

**Services Requiring Precertification for City of New York Employee or Non-Medicare Eligible Retirees:**

<b>Table 1:</b> <b>Unless otherwise noted, the services below are managed by EMPIRE.</b> <b>Please call the NYC Healthline at 1-800-521-9574.</b>	
<b>Service</b>	<b>Precertification Required Yes/No</b>
<b>*Attention Providers*</b> As of 1/1/19, if you are planning to perform any of these procedures, Cataract surgery, Knee Arthroscopy, Colonoscopy, or Endoscopy in a hospital setting, you are required to call the NYC Healthline 800-521-9574, at least 3 weeks in advance of the scheduled date, to discuss with Medical Management.	<b>Notification is required</b>
<b>Acute Inpatient Rehabilitation</b> <i>NOTE: This benefit is part of the Skilled Nursing Facility (SNF) benefit. 1 day in an acute inpatient rehabilitation bed = 2 days in a SNF. 30 days in an acute inpatient rehab is equal to 60 SNF days. Therefore, the SNF benefit remaining would only be 30.</i>	<b>Yes</b>
<b>Air Ambulance (scheduled only)</b>	<b>Yes</b>
<b>Cardiac Rehabilitation Outpatient</b>	<b>Yes</b>
<b>Dialysis</b>	<i>Pre-cert for network status and place of service only as dialysis is a NYS Mandate</i>
<b>DME (Par and Non-Par)</b> <i>Examples-Not limited to the following:</i> <ul style="list-style-type: none"> <li>• Electric Beds</li> <li>• Wheelchairs</li> </ul>	<b>Yes</b>
<b>Genetic Testing</b>	<b>Yes</b>
<b>Inpatient Facility</b>	<b>Yes</b>
<b>Inpatient Psychiatric &amp; Substance Abuse Facility</b>	<b>Yes-</b> <b>Contact Beacon Health at</b> <b>#800-692-2489</b>
<b>Maternity-Pregnancy &amp; Delivery</b> <ul style="list-style-type: none"> <li>• Stays under 48 hours normal delivery, 96 hours C-Section requires notification only</li> <li>• Over 48/96 hours requires pre-certification</li> </ul>	<b>Yes</b>

<b>Table 1:</b> <b>Unless otherwise noted, the services below are managed by EMPIRE.</b> <b>Please call the NYC Healthline at 1-800-521-9574.</b>	
<b>Service</b>	<b>Precertification Required Yes/No</b>
<b>NICU Admission</b>	<b>Yes</b>
<b>Outpatient hospital or free-standing ambulatory surgery facility (not in a doctor's office)</b> • Includes possible/cosmetic procedures, reconstruction, outpatient transplants, optical/vision related procedures, breast reconstruction, cochlear implants, functional endoscopy/nasal surgery, joint replacements, experimental/investigational procedures, hyperbaric O2 chamber, pain management, spinal stimulatory implants, wound vacuum, bariatric surgery and spinal surgery.	<b>Yes</b>
<b>Skilled Nursing Facility (SNF)</b> <i>NOTE: NYC Healthline can choose to substitute outpatient benefits for SNF days. The formula used is 2 ½ outpatient visits = 1 inpatient SNF day. Only NYC Healthline can authorize substitution of benefits. No outpatient benefits are available under this benefit if no pre-certification is received.</i>	<b>Yes</b>
<b>Infertility services, including artificial insemination and IVF</b> • Precertification required when in the MD office, outpatient facility or free-standing facility	<b>Yes -</b> <b>Contact WIN Fertility at</b> <b>#833-439-1515</b>
<b>Occupational Therapy Outpatient</b>	<b>Not covered,</b> <b>except as part of the</b> <b>home care services</b> <b>benefit. NOTE: If part of homecare services, preauthorization is</b> <b>managed by EH.</b>
<b>Outpatient Physical Therapy</b> <i>NOTE: Precertification required when in the MD office, outpatient facility or free-standing facility after 16 visits per calendar year</i>	<b>Yes</b>
<b>Outpatient speech therapy</b> <i>NOTE: Precertification required when in the MD office, outpatient facility or free-standing facility after 16 visits per calendar year</i>	<b>Yes</b>
<b>Prosthetics (Par and Non-Par)</b>	<b>Yes</b>
<b>Radiology - Advanced</b>	<b>Yes-</b> <b>Please contact eviCore at</b> <b>Tel #866-417-2345</b>

<b>Table 1:</b> Unless otherwise noted, the services below are managed by EMPIRE. Please call the NYC Healthline at 1-800-521-9574.	
Service	Precertification Required Yes/No
Radiation Therapy/Cardiology	Yes
<b>Specialty Drugs (non-self-injectables) in office or outpatient facility</b> • Please refer to list of specialty drugs requiring pre-certification	Yes

<b>Table 2:</b> <u>The following services continue to require precertification by EmblemHealth.</u> <u>Providers should call 1-800-223-9870 for precertification.</u>	
SERVICE	Precertification Required Yes/No
<b><i>Scroll Down to View Preauthorization List by CPT/HCPCS CODE</i></b>	
Allergy Therapy <i>(only therapy/treatment, not testing)</i>	Yes
Home Health Care •Includes Occupational therapy when part of homecare. <i>Occupational therapy is not covered, except as part of the home care services</i>	Yes - Care Continuum, ESI
Home Infusion Therapy <b>(billed by a home infusion specialist)</b>	Yes
Nutritional Supplements and Enteral formulae	Yes - <i>Preauthorization requirement does not apply to DME Providers</i>
Private Duty Nursing	Yes
Vision Therapy	Yes

### Revision History:

***Scroll Down or [Click Here](#) to View Preauthorization List by CPT/HCPCS CODE***

Date	Revision
6/26/2025	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include following codes <b>effective 9/01/2025</b>: <ul style="list-style-type: none"> <li>○ <u>Advanced Radiology</u>: 0609T, 0610T, 0611T, 0612T and 0633T</li> </ul> </li> <li>○ Removed <b>effective 9/01/2025</b>: <ul style="list-style-type: none"> <li>○ <u>Advanced Radiology</u>: 75580, 76497 and 76498</li> </ul> </li> </ul>
4/25/2025	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include following codes <b>effective 8/01/2025</b>: <ul style="list-style-type: none"> <li>○ <u>Homecare</u>: G0088, G0089, G0090 and S9474</li> </ul> </li> </ul>
4/10/2025	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include following new codes <b>effective 4/01/2025</b>: <ul style="list-style-type: none"> <li>○ <u>Home Infusion Therapy Drugs</u>: J1271 (Soliris) J2865 (Bactrim IV)</li> <li>○ <u>Deleted Codes effective 4/01/2025</u>: J1300, J1940, J9037, J9247, JQ5139, S0032 and S0039</li> </ul> </li> </ul>
3/06/2025	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include following <b>effective 2/06/2025</b>: <ul style="list-style-type: none"> <li>○ <u>One New Drug (Home Infusion Therapy Drugs)</u> J7799 (Vyalev)</li> </ul> </li> </ul>
1/10/2025	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include following 9 New codes <b>effective 1/01/2025</b>: <ul style="list-style-type: none"> <li>○ <u>9 New codes (Home Infusion Therapy Drugs)</u> J1307 (PiaSky) J1414 (Beqvez) J1552 (Alvyglo) J2472 (Protonix) J7514 (Cellcept) J9076 (Cyclophosphamide -Baxter) Q5139 (Soliris) Q5146 (Herceptin)</li> </ul> </li> </ul>

Date	Revision
	<p>Q9997 (Pyzchiva)</p> <ul style="list-style-type: none"> <li>○ <u>Two Deleted Codes effective 1/01/2025:</u> J0135 and Q5132</li> </ul>
1/1/2025	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated – following codes <b>removed</b>: J1171 J2002 J2003 J2004 J2252 J2253 J2601</li> </ul>
12/3/2024	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include following One drug <b>effective 4/15/2025</b>: J1551 (Cutaquig)</li> </ul>
12/3/2024	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated – following drugs/codes <b>removed</b>: J3394 (Lyfgenia) J1412 (Roctavian) J3399 (Zolgensma) J3393 (Zynteglo)</li> </ul>
9/26/2024	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include following 9 New codes <b>effective 10/01/2024</b>: <ul style="list-style-type: none"> <li>○ <u>9 New codes (Home Infusion Therapy Drugs)</u> J0138 (Combegesic IV) J1171 (Dilaudid) J1749 (Aurlymyn) J2002 (Xylocaine) J2003 (Xylocaine) J2004 (Xylocaine-Epinephrine) J2252 (Exela) J2253 (Seizalam)</li> </ul> </li> </ul>

