, NON-STRANDED, YTTERBIUM-169, PER SOURCE |
| 77371 | RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CEREBRAL LESION(S) CONSISTING OF 1 SESSION, MULTI-SOURCE COBALT 60 BASED | C2638 | BRACHYTHERAPY SOURCE, STRANDED, IODINE-125, PER SOURCE |
| 77372 | RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS) COMPLETE COURSE OF TREATMENT OF CEREBRAL LESION(S) 1 CONSISTING OF SESSION, LINEAR ACCELERATOR BASED | C2639 | BRACHYTHERAPY SOURCE, NON-STRANDED, IODINE-125, PER SOURCE |
| 77373 | STEREOTACTIC BODY RADIATION THERAPY DELIVERY PER FRACTION 1 OR MORE LESIONS; INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS | C2640 | BRACHYTHERAPY SOURCE, STRANDED, PALLADIUM-103, PER SOURCE |
| 77399 | UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES, AND SPECIAL SERVICES | C2641 | BRACHYTHERAPY SOURCE, NON-STRANDED, PALLADIUM-103, PER SOURCE |
| 77401 | RADIATION TREATMENT DELIVERY; SUPERFICIAL AND/OR ORTHO VOLTAGE | C2642 | BRACHYTHERAPY SOURCE, STRANDED, CESIUM-131, PER SOURCE |
| 77402 | RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS UP TO 5 MEV | C2643 | BRACHYTHERAPY SOURCE, NON-STRANDED, CESIUM -131, PER SOURCE |
| 77403 | RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; 11-19 MEV | C2698 | BRACHYTHERAPY SOURCE, STRANDED, NOT OTHERWISE SPECIFIED, PER SOURCE |
| 77404 | RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; 6-10 MEV | C2699 | BRACHYTHERAPY SOURCE, NON-STRANDED, NOT OTHERWISE SPECIFIED, PER SOURCE |
| 77406 | RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; 20 MEV AND GREATER | C9725 | PLACEMENT OF ENDORECTAL INTRACAVITARY APPLICATOR FOR HIGH INTENSITY BRACHYTHERAPY |

| RADIATION THERAPY CPT CODE | PROCEDURE DESCRIPTION | RADIATION THERAPY CPT CODE | PROCEDURE DESCRIPTION |
|-----------------------------------|--|-----------------------------------|--|
| 77407 | RADIATION TREATMENT DELIVERY; TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA USE OF MULTIPLE BLOCKS; UP TO 5 MEV | C9726 | PLACEMENT AND REMOVAL (IF PERFORMED) OF APPLICATOR INTO BREAST FOR RADIATION THERAPY |
| 77408 | RADIATION TREATMENT DELIVERY; TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA USE OF MULTIPLE BLOCKS; 6-10 MEV | C9728 | PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY/ SURGERY GUIDANCE (E.G., FIDUCIAL MARKERS, DOSIMETER), OTHER THAN ABDOMEN, PELVIS, PROSTATE, RETROPERITONEUM, THORAX (ANY APPROACH), SINGLE OR MULTIPLE |
| 77409 | RADIATION TREATMENT DELIVERY; TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA USE OF MULTIPLE BLOCKS; 11-19 MEV | G0173 | LINEAR ACCELERATOR BASED STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF THERAPY IN ONE SESSION |
| 77411 | RADIATION TREATMENT DELIVERY; TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA USE OF MULTIPLE BLOCKS; 20 MEV OR GREATER | G0251 | LINEAR ACCELERATOR BASED STEREOTACTIC RADIOSURGERY, DELIVERY INCLUDING COLLIMATOR CHANGES AND CUSTOM PLUGGING, FRACTIONATED TREATMENT, ALL LESIONS, PER SESSION, MAXIMUM FIVE SESSIONS PER COURSE OF TREATMENT |
| 77412 | RADIATION TREATMENT DELIVERY; THREE OR MORE SEPARATE TREATMENT AREAS; CUSTOM BLOCKING, TANGENTIAL PORTS WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; UP TO 5 MEV | G0339 | IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF THERAPY IN ONE SESSION OR FIRST SESSION OF FRACTIONATED TREATMENT |
| 77413 | RADIATION TREATMENT DELIVERY; THREE OR MORE SEPARATE TREATMENT AREAS; CUSTOM BLOCKING, TANGENTIAL PORTS WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 6-10 MV COMPLEX | G0340 | IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, DELIVERY INCLUDING COLLIMATOR CHANGES AND CUSTOM PLUGGING, FRACTIONATED TREATMENT, ALL LESIONS, PER SESSION, SECOND THROUGH FIFTH SESSIONS, MAXIMUM FIVE SESSIONS PER COURSE OF TREATMENT |
| 77414 | RADIATION TREATMENT DELIVERY; THREE OR MORE SEPARATE TREATMENT AREAS; CUSTOM BLOCKING, TANGENTIAL PORTS WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 11-19 MV COMPLEX | Q3001 | BRACHYTHERAPY RADIOELEMENTS |
| 77416 | RADIATION TREATMENT DELIVERY; THREE OR MORE SEPARATE TREATMENT AREAS; CUSTOM BLOCKING, TANGENTIAL PORTS WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20 MV OR GREATER | S8030 | SCLERAL APPLICATION OF TANTALUM RING(S) FOR LOCALIZATION OF LESIONS FOR PROTON BEAM THERAPY |