Date	Revision
	<p>J2601 (Baxter)</p> <ul style="list-style-type: none"> <li>○ <u>One Deleted Code effective 10/01/2024:</u> J2001 (Lidocaine HCL)</li> <li>○ <u>One Code with Revised Description effective 10/01/2024:</u> J2251 (Midazolam-Sodium Chloride)</li> </ul>
6/27/2024	<ul style="list-style-type: none"> <li>○ <u>Table 2</u> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include following 12 New codes <b>effective 7/01/2024:</b> <ul style="list-style-type: none"> <li>○ <u>12 New codes (Home Infusion Therapy Drugs)</u> J2183 (Meropenem) J2246 (Micafungin) J2267 (OmvoH) J2373 (Immiphentiv) J2468 (Aloxi) J2470 (Pantoprazole) J2471 (Pantoprazole) J3247 (Cosentyx) J3263 (Loqtorzi) J3393 (Zynteglo) J3394 (Lyfgenia) J7171(Adzyna)</li> <li>○ <u>Two deleted codes effective 7/01/2024:</u> J2780 and S0164</li> <li>○ <u>Two Codes with revised descriptions effective 7/01/2024:</u> J0652 and J0873</li> </ul> </li> </ul>
6/11/2024	<ul style="list-style-type: none"> <li>○ <u>Table 2</u> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include following 26 Advanced Radiology codes <b>effective 10/15/2024:</b> <ul style="list-style-type: none"> <li>○ 76390, 78609, C8900, C8901, C8902, C8903, C8905, C8906, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8932, C8933, C8934, C8935, C8936, 0865T, 0866T and C9791.</li> </ul> </li> <li>○ <u>Table 2</u> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include one new Home Infusion Therapy drug effective 3/28/2024:</li> </ul>

Date	Revision
	<ul style="list-style-type: none"> <li>○ J3590 (Cosentyx IV)</li> </ul>
5/09/2024	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to indicate preauthorization requirement terminated for following CPT/HCPCS code <b>effective 9/01/2024</b>: S9470</li> </ul>
3/26/2024	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include 12 new codes <b>effective 4/01/2024</b>: <ul style="list-style-type: none"> <li>○ <u>12 new codes (Home Infusion Therapy Drugs):</u> <ul style="list-style-type: none"> <li>J0650 (Synthroid, Levoxyl, Levothroid)</li> <li>J0651 (Synthroid, Levoxyl, Levothroid)</li> <li>J0652 (Synthroid, Levoxyl, Levothroid)</li> <li>J1010 (Solumedrol, Depo Medrol)</li> <li>J1203 (Pombiliti) <i>replacing J3590</i></li> <li>J1434 (Emend)</li> <li>J2919 (Solumedrol, Depo Medrol)</li> <li>J3424 (Cyanokit-B12a)</li> <li>J7165 (Kcentra)</li> <li>J9376 (Veopoz)</li> <li>Q5133 (Tofidence)</li> <li>Q5134 (Tyruko)</li> </ul> </li> <li>○ <u>3 Deleted codes effective 4/01/2024:</u> <ul style="list-style-type: none"> <li>J1840, J1850 and J2920</li> </ul> </li> </ul> </li> </ul>
3/26/2024	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include one new drug <b>effective 2/28/2024</b>: <ul style="list-style-type: none"> <li>○ J9999 (Loqtorzi)</li> </ul> </li> </ul>
2/27/2024	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> (Preauthorization managed by EmblemHealth) 'Nutritional Supplements/Enteral Formula' category updated to clarify that PA requirement does not apply to DME providers</li> </ul>

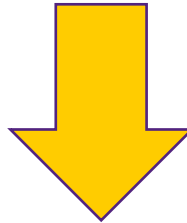
Date	Revision
12/28/2023	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include 15 new codes <b>effective 1/01/2024</b>: <ul style="list-style-type: none"> <li>○ <u>One new code - Advanced Radiology</u>: 75580</li> <li>○ <u>14 new codes (Home Infusion Therapy Drugs)</u>: <ul style="list-style-type: none"> <li>J0184 (Barhemsys) replacing C9153</li> <li>J0217 (Lamzedo) replacing J3590</li> <li>J0391 (Artesunate)</li> <li>J0688 (Cefazolin Sodium)</li> <li>J0873 (Daptomycin)</li> <li>J1412 (Roctavian) replacing J3590</li> <li>J1413 (Elevidys) replacing J3590</li> <li>J2404 (Nicardipine)</li> <li>J2508 (Elfabrio) replacing J3590</li> <li>J3425 (Hydroxocobalamin)</li> <li>J9052 (BICNU)</li> <li>J9255 (Methotrexate)</li> <li>J9333 (Rystiggo) replacing J3590</li> <li>Q5132 (Abrilada)</li> </ul> </li> </ul> </li> <li>○ One code <b>deleted effective 1/01/2024</b>: C9153 (Barhemsys) replaced by J0184</li> </ul>
12/13/2023	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include 4 (four) new drugs (home infusion therapy): <ul style="list-style-type: none"> <li>○ <u>Effective 10/03/2023</u>: Elevidys (J3590) and Talvey (J9999)</li> <li>○ <u>Effective 10/13/2023</u>: Roctavian (J3590)</li> <li>○ <u>Effective 10/30/2023</u>: Pombiliti (J3590)</li> </ul> </li> </ul>
10/24/2023	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to indicate preauthorization requirement terminated <b>effective 1/01/2024</b>: Q5001 and Q5002</li> </ul>
9/26/2023	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include new codes <b>effective 10/01/2023</b>: B4148, Acthar HP (J0802), Altuviiro (J7214), Barhemsys (C9153 replacing J3490), CellCept (J7519), Daptomycin (J0874) and Rezzayo (J0349)</li> </ul>



Date	Revision
9/2023	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include new drugs <b>effective 7/28/2023</b>: Elfabrio (J3590) and Rystiggo (J3590)</li> </ul>
7/27/2023	<ul style="list-style-type: none"> <li>○ Added 1 new code <b>effective 7/6/2023</b>: J0174 Leqembi replacing J3590</li> <li>○ Removed deleted codes: 78647, 78710, 78805, 78806, 78807 and G0297</li> </ul>
7/27/2023	<ul style="list-style-type: none"> <li>• <a href="#">Table 2</a> Updated to include 1 new drug codes <b>effective 7/6/2023</b>: J0174 (Leqembi) replacing J3590</li> </ul>
7/2023	<ul style="list-style-type: none"> <li>○ Corrected PA List – removed Chiropractic Services from <a href="#">Table 1</a>.</li> </ul>
6/21/2023	<ul style="list-style-type: none"> <li>• <a href="#">Table 2</a> Updated to include 4 new drug codes <b>effective 7/1/2023</b>: J2329 (Briumvi) replacing J3590, J7213 (Ixinity), J1576 (Panzyga), J9381 (Tzielid)</li> <li>• <a href="#">Table 2</a> Deleted 3 codes <b>effective 6/30/2023</b>: S0030, S0073, S0077</li> </ul>
5/17/2023	<ul style="list-style-type: none"> <li>• <a href="#">Table 2</a> Updated to include 1 new drug <b>effective 3/30/2023</b>: J3590 – Leqembi, and 2 new drugs <b>effective 4/21/2023</b>: J7199 – Altuviiro, J3590 – Lamzede</li> </ul>
4/11/2023	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> Updated to include 5 (five) new drug codes (home infusion therapy) <b>effective 4/1/2023</b>: J0218, J1747, Q5128, Q5129, Q5130</li> </ul>
2/23/2023	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> Updated to include 1 new drug code (home infusion therapy) <b>effective 2/9/2023</b>: (Briumvi) J3590</li> </ul>
1/11/2023	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> Updated to include new drug codes (home infusion therapy) <b>effective 1/01/2023</b>: J0134, J0136, J0173, J0225, J0283, J0611, J0689, J0701, J0703, J0877, J0891, J0892, J0893, J0898, J0899, J1456, J1574, J1611, J1643, J1954, J2021, J2184, J2247, J2251, J2272, J2281, J2311, J2327, J2401, J2402, J3244, J3371, J3372, J9046, J9048, J9049, J9314, J9393, J9394 and Q5126</li> </ul>
12/16/2022	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> updated to include 4 new drugs: Cimerli, Fylnetra, Spevigo and Xenpozyme (J3590) <b>effective 11/10/2022</b></li> </ul>
11/30/2022	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> updated to include 19 Homecare codes (G0151, G0300, M0244, M0246, S5108, S5109, S5110, S5111, S5115, S5116, S5180, S5181, S9097, T1021, T1000, T1002, T1022, T1030 and T1031)</li> </ul>
10/2022	<ul style="list-style-type: none"> <li>○ <a href="#">Table 2</a> updated to include 76497 and 76498 (Advanced Radiology); Preauthorization required effective 11/15/2022</li> </ul>

Date	Revision
6/2022	<ul style="list-style-type: none"> <li>○ Added Tables to clarify preauthorization management with contact information</li> <li>○ <a href="#">Table 2</a> (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include Advanced Radiology managed by eviCore.</li> </ul> <p><i>Note: Please see <a href="#">Table 1</a> for list of services managed by Empire</i></p>

**SCROLL DOWN or [CLICK HERE TO VIEW PREAUTHORIZATION LIST BY CPT/HCPCS CODE](#)**



The table below contains precertification requirements by CPT Code and is limited to those that are managed by EmblemHealth, eviCore and Care Continuum (CCUM).