*Covered if billed with an appropriate CPT code.

2013 Healthcare Common Procedure Coding System (HCPCS) Codes for GHI HMO, HIP, EmblemHealth CompreHealth EPO and Vytra HMO/ASO

HCPCS Level II is a standardized coding system used primarily to identify products, supplies and services not included in the CPT codes, such as durable medical equipment, prosthetics, orthotics and supplies when used outside a physician's office.

Below are the 2013 HCPCS codes that require prior approval.

| HCPCS PROCEDURE & SUPPLY CODE | DESCRIPTION |
|-------------------------------|---|
| E0170 | COMMUNE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE |
| E0193 | POWERED AIR FLOTATION BED (LOW AIR LOST THERAPY) |
| E0194 | AIR FLUIDIZED BED |
| E0217 | WATER CIRCULATING HEAT PAD WITH PUMP |
| E0251 | HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS |
| E0255 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS |
| E0260 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS |
| E0261 | HOSPITAL BED SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS |
| E0265 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS |
| E0266 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS |
| E0277 | POWERED PRESSURE-REDUCING AIR MATTRESS |
| E0290 | HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS |
| E0295 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS |
| E0296 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS) WITHOUT SIDE RAILS, WITH MATTRESS |
| E0297 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS) WITHOUT SIDE RAILS, WITHOUT MATTRESS |
| E0300 | PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED, WITH OR WITHOUT TOP ENCLOSURE |
| E0301 | HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY 350-600 LBS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS |
| E0302 | HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY > 600 LBS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS |
| E0303 | HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY 350-600 LBS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS |
| E0304 | HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY > 600 LBS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS |
| E0450 | VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE |
| E0461 | VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE |
| E0463 | PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE |
| E0464 | PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE |
| E0470 | RAD - RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE |
| E0471 | RAD - RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE |
| E0472 | RAD - RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE |

| HCPCS PROCEDURE & SUPPLY CODE | DESCRIPTION |
|-------------------------------------|---|
| E0483 | HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM (INCLUDES HOSES AND VEST), EACH |
| E0485 | ORAL DEVICE/ APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| E0486 | ORAL DEVICE/ APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| E0570 | NEBULIZER WITH COMPRESSION |
| E0575 | NEBULIZER ULTRASONIC, LARGE VOLUME |
| E0601 | CONTINUOUS AIRWAY PRESSURE DEVICE |
| E0617 | EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS |
| E0627 | SEAT LIST MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM |
| E0628 | SEPARATE SEAT LIFE MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC |
| E0629 | SEPARATE SEAT LIFE MECHANISM FOR USE WITH PATIENT OWNED FURNITURE NON-ELECTRIC |
| E0635 | PATIENT LIFT, ELECTRIC WITH SEAT OR SLING |
| E0636 | MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS |
| E0650 | PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL |
| E0651 | PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE |
| E0652 | PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE |
| E0656 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK |
| E0675 | PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM) |
| E0691 | ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQ FT OR LESS |
| E0692 | ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; 4 FOOT PANEL |
| E0693 | ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; 6 FOOT PANEL |
| E0694 | ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/ LAMPS, TIMER AND EYE PROTECTION |
| E0745 | NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT |
| E0747 | ELECTRICAL, OSTEOGENESIS STIMULATOR, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS |
| E0748 | ELECTRICAL, OSTEOGENESIS STIMULATOR, NON-INVASIVE, SPINAL APPLICATIONS |
| E0760 | OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE |
| E0764 | FUNCTIONAL NEUROMUSCULAR STIMULATION, TRANSCUTANEOUS STIMULATION OF SEQUENTIAL MUSCLE GROUPS |
| E0782 | NON-PROGRAMMABLE INFUSION PUMP, IMPLANTABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS, ETC.) |
| E0984 | MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL |
| E0986 | MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST |
| 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/RECLINE, WITHOUT SHEAR REDUCTION |
| E1007 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT/RECLINE, WITH MECHANICAL SHEAR REDUCTION |
| E1008 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT/RECLINE, WITH POWER SHEAR REDUCTION |
| E1010 | WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR |
| E1030 | WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED |

| HCPCS PROCEDURE & SUPPLY CODE | DESCRIPTION |
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| E1093 | WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS |
| E1161 | MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE |
| E1224 | WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEG RESTS |
| E1230 | POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY), SPECIFY BRAND NAME AND MODEL NUMBER |
| 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 |
| E1237 | WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM |
| E1238 | WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM |
| E1295 | HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST |
| E1296 | SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR |
| E1310 | WHIRLPOOL NON-PORTABLE (BUILT-IN-TYPE) |
| E1391 | OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING >85% OXYGEN AT PRESCRIBED FLOW RATE |
| E1392 | PORTABLE OXYGEN CONCENTRATOR, RENTAL |
| E1700 | JAW MOTION REHAB SYSTEM |
| E2227 | MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL |
| E2310 | POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR |
| E2311 | POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTOR |
| E2312 | POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL |
| E2321 | POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL |
| E2322 | POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL |
| E2325 | POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL |
| E2327 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL |
| E2328 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL |
| E2329 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL |
| E2330 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL |
| E2373 | POWER WHEELCHAIR ACCESSORY, HAND/CHIN CONTROL INTERFACE, MINI-PROPORTIONAL, COMPACT, OR SHORT THROW REMOTE JOYSTICK OR TOUCHPAD |
| E2376 | POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY |
| E2402 | NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE |
| K0608 | REPLACEMENT GARMENT FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR |
| K0730 | CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM |
| K0743 | SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS |
| K0800 | POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO 300 LBS. |
| K0801 | POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301-450 LBS. |
| K0802 | POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451-600 LBS. |
| K0806 | POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO 300 LBS. |

| HCPCS PROCEDURE & SUPPLY CODE | DESCRIPTION |
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| K0807 | POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301-450 LBS. |
| K0808 | POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451-600 LBS. |
| K0814 | POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO 300 LBS. |
| K0816 | POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO 300 LBS. |
| K0820 | POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT CAPACITY UP TO 300 LBS. |
| K0821 | POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO 300 LBS. |
| K0822 | POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO 300 LBS. |
| K0823 | POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO 300 LBS. |
| K0824 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301-450 LBS. |
| K0825 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301-450 LBS. |
| K0826 | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451-600 LBS. |
| K0827 | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451-600 LBS. |
| K0828 | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601+ LBS. |
| K0829 | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601+ LBS. |
| K0836 | POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO 300 LBS. |
| K0838 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301-450 LBS. |
| K0839 | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/ BACK, PATIENT WEIGHT CAPACITY 451-600 LBS. |
| K0840 | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/ BACK, PATIENT WEIGHT CAPACITY 601+ LBS. |
| K0841 | POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO 300 LBS. |
| K0842 | POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO 300 LBS. |
| K0843 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301-450 LBS. |
| K0848 | POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO 300 LBS. |
| K0849 | POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO 300 LBS. |
| K0850 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301-450 LBS. |
| K0851 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301- 450 LBS. |
| K0853 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451-600 LBS. |
| K0854 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601+ LBS. |
| K0855 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601+ LBS. |
| K0856 | POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO 300 LBS. |
| K0857 | POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO 300 LBS. |
| K0858 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301-450 LBS. |
| K0859 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301-450 LBS. |
| K0860 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/ BACK, PATIENT WEIGHT CAPACITY 451-600 LBS. |
| K0861 | POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO 300 LBS. |
| K0862 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301-450 LBS. |