CPT Codes for services requiring precertification that are managed by EMPIRE or other vendors as indicated above in Table 1 are excluded from this list.

CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	9/1/2025		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	9/1/2025		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	9/1/2025		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	9/1/2025		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	9/1/2025		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

The table below contains precertification requirements by CPT Code and is limited to those that are managed by EmblemHealth, eviCore and Care Continuum (CCUM).

CPT Codes for services requiring precertification that are managed by EMPIRE or other vendors as indicated above in Table 1 are excluded from this list.

CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast materials(s)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	1/1/2022		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	1/1/2022		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

The table below contains precertification requirements by CPT Code and is limited to those that are managed by EmblemHealth, eviCore and Care Continuum (CCUM).

CPT Codes for services requiring precertification that are managed by EMPIRE or other vendors as indicated above in Table 1 are excluded from this list.

CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	1/1/2022		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
70336	MRI TEMPOROMANDIBULAR JOINT			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70450	CT OF THE HEAD OR BRAIN W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70460	CT OF THE HEAD OR BRAIN W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
70470	CT OF THE HEAD OR BRAIN W/O & W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70480	CT ORBIT , SELLA, POSTERIOR FOSSA OUTER, MIDDLE OR INNER EAR W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70481	CT ORBIT , SELLA, POSTERIOR FOSSA OUTER, MIDDLE OR INNER EAR W/CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70482	CT ORBIT , SELLA, POSTERIOR FOSSA OUTER, MIDDLE OR INNER EAR W/ AND W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70486	CT MAXILLOFACIAL AREA INCLUDING PARANASAL SINUSES W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70487	CT MAXILLOFACIAL AREA INCLUDING PARANASAL SINUSES W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Codes for services requiring precertification that are managed by EMPIRE or other vendors as indicated above in Table 1 are excluded from this list.

CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
70488	CT MAXILLOFACIAL AREA INCLUDING PARANASAL SINUSES W/O AND W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70490	CT SOFT TISSUE NECK W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70491	CT SOFT TISSUE NECK W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70492	CT SOFT TISSUE NECK W/O & W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70496	CTA OF THE HEAD			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70498	CTA OF THE CAROTID AND VERTEBRAL ARTERIES			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
70540	MRI ORBIT, FACE, NECK W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70542	MRI ORBIT, FACE, NECK W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70543	MRI ORBIT, FACE, NECK W & W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70544	MRA OR MRV OF THE BRAIN W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70545	MRA OR MRV OF THE BRAIN W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70546	MRA OR MRV OF THE BRAIN W/O AND W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	



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CPT Codes for services requiring precertification that are managed by EMPIRE or other vendors as indicated above in Table 1 are excluded from this list.

CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
70547	MRA OR MRV CAROTID AND VERTEBRAL ARTERIES W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70548	MRA OR MRV CAROTID AND VERTEBRAL ARTERIES W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70549	MRA OR MRV CAROTID AND VERTEBRAL ARTERIES W/O AND W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70551	MRI OF THE BRAIN W/OUT GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70552	MRI HEAD W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70553	MRI HEAD W/ & W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Codes for services requiring precertification that are managed by EMPIRE or other vendors as indicated above in Table 1 are excluded from this list.

CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
70554	FUNCTIONAL MRI OF THE BRAIN W/O PHYSICAN OR PSYCHOLOGIST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70555	FUNCTIONAL MRI OF THE BRAIN W/O PHYSICAN OR PSYCHOLOGIST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
71250	CT OF THE CHEST W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
71260	CT OF THE CHEST W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
71270	CT OF THE CHEST W/O & W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
71275	CTA CHEST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
71550	MRI OF THE CHEST W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
71551	MRI OF THE CHEST W GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
71552	MRI OF THE CHEST W & W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
71555	MRA OR MRV CHEST W/O OR W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72125	CT CERVICAL SPINE W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Codes for services requiring precertification that are managed by EMPIRE or other vendors as indicated above in Table 1 are excluded from this list.

CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
72126	CT CERVICAL SPINE W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72127	CT CERVICAL SPINE W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72128	CT CERVICAL SPINE W/O & W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72129	CT OF THE THORACIC SPINE W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72130	CT OF THE THORACIC SPINE W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72131	CT OF THE LUMABR SPINE W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
72132	CT OF THE LUMBAR SPINE W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72133	CT OF THE LUMBAR SPINE W/O & W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72141	MRI CERVICAL SPINE W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72142	MRI OF THE CERVICAL SPINE W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72146	MRI THORACIC SPINE W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72147	MRI THORACIC SPINE W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
72148	MRI LUMBAR SPINE W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72149	MRI LUMBAR SPINE W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72156	MRI OF THE CERVICAL SPINE W/ & W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72157	MRI THORACIC SPINE W/ & W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72158	MRI LUMBAR SPINE W/ & W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72159	MRA OF THE SPINAL CANAL			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Codes for services requiring precertification that are managed by EMPIRE or other vendors as indicated above in Table 1 are excluded from this list.

CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
72191	CTA OF THE PELVIS			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72192	CT OF THE PELVIS W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72193	CT OF THE PELVIS W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72194	CT OF THE PELVIS W/O & W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72195	MRI OF THE PELVIS W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72196	MRI OF THE PELVIS W GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Codes for services requiring precertification that are managed by EMPIRE or other vendors as indicated above in Table 1 are excluded from this list.

CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
72197	MRI OF THE PELVIS W & W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72198	MRA OR MRV OF THE PELVIS W/O OR W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73200	CT OF THE UPPER EXTREMITY W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73201	CT OF THE UPPER EXTREMITY W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73202	CT OF THE UPPER EXTREMITY W/O & W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73206	CTA OF THE UPPER EXTREMITY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	



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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
73218	MRI UPPER EXTREMITY OTHER THAN JOINT INCLUDING HAND W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73219	MRI UPPER EXTREMITY OTHER THAN JOINT INCLUDING HAND W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73220	MRI UPPER EXTREMITY OTHER THAN JOINT INCLUDING HAND W/O AND W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73221	MRI UPPER EXTREMITY JOINT W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73222	MRI UPPER EXTREMITY JOINT W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73223	MRI UPPER EXTREMITY JOINT W/ & W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
73225	MRA OF THE UPPER EXTREMITY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73700	CT LOWER EXTREMITY W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73701	CT LOWER EXTREMITY W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73702	CT LOWER EXTREMITY W/O & W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73706	CTA OF THE LOWER EXTREMITY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73718	MRI LOWER EXTREMITY OTHER THAN JOINTS W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Codes for services requiring precertification that are managed by EMPIRE or other vendors as indicated above in Table 1 are excluded from this list.

CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
73719	MRI LOWER EXTREMITY OTHER THAN JOINTS W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73720	MRI LOWER EXTREMITY OTHER THAN JOINTS W/O AND W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73721	MRI LOWER EXTREMITY JOINT W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73722	MRI LOWER EXTREMITY JOINT W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73723	MRI LOWER EXTREMITY JOINT W/ & W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73725	MRA OF THE LOWER EXTREMITY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
74150	CT ABDOMEN W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74160	CT ABDOMEN W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74170	CT ABDOMEN W/ & W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74174	CTA OF THE ABDOMEN AND PELVIS WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74175	CTA OF THE ABDOMEN			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74176	CT ABDOMEN AND PELVIS W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
74177	CT ABDOMEN AND PELVIS W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74178	CT ABDOMEN ONE OR BOTH BODY REGIONS W/O AND W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74181	MRI OF THE ABDOMEN W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74182	MRI OF THE ABDOMEN W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74183	MRI OF THE ABDOMEN W/O AND W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74185	MRA OF THE ABDOMEN W/O OR W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
74261	VIRTUAL COLONOSCOPY DIAGNOSTIC W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74262	VIRTUAL COLONOSCOPY DIAGNOSTIC W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74263	VIRTUAL COLONOSCOPY DIAGNOSTIC SCREENING INCLUDING IMAGE POSTPROCESSING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74712	MAGNETIC RESONANCE (E.G. PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; SINGLE OR FIRST GESTATION			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74713	MAGNETIC RESONANCE (E.G. PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; EACH ADDITIONAL GESTATION ( LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
75557	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Codes for services requiring precertification that are managed by EMPIRE or other vendors as indicated above in Table 1 are excluded from this list.

CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
75559	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION W/O CONTRAST; W/ STRESS IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
75561	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION W/O CONTRAST FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
75563	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION W/O CONTRAST FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES; W/ STRESS IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
75572	CT HEART STRUCTURE AND MORPHOLOGY WITH CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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 left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of venous vascular structures, if performed)	1/1/2022		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
75574	CTA CORONARY ARTERIES AND STRUCTURE AND MORPHOLOGY W/FUNCTION AND W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Codes for services requiring precertification that are managed by EMPIRE or other vendors as indicated above in Table 1 are excluded from this list.

CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	1/1/2024	9/1/2025	eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	Preauth requirement removed New code effective 1/01/2024
75635	CTA OF THE ABDOMINAL AORTA AND BILATERAL ILOFEMORAL LOWER EXTREMITY RUNOFF			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
76380	CT LIMITED OR LOCALIZED FOLLOW-UP STUDY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
76390	Magnetic resonance spectroscopy	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement



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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
76391	Magnetic resonance (eg, vibration) elastography			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	11/15/2022	9/1/2025	eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	Preauth requirement removed New PA requirement
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	11/15/2022	9/1/2025	eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	Preauth requirement removed New PA requirement
77011	CT FOR STEREOTACTIC LOCALIZATION			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
77046	Magnetic resonance imaging, breast, without contrast material; unilateral			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Codes for services requiring precertification that are managed by EMPIRE or other vendors as indicated above in Table 1 are excluded from this list.

CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
77047	Magnetic resonance imaging, breast, without contrast material; bilateral			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
77084	MRI, BONE MARROW BLOOD SUPPLY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78012	THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78013	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S) QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78015	THYROID CARCINOMA METASTASES IMAGING LIMITED AREA			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78016	THYROID CARCINOMA METASTASES IMAGING WITH ADDITIONAL STUDIES			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78018	THYROID CARCINOMA METASTASES IMAGING WHOLE BODY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78020	THYROID CARCINOMA METASTASES UPTAKE (Add on code)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78070	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ANATOMICAL LOCALIZATION			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78075	ADRENAL NUCLEAR IMAGING CORTEX AND/OR MEDULLA			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78102	BONE MARROW IMAGING, LIMITED			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78103	BONE MARROW IMAGING, MULTIPLE			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78104	BONE MARROW IMAGING, WHOLE BODY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78140	LABELED RED CELL SEQUESTRATION			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78185	SPLEEN IMAGING W/ OR WO VASCULAR FLOW			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78190	PLATELET SURVIVAL W/ OR W/OUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78191	PLATELET SURVIVAL STUDY ONLY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78195	LYMPH SYSTEM IMAGING (LYMPHOSCINTIGRAPHY)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78201	LIVER IMAGING STATIC			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78202	LIVER IMAGING W/ VASCULAR FLOW			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78205	LIVER IMAGING SPECT			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78215	LIVER AND SPLEEN IMAGING STATIC			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78216	LIVER AND SPLEEN IMAGING W VASCULAR FLOW			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78226	HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78227	HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT(S) WHEN PERFORMED			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78230	SALIVARY GLAND NUCLEAR IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78231	SALIVARY GLAND NUCLEAR IMAGING WITH SERIAL IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78232	SALIVARY GLAND FUNCTION STUDY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78258	ESOPHAGUS MOTILITY STUDY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78261	GASTRIC MUCOSA IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78262	GASTROESOPHAGAL REFLUX STUDY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78264	GASTRIC EMPTYING IMAGING STUDY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78265	GASTRIC EMPTYING IMAGING STUDY (E.G. SOLID, LIQUID, BOTH); WITH SMALL BOWEL TRANSIT			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78266	GASTRIC EMPTYING IMAGING STUDY (E.G. SOLID, LIQUID, BOTH); WITH SMALL BOWEL TRANSIT, MULTIPLE DAYS			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78278	GI BLEEDING SCINTIGRAPHY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78282	GASTRONINTESTINAL PROTEIN LOSS			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78290	INTESTINAL IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	



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78291	PERITONEAL- VENOUS SHUNT PATENCY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78300	NUCLEAR BONE SCAN LIMITED			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78305	NUCLEAR BONE SCAN MULTIPLE AREAS			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78306	NUCLEAR BONE SCAN WHOLE BODY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78315	BONE SCAN THREE PHASE			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78320	NUCLEAR BONE SCAN SPECT			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78414	CENTRAL C-V HEMODYNAMICS (NON-IMAGING) SINGLE OR MULTIPLE			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78428	CARDIAC SHUNT DETECTION			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78445	NON-CARDIAC VASCULAR FLOW IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
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			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78456	ACUTE VENOUS THROMBOSIS IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78457	VENOUS THROMBOSIS IMAGING UNILATERAL			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78458	VENOUS THROMBOSIS IMAGING BILATERAL			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78466	INFARCT AVID MYOCARDIAL IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78468	INFARCT AVID MYOCARDIAL IMAGING WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78469	INFARCT AVID MYOCARDIAL IMAGING TOMOGRAPHIC SPECT			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78472	GATED CARDIAC RADIONUCLIDE ANGIOGRAPHY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78473	GATED MULTIPLE CARDIAC RADIONUCLIDE ANGIOGRAPHY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78481	PLANAR FIRST PASS CARDIAC RADIONUCLIDE ANGIOGRAPHY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78483	CARDIAC BLOOD POOL IMAGING, MULTI			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78491	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78492	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and/or stress (exercise or pharmacologic)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78494	CARDIAC BLOOD POOL IMAGING, SPECT			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78496	CARDIAC BLOOD POOL IMAGING, SINGLE AT REST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78579	PULMONARY VENTILATION (EG, AEROSOL OR GAS) IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78600	BRAIN SCINTIGRAPHY STATIC LIMITED			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78601	BRAIN SCINTIGRAPHY LIMITED WITH VASCULAR FLOW			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78605	BRAIN SCINTIGRAPHY COMPLETE STATIC			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78606	BRAIN SCINTIGRAPHY COMPLETE WITH VASCULAR FLOW			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78607	BRAIN IMAGING SPECT			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78608	BRAIN PET METABOLIC			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
78610	BRAIN IMAGING VASCULAR FLOW			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78630	CISTERNOGRAM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78635	CEREBROSPINAL VENTRICULOGRAPHY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78645	SHUNT EVALUATION			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78650	CSF LEAKAGE DETECTION			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78700	KIDNEY IMAGING (NUCLEAR) STATIC			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78701	KIDNEY IMAGING (NUCLEAR) W/ VASCULAR FLOW			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78707	KIDNEY FLOW AND FUNCTION, SINGLE STUDY W/O PHARMACOLOGIC INTERVENTION			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78708	KIDNEY IMAGING W/ VASCULAR FLOW AND FUNCTION W/ PHARMACOLOGICAL INTERVENTION, SINGLE			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	