| HCPCS PROCEDURE & SUPPLY CODE | DESCRIPTION |
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| K0863 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/ BACK, PATIENT WEIGHT CAPACITY 451- 600 LBS. |
| K0864 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601+ LBS. |
| L0112 | CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FABRICATED |
| L0430 | DEWALL POSTURE PROTECTOR ONLY—SPINAL ORTHOSIS, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH INTERFACE MATERIAL, CUSTOM FITTED |
| L0480 | TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, CUSTOM FABRICATED |
| L0482 | TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, CUSTOM FABRICATED |
| L0484 | TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, CUSTOM FABRICATED |
| L0486 | TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, CUSTOM FABRICATED |
| L0636 | LUMBAR SACRAL ORTHOSIS (LSO), SAGITTAL CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/ PANEL, CUSTOM FABRICATED |
| L0638 | LUMBAR SACRAL ORTHOSIS (LSO), SAGITTAL CORONAL CONTROL, RIGID ANTERIOR AND POSTERIOR FRAME/ PANEL, CUSTOM FABRICATED |
| L0700 | CERVICAL THORACIC LUMBAR SACRAL ORTHOSES (CTLSO), ANTERIOR - POSTERIOR LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE) |
| L0710 | CERVICAL THORACIC LUMBAR SACRAL ORTHOSES (CTLSO), ANTERIOR - POSTERIOR LATERAL CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL (MINERVA TYPE) |
| L0820 | HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET |
| L0830 | HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS |
| L1000 | CERVICAL THORACIC LUMBAR SACRAL ORTHOSES (CTLSO), MILWAUKEE, INCLUSIVE OF FURNISHING INITIAL ORTHOSIS |
| L1005 | TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS |
| L1300 | OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT |
| L1310 | OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET |
| L1680 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS, CUSTOM FABRICATED |
| L1690 | COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION/INTERNAL ROTATION CONTROL, PREFABRICATED, |
| L1700 | LEGG PERTHES ORTHOSIS, TORONTO TYPE, CUSTOM FABRICATED |
| L1710 | LEGG PERTHES ORTHOSIS, NEWINGTON TYPE, CUSTOM FABRICATED |
| L1720 | LEGG PERTHES ORTHOSIS TRILATERAL, TACHDIJAN TYPE, CUSTOM FABRICATED |
| L1755 | LEGG PERTHES ORTHOSIS, PATTEN BOTTOM TYPE, CUSTOM FABRICATED |
| L1844 | KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED |
| L1846 | KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED |
| L1860 | KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED |
| L2005 | KNEE ANKLE FOOT ORTHOSIS (KAFO) ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, ANY TYPE ACTIVATION, INCLUDES ANKLE JOINT, ANY TYPE, CUSTOM FABRICATED |
| L2010 | KNEE ANKLE FOOT ORTHOSIS (KAFO) SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/ CUFFS (SINGLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM-FABRICATED |
| L2020 | KNEE ANKLE FOOT ORTHOSIS (KAFO) DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/ CUFFS (DOUBLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED |
| L2030 | KNEE ANKLE FOOT ORTHOSIS (KAFO) DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/ CUFFS, (DOUBLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED |

| HCPCS PROCEDURE & SUPPLY CODE | DESCRIPTION |
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| L2034 | KNEE ANKLE FOOT ORTHOSIS (KAFO) FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED |
| L2036 | KNEE ANKLE FOOT ORTHOSIS (KAFO), FULL PLASTIC, DOUBLE UPRIGHT, WITH/WITHOUT FREE MOTION KNEE, WITH/WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED |
| L2037 | KNEE ANKLE FOOT ORTHOSIS (KAFO), FULL PLASTIC, SINGLE UPRIGHT, WITH/ WITHOUT FREE MOTION KNEE, WITH/WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED |
| L2038 | KNEE ANKLE FOOT ORTHOSIS (KAFO), FULL PLASTIC, WITH/WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED |
| L2108 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED |
| L2126 | KNEE ANKLE FOOT ORTHOSIS (KAFO), FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL CUSTOM FABRICATED |
| L2128 | KNEE ANKLE FOOT ORTHOSIS (KAFO), FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED |
| L2136 | KNEE ANKLE FOOT ORTHOSIS (KAFO), FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L2350 | ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL |
| L2525 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL |
| L2627 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES |
| L2628 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES |
| L3224 | ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF BRACE (ORTHOSIS) |
| L3225 | ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF BRACE (ORTHOSIS) |
| L3740 | ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED |
| L3765 | ELBOW WRIST HAND FINGER ORTHOSIS (EWHFO), RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED |
| L3766 | ELBOW WRIST HAND FINGER ORTHOSIS (EWHFO), INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED |
| L3900 | WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM FABRICATED |
| L3901 | WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM FABRICATED |
| L3904 | WRIST HAND FINGER ORTHOSIS (WHFO) EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED |
| L3971 | SHOULDER ELBOW WRIST HAND ORTHOSIS (SEWHO), SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, CUSTOM FABRICATED |
| L3973 | SHOULDER ELBOW WRIST HAND ORTHOSIS (SEWHO), ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, CUSTOM FABRICATED |
| L3975 | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS (SEWHFO), SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED |
| L3976 | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS (SEWHFO), ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, CUSTOM FABRICATED |
| L3977 | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS (SEWHFO), SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, CUSTOM FABRICATED |
| L3978 | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS (SEWHFO), ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, CUSTOM FABRICATED |
| L4631 | ANKLE FOOT ORTHOSIS (AFO), WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, CUSTOM FABRICATED |
| L5010 | PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER |
| L5020 | PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER |
| L5050 | ANKLE, SYMES, MOLDED SOCKET, SACH FOOT |