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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78709	KIDNEY IMAGING W/ VASCULAR FLOW AND FUNCTION W/ AND W/O PHARMACOLOGICAL INTERVENTION, MULTIPLE			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78725	NUCLEAR NON-IMAGING RENAL FUNCTION			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78730	URINARY BLADDER RESIDUAL STUDY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78761	TESTICULAR SCAN- VASCULAR FLOW AND DELAYED IMAGES			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single limited area (includes vascular flow and blood pool imaging, when performed); planar, single (includes vascular flow and blood pool imaging, when performed); planar, single			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more multiple areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) , single area (eg, head, neck, chest, pelvis), single day imaging			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78811	PET LIMITED AREA			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78812	PET SKULL BASE TO MID-THIGH			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78813	PET WHOLE BODY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78814	PET/CT LIMITED AREA			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78815	PET/CT SKULL BASE TO MID THIGH			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78816	PET/CT WHOLE BODY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation			Vision therapy - For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Vision therapy	GHI PPO CNY	N/A	POS = 11 only Code requires pre-auth only after 8 visits.
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections			Allergy Therapy - For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Allergy	GHI PPO CNY	N/A	
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections			Allergy Therapy - For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Allergy	GHI PPO CNY	N/A	
95120	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection			Allergy Immunotherapy -For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Allergy	GHI PPO CNY	N/A	
95125	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections			Allergy Immunotherapy -For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Allergy	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
95130	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom			Allergy Immunotherapy -For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Allergy	GHI PPO CNY	N/A	
95131	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms			Allergy Immunotherapy -For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Allergy	GHI PPO CNY	N/A	
95132	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms			Allergy Immunotherapy -For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Allergy	GHI PPO CNY	N/A	
95133	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms			Allergy Immunotherapy -For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Allergy	GHI PPO CNY	N/A	
95134	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms			Allergy Immunotherapy -For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Allergy	GHI PPO CNY	N/A	
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring			Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
99501	Home visit, postnatal			Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
99502	Home visit, nb care			Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
99503	Home visit, resp therapy			Homecare	Homecare	GHI PPO CNY	N/A	
99504	Home visit mech ventilator			Homecare	Homecare	GHI PPO CNY	N/A	
99505	Home visit, stoma care			Homecare	Homecare	GHI PPO CNY	N/A	
99506	Home visit, im injection			Homecare	Homecare	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
99507	Home visit, cath maintain			Homecare	Homecare	GHI PPO CNY	N/A	
99509	Home visit day life activity			Homecare	Homecare:Home Health (HH) Aide	GHI PPO CNY	N/A	
99510	Home visit, sing/m/fam couns			Homecare	Homecare: Medical Social Services	GHI PPO CNY	N/A	
99511	Home visit, fecal/enema mgmt			Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
99512	Home visit, hemodialysis			Homecare	Homecare	GHI PPO CNY	N/A	
99600	Home visit nos			Homecare	Homecare: Home Health (HH) Aide	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
A4305	Disposable drug delivery system, flow rate of 50mL or greater per hour			Home infusion	Home infusion	GHI PPO CNY	CCUM	
A4306	Disposable drug delivery system, flow rate of 50mL or less per hour			Home infusion	Home infusion	GHI PPO CNY	CCUM	
B4087	Gastronomy /Jejunostomy tube, standard, each			Home infusion	Home infusion	GHI PPO CNY	CCUM	
B4088	Gastronomy/Jejunostomy tube, Low Profile, each			Home infusion	Home infusion	GHI PPO CNY	CCUM	



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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 mL = 1 unit (Code Price is per 500 mL and based on median pricing methodology)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 mL = 1 unit (Code Price is per 500 mL and based on median pricing methodology)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
B4104	Additive for enteral formula (e.g., fiber) (Code Price is per 1 gm) (Code Price is based on median pricing methodology)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	10/1/2023		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New Code effective 10/01/2023
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 cals = 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
B4152	Enteral formula, nutritionally complete, calorically dense (= or > 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 cal = 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories= 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through ent feeding tube, 100 cal = 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acid (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 cal=1 unit (Code Price is per 100 calories and is based on median pricing methodology)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 cal = 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube 100 cal = 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 cal = 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (= or > 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through enteral feeding tube, 100 cal = 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 cal = 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
B4185	Parenteral nutrition solution, per 10 grams lipids (Effective 2/1/07 Code Price is per 10 gm lipids and is based on median pricing methodology - previously Code Price was based on 1 mL and average pricing methodology)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
B5000	SPECIALTY AMINO ACIDS (SEE ABOVE), PER DAY (in addition to Per Diem charge)			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
B5100	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic -HepatAmine - premix (Code Price is per 1 mL and is based on median pricing methodology)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
B5200	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix (Code Price is per 1 mL and is based on median pricing methodology)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
C8900	Magnetic resonance angiography with contrast, abdomen	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
C8901	Magnetic resonance angiography without contrast, abdomen	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
C8903	Magnetic resonance imaging with contrast, breast; unilateral	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
C8906	Magnetic resonance imaging with contrast, breast; bilateral	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
C8912	Magnetic resonance angiography with contrast, lower extremity	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
C8913	Magnetic resonance angiography without contrast, lower extremity	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
C8918	Magnetic resonance angiography with contrast, pelvis	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
C8919	Magnetic resonance angiography without contrast, pelvis	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
C8934	Magnetic resonance angiography with contrast, upper extremity	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
C8935	Magnetic resonance angiography without contrast, upper extremity	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
C9153	Barhemsys	10/1/2023	1/1/2024	Home infusion	Home Infusion	GHI PPO CNY	CCUM	Deleted Code Effective 1/01/2024 New Code effective 10/01/2023

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
C9791	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)	10/15/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
G0088	Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes	8/1/2025		Home Infusion Therapy	Homecare	GHI PPO CNY	N/A	
G0089	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	8/1/2025		Home Infusion Therapy	Homecare	GHI PPO CNY	N/A	
G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	8/1/2025		Home Infusion Therapy	Homecare	GHI PPO CNY	N/A	
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	12/1/2022		Homecare	Homecare: PT	GHI PPO CNY	N/A	
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes			Homecare	Homecare: OT	GHI PPO CNY	N/A	



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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes			Homecare	Homecare: ST	GHI PPO CNY	N/A	
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes			Homecare	Homecare: Medical Social Services	GHI PPO CNY	N/A	
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes			Homecare	Homecare: Home Health (HH) Aide	GHI PPO CNY	N/A	
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes			Homecare	Homecare: PT	GHI PPO CNY	N/A	
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes			Homecare	Homecare: OT	GHI PPO CNY	N/A	
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes			Homecare	Homecare: PT	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes			Homecare	Homecare: OT	GHI PPO CNY	N/A	
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes			For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Homecare: ST	GHI PPO CNY	N/A	
G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)			Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	12/1/2022		Homecare	Homecare: Skilled Nursing	GHI PPO CNY		
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	12/1/2022		Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
G0490	Face-to-face home health nursing visit by a rural health clinic (RHC) or federally qualified health center (FQHC) in an area with a shortage of home health agencies; (services limited to RN or LPN only)	12/1/2022		Homecare	Homecare:Skilled Nursing	GHI PPO CNY		

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)			Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
G0494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)			Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
G0495	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes			Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
G0496	Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes			Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes			Homecare	Homecare: PT	GHI PPO CNY	N/A	
G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes			Homecare	Homecare: OT	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
H1004	Prenatal care, at-risk enhanced service; follow-up home visit	12/1/2022		Homecare	Homecare	GHI PPO CNY	N/A	
J0129	Orencia			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0133	Acyclovir Sodium			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0134	Injection, acetaminophen (fresenius kabi) not therapeutically equivalent to j0131, 10 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J0135	HUMIRA		1/1/2025	Home infusion	Home infusion	GHI PPO CNY	CCUM	Deleted Code Effective 1/1/2025
J0136	Injection, acetaminophen (b braun) not therapeutically equivalent to j0131, 10 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0138	Injection, acetaminophen 10 mg and ibuprofen 3 mg (Combesic IV)	10/1/2024		Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0173	Injection, epinephrine (belcher) not therapeutically equivalent to J0171, 0.1 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J0174	Leqembi (Injection, lecanemab-irmb, 1 mg)	7/6/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 7/6/2023 replacing J3590
J0180	Fabrazyme			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0184	Injection, amisulpride, 1 mg	1/1/2024		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 1/01/2024
J0202	Lemtrada			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0217	Injection, velmanase alfa-tycv, 1 mg	1/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New Code effective 1/01/2024
J0218	Injection, olipudase alfa-rpcp, 1 mg	4/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 4/1/2023
J0220	ALL DRUGS: MYOZYME, DILUENT, SOLUTION, HEPARIN, SALINE, STERILE WATER, ETC.			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0221	Lumizyme			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0225	Injection, vutrisiran, 1 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J0256	ZEMAIRA			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0257	GLASSIA			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0278	Amikacin			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0283	Injection, amiodarone hydrochloride (nexterone), 30 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J0285	Amphotericin B			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0287	Abelcet			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0288	Injection, amphotericin B cholesteryl sulfate complex, 10 mg			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0289	AmBisome			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0290	Ampicillin Sodium			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0295	Unasyn			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0348	Eraxis			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0349	Injection, rezafungin, 1 mg	10/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 10/01/2023
J0364	APOKYN			Home infusion	Home infusion	GHI PPO CNY	CCUM	



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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0391	Injection, artesunate, 1 mg	1/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New Code effective 1/01/2024
J0456	Azithromycin			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0480	SIMULECT			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0485	Nulojix			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0490	Benlysta			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0584	CRYSVITA			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0596	RUCONEST			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0597	BERINERT			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0598	CINRYZE			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0599	HAEGARDA			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0620	Injection, calcium glycerophosphate and calcium lactate, per 10 mL			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0636	Calcitriol			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0637	Candidas			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0638	ILARIS			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0640	LEUCOVORIN			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0650	Synthroid, Levoxyl, Levotheroid (Injection, levothyroxine sodium, not otherwise specified, 10 mcg)	4/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New code effective 4/01/2024
J0651	Synthroid, Levoxyl, Levotheroid (Injection, levothyroxine sodium (fresenius kabi) not therapeutically equivalent to j0650, 10 mcg)	4/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New code effective 4/01/2024
J0652	Injection, levothyroxine sodium (hikma), not therapeutically equivalent to j0650, 10 mcg	4/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	Revised code description effective 7/01/2024 New code effective 4/01/2024

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0688	Injection, cefazolin sodium (hikma), not therapeutically equivalent to j0690, 500 mg	1/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New Code effective 1/01/2024
J0689	Injection, cefazolin sodium (baxter), not therapeutically equivalent to j0690, 500 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J0690	Cefazolin Sod			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0692	Cefepime			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0694	Cefoxitin			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0695	Zerbaxa			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0696	Ceftriaxone			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0697	Cefuroxime			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0698	Cefotaxime Sod			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0701	Injection, cefepime hydrochloride (baxter), not therapeutically equivalent to maxipime, 500 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J0703	Injection, cefepime hydrochloride (b braun), not therapeutically equivalent to maxipime, 500 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J0712	Teflaro			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0713	Ceftazidime			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0714	Avycaz			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0717	CIMZIA			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0743	Imipenem-Cilastatin			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0744	Ciprofloxacin			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0770	Colistimethate			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0780	Prochlorperazine			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0802	Injection, corticotropin (ani), up to 40 units	10/1/2023		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New Code effective 10/01/2023
J0850	CYTOGAM			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0873	Injection, daptomycin (xellia), not therapeutically equivalent to J0878 or J0872, 1 mg	1/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	Revised code description effective 7/01/2024 New Code effective 1/01/2024
J0874	Injection, daptomycin (baxter), not therapeutically equivalent to J0878, 1 mg	10/1/2023		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New Code effective 10/01/2023
J0877	Injection, daptomycin (hospira), not therapeutically equivalent to J0878, 1 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0878	Cubicin			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0881	ARANESP			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0885	PROCRIT			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0891	Injection, argatroban (accord), not therapeutically equivalent to j0883, 1 mg (for non-esrd use)	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J0892	Injection, argatroban (accord), not therapeutically equivalent to j0884, 1 mg (for esrd on dialysis)	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J0893	Injection, decitabine (sun pharma) not therapeutically equivalent to j0894, 1 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023



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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0895	Deferoxamine Mesylate			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J0898	Injection, argatroban (auromedics), not therapeutically equivalent to j0883, 1 mg (for non-esrd use)	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J0899	Injection, argatroban (auromedics), not therapeutically equivalent to j0884, 1 mg (for esrd on dialysis)	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J1010	Solumedrol, Depo Medrol (Injection, methylprednisolone acetate, 1 mg)	4/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New code effective 4/01/2024
J1100	Dexamethasone Sod			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1203	Pombiliti (Injection, cipaglicosidase alfa-atga, 5 mg)	4/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New code effective 4/01/2024

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1250	Dobutamine HCl			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1260	Injection, dolasetron mesylate, 10 mg			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1265	DOPamine HCl			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1267	Doribax			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1271	Injection, doxycycline hyclate, 1 mg (Soliris)	4/1/2025		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 4/01/2025
J1290	KALBITOR			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1300	Soliris		4/1/2025	Home infusion	Home infusion	GHI PPO CNY	CCUM	Deleted Code Effective 4/01/2025
J1301	Radicava			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1303	Ultomiris			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1307	Injection, crovalimab-akkz, 10 mg (PiaSky)	1/1/2025		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 1/1/2025
J1322	VIMIZIM			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1325	EPOPROSTENOL SODIUM			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1335	Invanz			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1364	Erythromycin Lact			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	1/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New Code effective 1/01/2024
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose (Beqvez)	1/1/2025		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 1/1/2025
J1428	Exondys 51			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1434	Emend (Injection, fosaprepitant (focinvez), 1 mg)	4/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New code effective 4/01/2024

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1438	ENBREL SURECLICK			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1439	Injectafer			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1442	NEUPOGEN			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1447	GRANIX			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1450	Fluconazole/NaCl			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1455	Foscarnet Sod			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1456	Injection, fosaprepitant (teva), not therapeutically equivalent to J1453, 1 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J1458	NAGLAZYME			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1459	PRIVIGEN 10%			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1460	GAMASTAN S/D, 2 ML Vial			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1551	Cutaquig (Injection, immune globulin (Cutaquig), 100 mg)	4/15/2025		Home infusion	Home infusion	GHI PPO CNY	CCUM	New PA requirement
J1552	Injection, immune globulin (alvyglo), 500 mg (Alvyglo)	1/1/2025		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 1/1/2025

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1555	CUVITRU			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1556	Bivigam			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1557	GAMMAPLEX			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1559	HIZENTRA			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1560	Gamastan (2CC)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1561	GAMUNEX-C			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1566	GAMMAGARD S-D			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1568	OCTAGAM 5 &10%			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1569	GAMMAGARD LIQUID			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1570	Cytovene-IV			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1572	Flebogamma			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1574	Injection, ganciclovir sodium (exela) not therapeutically equivalent to j1570, 500 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023



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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1575	HYQVIA			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1576	PANZYGA	7/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 7/1/2023
J1580	Gentamicin Sulf			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1599	PANZYGA			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1602	Simponi Aria			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1610	Glucagon			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1611	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J1628	TREMFYA			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1630	Haldol			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1643	Injection, heparin sodium (pfizer), not therapeutically equivalent to j1644, per 1000 units	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J1644	Heparin			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1650	Lovenox			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1720	Solu-Cortef			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1743	Elaprase			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1744	FIRAZYR			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1745	RENFLEXIS			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1746	TROGARZO			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1747	Injection, spesolimab-sbzo, 1 mg	4/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 4/1/2023

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CPT Codes for services requiring precertification that are managed by EMPIRE or other vendors as indicated above in Table 1 are excluded from this list.

CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1749	Injection, iloprost, 0.1 mcg (Aurlymyn)	10/1/2024		Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1750	Infed(Iron Dextran)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1756	Venofer			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1786	Cerezyme			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1815	Humulin R			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1840	Injection, kanamycin sulfate, up to 500 mg		4/1/2024	Home infusion	Home infusion	GHI PPO CNY	CCUM	Deleted code effective 4/01/2024

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1850	Injection, kanamycin sulfate, up to 75 mg (Code Price is per 75 mg)		4/1/2024	Home infusion	Home infusion	GHI PPO CNY	CCUM	Deleted code effective 4/01/2024
J1885	Ketorolac			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1930	SOMATULINE DEPOT			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1931	ALDURAZYME			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1940	Furosemide		4/1/2025	Home infusion	Home infusion	GHI PPO CNY	CCUM	Deleted Code Effective 4/01/2025
J1953	Levetiracetam			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1954	Injection, leuprolide acetate for depot suspension (cipl), 7.5 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	Code description updated 4/1/2023
J1955	Carnitor			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J1956	Levaquin			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2001	Lidocaine HCl		10/1/2024	Home infusion	Home infusion	GHI PPO CNY	CCUM	Deleted Code Effective 10/01/2024
J2020	Linezolid			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2021	Injection, linezolid (hospira) not therapeutically equivalent to j2020, 200 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J2060	Lorazepam			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2183	Meropenem (Injection, meropenem (wg critical care), not therapeutically equivalent to j2185, 100 mg)	7/1/2024		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 7/01/2024
J2184	Injection, meropenem (b. braun) not therapeutically equivalent to j2185, 100 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J2185	Meropenem			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2246	Micafungin (Injection, micafungin in sodium (baxter), not therapeutically equivalent to j2248, 1 mg)	7/1/2024		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 7/01/2024
J2247	Injection, micafungin sodium (par pharm) not thereapeutically equivalent to j2248, 1 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J2248	MYCAMINE			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2251	Injection, midazolam in 0.9% sodium chloride, intravenous, not therapeutically equivalent to j2250, 1 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	Revised Code Description effective 10/01/2024 New code effective 1/01/2023
J2260	Milrinone			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2265	Minocin			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2267	OmvoH (Injection, mirikizumab-mrkz, 1 mg)	7/1/2024		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 7/01/2024
J2270	Synercid			Home infusion	Home infusion	GHI PPO CNY	CCUM	