| HCPCS PROCEDURE & SUPPLY CODE | DESCRIPTION |
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| L5060 | ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT |
| L5100 | BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT |
| L5105 | BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT |
| L5150 | KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT |
| L5160 | KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL JOINTS, SHIN, SACH FOOT |
| L5200 | ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT |
| L5210 | ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH FOOT BLOCKS, NO ANKLE JOINTS |
| L5220 | ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED |
| L5230 | ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT |
| L5250 | HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT |
| L5270 | HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT |
| L5280 | HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT |
| L5301 | BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM |
| L5312 | KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM |
| L5321 | ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE |
| L5331 | HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELATAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT |
| L5341 | HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT |
| L5500 | INITIAL, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED |
| L5505 | INITIAL, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED |
| L5510 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL |
| L5520 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED |
| L5530 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL |
| L5535 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET |
| L5540 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL |
| L5560 | PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL |
| L5570 | PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED |
| L5580 | PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL |
| L5585 | PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET |
| L5590 | PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL |
| L5595 | PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL |

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| L5600 | PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL |
| L5610 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM |
| L5611 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL |
| L5613 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL |
| L5614 | ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL |
| L5616 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL |
| L5639 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET |
| L5643 | ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME |
| L5649 | ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/ NARROW M-L SOCKET |
| L5651 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME |
| L5681 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH/ WITHOUT LOCKING MECHANISM, INITIAL ONLY |
| L5683 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH/ WITHOUT LOCKING MECHANISM, INITIAL ONLY |
| L5700 | REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL |
| L5701 | REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL |
| L5702 | REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL |
| L5703 | ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY |
| L5707 | CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION |
| L5724 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL |
| L5726 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID SWING PHASE CONTROL |
| L5728 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL |
| L5780 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL |
| L5781 | ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM |
| L5782 | ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM, HEAVY DUTY |
| L5814 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK |
| L5822 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL |
| L5824 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL |
| L5826 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME |
| L5828 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL |
| L5830 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL |
| L5840 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4 BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL |
| L5845 | ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE |
| L5856 | ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE |

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| L5857 | ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE |
| L5858 | ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE |
| L5930 | ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME |
| L5960 | ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL) |
| L5961 | ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH/WITHOUT FLEXION AND/OR EXTENSION CONTROL |
| L5966 | ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM |
| L5968 | ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE |
| L5973 | ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR FLEXION CONTROL, INCLUDES POWER SOURCE |
| L5979 | ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM |
| L5980 | ALL LOWER EXTREMITY PROSTHESIS, FLEX FOOT SYSTEM |
| L5981 | ALL LOWER EXTREMITY PROSTHESIS, FLEX-WALK SYSTEM OR EQUAL |
| L5987 | ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON |
| L5988 | ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE |
| L5990 | ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT |
| L6000 | PARTIAL HAND, THUMB REMAINING |
| L6010 | PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING |
| L6020 | PARTIAL HAND, NO FINGER REMAINING |
| L6025 | TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWER, SELF-SUSPENDED, INNER SOCKET WITH REMOVABLE FOREARM SECTION, ELECTRODES AND CABLES, TWO BATTERIES, CHARGER |
| L6050 | WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD |
| L6055 | WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD |
| L6100 | BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD |
| L6110 | BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES) |
| L6120 | BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF |
| L6130 | BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF |
| L6200 | ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM |
| L6205 | ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM |
| L6250 | ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM |
| L6300 | SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM |
| L6310 | SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS) |
| L6320 | SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY) |
| L6350 | INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING BELOW FOREARM |
| L6360 | INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS) |
| L6370 | INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY) |
| L6400 | BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING |
| L6450 | ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING |
| L6500 | ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING |
| L6550 | SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING |