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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J2272	Injection, morphine sulfate (fresenius kabi) not therapeutically equivalent to j2270, up to 10 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J2280	Avelox			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2281	Injection, moxifloxacin (fresenius kabi) not therapeutically equivalent to j2280, 100 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J2311	Injection, naloxone hydrochloride (zimhi), 1 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J2323	TYSABRI			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J2329	Briumvi	7/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code- replacing J3590 (Briumvi) effective 7/1/2023
J2350	Ocrevus			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2354	SANDOSTATIN			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2373	Immphentiv (Injection, phenylephrine hydrochloride (immphentiv), 20 micrograms)	7/1/2024		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 7/01/2024
J2401	Injection, chloroprocaine hydrochloride, per 1 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J2402	Injection, chloroprocaine hydrochloride (clorotekal), per 1 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J2404	Injection, nicardipine, 0.1 mg	1/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New Code effective 1/01/2024
J2405	Ondansetron HCl			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2468	Aloxi (Injection, palonosetron hydrochloride (avyxa), not therapeutically equivalent to J2469, 25 micrograms)	7/1/2024		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 7/01/2024
J2469	Aloxi			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2470	Pantoprazole (Injection, pantoprazole sodium, 40 mg)	7/1/2024		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 7/01/2024
J2471	Pantoprazole (Injection, pantoprazole (hikma), not therapeutically equivalent to J2470, 40 mg)	7/1/2024		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 7/01/2024

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J2472	Injection, pantoprazole sodium in sodium chloride (baxter), 40 mg (Protonix)	1/1/2025		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 1/1/2025
J2507	Krystexxa			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	1/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New Code effective 1/01/2024
J2540	Penicillin G Potassium			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2543	Zosyn			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2545	Pentam			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J2550	Phenergan			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2562	MOZOBIL			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2597	DDAVP 10ML			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2700	Oxacillin Sodium			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2724	CEPROTIN			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2765	Metoclopramide			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J2780	Ranitidine		7/1/2024	Home infusion	Home infusion	GHI PPO CNY	CCUM	Deleted code effective 7/01/2024
J2786	CINQAIR			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2820	LEUKINE			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2840	KANUMA			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J2865	Injection, sulfamethoxazole 5 mg and trimethoprim 1 mg (Bactrim IV)	4/1/2025		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 4/01/2025
J2916	Ferrlecit			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J2919	Solumedrol, Depo Medrol (Injection, methylprednisolone sodium succinate, 5 mg)	4/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New code effective 4/01/2024
J2920	Methylprednisolone Sod		4/1/2024	Home infusion	Home infusion	GHI PPO CNY	CCUM	Deleted code effective 4/01/2024
J2997	Cathflo Activase			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3000	Streptomycin			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3060	ELELYSO			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3090	Sivextro			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J3095	Vibativ			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3110	FORTEO			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3230	Chlorpromazine			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3243	Tygacil			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3244	Injection, tigecycline (accord) not therapeutically equivalent to j3243, 1 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J3247	Cosentyx (Injection, secukinumab, intravenous, 1 mg)	7/1/2024		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 7/01/2024



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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J3260	Tobramycin			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3262	Actemra			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3263	Loqtorzi (Injection, toripalimab-tpzi, 1 mg)	7/1/2024		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 7/01/2024
J3285	REMODULIN			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3357	STELARA			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3358	Stelara			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J3364	Injection, urokinase, 5,000 IU vial			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3365	Injection, IV, urokinase, 250,000 IU vial			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3370	Vancomycin			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3371	Injection, vancomycin hcl (mylan) not therapeutically equivalent to j3370, 500 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J3372	Injection, vancomycin hcl (xellia) not therapeutically equivalent to j3370, 500 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J3380	Entyvio			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J3385	Vpriv			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3397	MEPSEVII			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3410	HydroXYzine HCl			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3411	Thiamine HCl			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3415	Pyridoxine HCl			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3420	Cyanocobalamin			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J3424	Cyanokit-B12a (Injection, hydroxocobalamin, intravenous, 25 mg)	4/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New code effective 4/01/2024
J3425	Injection, hydroxocobalamin, 10 mcg	1/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New Code effective 1/01/2024
J3465	Vfend			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3475	Manganese Sulfate			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3480	Potassium Acet			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3489	Reclast			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J3490	TEGSEDI			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3490	Copper (Cupric Chloride) Chloride Injection	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3490	Injection, amisulpride, 1 mg			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3590	Briumvi	2/9/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New PA requirement effective 2/9/23
J3590	Cosentyx IV	3/28/2024		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Drug/New PA requirement
J3590	Cimerli (Injection, ranibizumab-eqrn)	11/10/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J3590	Elevidys (Injection, delandisotrogene moxeparvocev-rokl)	10/3/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Drug/New PA requirement
J3590	Elfabrio (pegunigalsidase alfa-iwxj injection, for intravenous use)	7/28/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Drug/New PA requirement
J3590	Fylintra (Injection, pegfilgrastim-pbbk)	11/10/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3590	Lamzede	4/21/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Drug -PA requirement effective 4/21/2023
J3590	Leqembi (Injection, lecanemab-irmb, 1 mg)	3/30/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Drug - PA requirement effective 3/30/2023
J3590	MYALEPT			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J3590	Pombiliti (Injection, cipaglugosidase alfa-atga)	10/30/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Drug/New PA requirement
J3590	Roctavian (Injection, valoctocogene roxaparvovec-rvox)	10/13/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Drug/New PA requirement
J3590	Rystiggo (rozanolixizumab-noli injection, for subcutaneous use)	7/28/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Drug/New PA requirement
J3590	Spevigo (Injection, spesolimab-sbzo)	11/10/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
J3590	Xenpozyme (Injection, olipudase alfa)	11/10/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7060	Dextrose 50%			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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J7070	D5W-1/2NS w/20mEq KCl			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7131	Hypertonic saline solution, 1 ml			Home infusion	Home infusion	GHI PPO CNY	CCUM	replacement code for J7130
J7165	Kcentra (Injection, prothrombin complex concentrate, human-lans, per i.u. of factor ix activity)	4/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New code effective 4/01/2024
J7170	Hemlibra			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7171	Adzyna (Injection, adams13, recombinant-krhn, 10 iu)	7/1/2024		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 7/01/2024
J7175	Coagadex			Home infusion	Home infusion	GHI PPO CNY	CCUM	



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J7178	Riastap			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7179	VONVENDI			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7180	CORIFACT			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7181	TRETTEN			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7182	NOVOEIGHT			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7183	WILATE			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J7185	Xyntha			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7186	Alphanate			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7187	HUMATE-P			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7188	Injection, factor VIII (antihemophilic factor, recombinant), (Obizur), per i.u.			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7189	NOVOSEVEN RT			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7190	Koate			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J7192	RECOMBINATE			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7193	MONONINE			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7194	PROFILNINE			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7195	BeneFIX			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7196	Injection antithrombin recombinant, 50 I.U.			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7197	Thrombate			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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J7198	FEIBA			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7199	ALTUVIII	4/21/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Drug -PA requirement effective 4/21/2023
J7200	RIXUBIS			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7201	ALPROLIX			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7202	IDELVION			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7203	REBINYN			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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J7205	ELOCTATE			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7207	ADYNOVATE			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7208	JIVI			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7209	NUWIQ			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7210	AFSTYLA			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7211	KOVALTRY			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J7213	Ixinity	7/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 7/1/2023
J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.	10/1/2023		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New Code effective 10/01/2023
J7340	DUOPA			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J7514	Mycophenolate mofetil (myhibbin), oral suspension, 100 mg (Cellcept)	1/1/2025		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 1/1/2025
J7519	Injection, mycophenolate mofetil, 10 mg	10/1/2023		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New Code effective 10/01/2023
J7686	TYVASO			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J7999	Vyalev (NOC drugs, other than inhalation drugs, administered through DME)	2/6/2025		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Drug - PA requirement effective 32/06/2025
J9039	Blincyto			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J9046	Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J9049	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J9052	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg	1/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New Code effective 1/01/2024

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J9076	Injection, cyclophosphamide (baxter), 5 mg (Cyclophosphamide - Baxter)	1/1/2025		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 1/1/2025
J9255	Injection, methotrexate (accord) not therapeutically equivalent to J9250 and J9260, 50 mg	1/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New Code effective 1/01/2024
J9271	Injection, pembrolizumab, 1 mg (Keytruda)	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	
J9312	Rituxan			Home infusion	Home infusion	GHI PPO CNY	CCUM	
J9314	Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J9333	Injection, rozanolixizumab-noli, 1 mg	1/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New Code effective 1/01/2024



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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J9376	Veopoz (Injection, pozelimab-bbfg, 1 mg)	4/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New code effective 4/01/2024
J9381	Tzield	7/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code - (Tzield) effective 7/1/2023
J9393	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
J9999	Talvey (Injection, talquetamab-tgvs)	10/3/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Drug/New PA requirement
J9999	Loqtorzi (toripalimab-tpzi) injection, for intravenous use	2/8/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New Drug/New PA requirement