| HCPCS PROCEDURE & SUPPLY CODE | DESCRIPTION |
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| L6570 | INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING PROSTHETIC TISSUE |
| L6580 | PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL |
| L6582 | PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED |
| L6584 | PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL |
| L6586 | PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED |
| L6588 | PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, MOLDED TO PATIENT MODEL |
| L6590 | PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED |
| L6621 | UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH/WITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE |
| L6624 | UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT |
| L6638 | UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE WITH MANUALLY POWERED ELBOW |
| L6646 | UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION, ADJUSTABLE ABDUCTION FRICTION CONTROL, FOR USE WITH BODY POWERED OR EXTERNAL POWERED SYSTEM |
| L6648 | UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR |
| L6693 | UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE |
| L6696 | ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY |
| L6697 | ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, INITIAL ONLY |
| L6707 | TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED |
| L6709 | TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE |
| L6712 | PEDIATRIC TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE |
| L6713 | PEDIATRIC TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE |
| L6714 | PEDIATRIC TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE |
| L6715 | TERMINAL DEVICE, MULTIPLE ARTICULATING DIGIT, INCLUDES MOTOR(S), INITIAL ISSUE OR REPLACEMENT |
| L6721 | TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE |
| L6722 | TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE |
| L6880 | ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING DIGITS |
| L6881 | AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEVICE |
| L6882 | MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE |
| L6883 | REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH/WITHOUT EXTERNAL POWER |
| L6884 | REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH/WITHOUT EXTERNAL POWER |
| L6885 | REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH/WITHOUT EXTERNAL POWER |

| HCPCS PROCEDURE & SUPPLY CODE | DESCRIPTION |
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| L6900 | HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING |
| L6905 | HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGER REMAINING |
| L6910 | HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGER REMAINING |
| L6920 | WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL, SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE |
| L6925 | WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE |
| L6930 | BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE |
| L6935 | BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE |
| L6940 | ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE |
| L6945 | ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE |
| L6950 | ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE |
| L6955 | ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE |
| L6960 | SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE |
| L6965 | SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE |
| L6970 | INTERSCAPULAR THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE |
| L6975 | INTERSCAPULAR THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE |
| L7007 | ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT |
| L7008 | ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC |
| L7009 | ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT |
| L7040 | PREHENSILE ACTUATOR, SWITCH CONTROLLED |
| L7045 | ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC |
| L7170 | ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED |
| L7180 | ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE |
| L7181 | ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE |
| L7185 | ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED |
| L7186 | ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED |
| L7190 | ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED |
| L7191 | ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED |

| HCPCS PROCEDURE & SUPPLY CODE | DESCRIPTION |
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| L7260 | ELECTRONIC WRIST ROTATOR, OTTO BOCK OR EQUAL |
| L7261 | ELECTRONIC WRIST ROTATOR, FOR UTAH ARM |
| L7900 | MALE VACUUM ERECTION SYSTEM |
| L8035 | CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL |
| L8040 | NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN |
| L8041 | MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN |
| L8042 | ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN |
| L8043 | UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN |
| L8044 | HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN |
| L8045 | AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN |
| L8046 | PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN |
| L8614 | COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS |
| L8619 | COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT |
| L8627 | COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT |
| L8628 | COCHLEAR IMPLANT EXTERNAL CONTROLLER COMPONENT, REPLACEMENT |
| L8631 | METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MORE PIECES, METAL, CERAMIC-LIKE MATERIAL, FOR SURGICAL IMPLANTATION |
| L8659 | INTERPHALANGEAL FINGER JOINT REPLACEMENT, TWO OR MORE PIECES, METAL, CERAMIC-LIKE MATERIAL FOR SURGICAL IMPLANTATION, ANY SIZE |
| L8681 | PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR, REPLACEMENT |
| L8683 | RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER |
| 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 |
| L8691 | AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT |



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