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
M0244	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
M0246	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	12/1/2022		Homecare	Homecare: Home Health (HH)	GHI PPO CNY	N/A	
P9047	Flexbumin 25%			Home infusion	Home infusion	GHI PPO CNY	CCUM	
Q4074	VENTAVIS			Home infusion	Home infusion	GHI PPO CNY	CCUM	
Q5001	Hospice or home health care provided in patient's home/residence. See Medicare Learning Network (MLN) Matters® article, MM8136	12/1/2022	1/1/2024	Homecare	Homecare	GHI PPO CNY	N/A	PA requirement removed
Q5002	Hospice or home health care provided in assisted living facility. See Medicare Learning Network (MLN) Matters® article, MM8136	12/1/2022	1/1/2024	Homecare	Homecare	GHI PPO CNY	N/A	PA requirement removed

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
Q5009	Hospice or home health care provided in place not otherwise specified (NO). See Medicare Learning Network (MLN) Matters® article, MM8136	12/1/2022		Homecare	Homecare	GHI PPO CNY	N/A	
Q5101	ZARXIO			Home infusion	Home infusion	GHI PPO CNY	CCUM	
Q5103	INFLECTRA			Home infusion	Home infusion	GHI PPO CNY	CCUM	
Q5104	RENFLEXIS			Home infusion	Home infusion	GHI PPO CNY	CCUM	
Q5105	RETACRIT			Home infusion	Home infusion	GHI PPO CNY	CCUM	
Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg			Home infusion	Home infusion	GHI PPO CNY	CCUM	Code description updated 4/1/2023

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
Q5111	Injection, pegfilgrastim-cbqv (udenycra), biosimilar, 0.5 mg			Home infusion	Home infusion	GHI PPO CNY	CCUM	Code description updated 4/1/2024
Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	1/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 1/01/2023
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	4/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 4/1/2023
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	4/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 4/1/2023
Q5130	Injection, pegfilgrastim-pbbk (flynetra), biosimilar, 0.5 mg	4/1/2023		Home infusion	Home infusion	GHI PPO CNY	CCUM	New code effective 4/1/2023
Q5132	Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg	1/1/2024	1/1/2025	Home infusion	Home Infusion	GHI PPO CNY	CCUM	Deleted Code Effective 1/1/2025 New Code effective 1/01/2024

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
Q5133	Tofidence (Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg)	4/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New code effective 4/01/2024
Q5134	Tyruko (Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg)	4/1/2024		Home infusion	Home Infusion	GHI PPO CNY	CCUM	New code effective 4/01/2024
Q5139	Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg (Soliris)	1/1/2025	4/1/2025	Home infusion	Home infusion	GHI PPO CNY	CCUM	Deleted Code effective 4/01/2025 New Code effective 1/1/2025
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg (Herceptin)	1/1/2025		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 1/1/2025
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg (Pyzchiva)	1/1/2025		Home infusion	Home infusion	GHI PPO CNY	CCUM	New Code effective 1/1/2025
S0032	Nafcillin Sodium		4/1/2025	Home infusion	Home infusion	GHI PPO CNY	CCUM	Deleted Code Effective 4/01/2025

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S0039	Sulfa-Trime		4/1/2025	Home infusion	Home infusion	GHI PPO CNY	CCUM	Deleted Code Effective 4/01/2025
S0074	Cefotetan			Home infusion	Home infusion	GHI PPO CNY	CCUM	
S0155	EPOPROSTENOL SODIUM DILUENT			Home infusion	Home infusion	GHI PPO CNY	CCUM	
S0164	Protonix		7/1/2024	Home infusion	Home infusion	GHI PPO CNY	CCUM	Deleted code effective 7/01/2024
S0171	Bumetanide			Home infusion	Home infusion	GHI PPO CNY	CCUM	
S5108	Home care training to home care client, per 15 minutes	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S5109	Home care training to home care client, per session	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
S5110	Home care training, family; per 15 minutes	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
S5111	Home care training, family; per session	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
S5115	Home care training, nonfamily; per 15 minutes	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
S5116	Home care training, nonfamily; per session	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
S5180	Home health respiratory therapy, initial evaluation	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S5181	Home health respiratory therapy, NOS, per diem	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
S5497	Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem Drugs and nursing visits coded separately.	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S5498	Catheter Care- Single Lumen	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S5501	Catheter Care-More Than One	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S5502	Catheter Care-Implanted Port	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting.			Home infusion	Home infusion	GHI PPO CNY	CCUM	



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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S5518	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR CATHETER REPAIR	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S5520	PICC Line Supplies	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S5521	Midline Supplies	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S5522	PICC Line Placement	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S5523	Midline Placement	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9001	Home uterine monitor with or without associated nursing services			Homecare	Homecare	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S9061	Tyvaso			Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9097	Home visit for wound care	12/1/2022		Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
S9098	Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem	12/1/2022		Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour			Homecare	Homecare: Home Health (HH) Aide	GHI PPO CNY	N/A	
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500- 99602 can be used)			Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
S9124	Nursing care, in the home; by licensed practical nurse, per hour			Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S9127	Social work visit, in the home, per diem			Homecare	Homecare	GHI PPO CNY	N/A	
S9128	Speech therapy, in the home, per diem			Homecare	Homecare: ST	GHI PPO CNY	N/A	
S9129	Occupational therapy, in the home, per diem			Homecare	Homecare:OT	GHI PPO CNY	N/A	
S9131	Physical therapy; in the home, per diem			Homecare	Homecare: PT	GHI PPO CNY	N/A	
S9140	Home management of non-insulin dependent gestational diabetes includes administrative services, data collection and evaluation, care coordination (glucometer and supplies to be obtained through payer's pharmacy; nursing visits coded separately) 14-day case rate			Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9145	Insulin pump initiation, instruction in initial use of pump (pump not included)			Homecare	Homecare	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S9152	Speech therapy, re-evaluation			Homecare	Homecare: ST	GHI PPO CNY	N/A	
S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)			Home infusion	Home Infusion	GHI PPO CNY	CCUM	
S9209	Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	12/1/2022		Home infusion	Home Infusion	GHI PPO CNY	CCUM	
S9211	Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)			Home infusion	Home Infusion	GHI PPO CNY	CCUM	
S9212	Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)			Home infusion	Home Infusion	GHI PPO CNY	CCUM	
S9213	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code)			Home infusion	Home Infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S9214	Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9325	HIT-Pain Management Infusion, NOC	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9326	HIT-Continuous Pain Management Infusion	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9327	HIT-Intermittent Pain Management Infusion	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9328	HIT-Implanted Pump Pain Management Infusion	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S9330	Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9331	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem			Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9340	Enteral Nutrition	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9345	Home infusion therapy, antihemophilic agent infusion therapy (e.g., Factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9347	Epoprostenol Sodium Therapy	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9348	Inotropic Therapy	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9351	Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9359	Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	



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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S9361	Home Infusion Therapy, Diuretic Intravenous Therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment per diem.	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9363	Home Infusion Therapy, Anti-Spasmotic Intravenous Therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment per diem.	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9364	HIT-TPN, NOC	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9365	TPN one liter per day	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9366	TPN two liters per day	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9367	TPN three liters per day	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S9368	TPN > three liters per day	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9370	HIT-Intermittent Anti-emetic Injection			Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9372	HIT-Intermittent Anti-coagulation Injection (e.g. Heparin)			Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales)	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9374	Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9375	Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S9376	Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9377	Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9430	Clinical Management Consultation / Visit			Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9470	Registered Dietician		9/1/2024	Home infusion	Home infusion	GHI PPO CNY	CCUM	Preauthorization requirement removed effective 9/01/2024
S9474	Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem	8/1/2025		Homecare	Homecare	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9494	HIT-Antibiotic Antiviral or Antifungal, NOC (Only use when frequency is not represented by codes S9497-S9504	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9497	HIT-Antibiotic Antiviral or Antifungal-every 3 hours	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9501	HIT-Antibiotic Antiviral or Antifungal-every 12 hours	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9502	HIT-Antibiotic Antiviral or Antifungal-every 8 hours	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S9503	HIT-Antibiotic Antiviral or Antifungal-every 6 hours	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9504	HIT-Antibiotic Antiviral or Antifungal-every 4 hours	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9537	Home Therapy Hematopoietic Hormone Injection Therapy (e.g. Erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment per diem.			Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment per diem			Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem			Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9558	Home Injectable Therapy, Growth Hormone; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately) per diem			Home infusion	Home infusion	GHI PPO CNY	CCUM	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S9559	Home Injectable Therapy, Interferon, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately) per diem.			Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9560	Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem			Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9562	Home injectable therapy, palivizumab or other monoclonal antibody for rsv, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem peHome injectable therapy, palivizumab or other monoclonal antibody for rsv, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem			Home infusion	Home infusion	GHI PPO CNY	CCUM	Code description updated 4/1/2023
S9590	Home Injectable Therapy, Irrigation Therapy (e.g. sterile irrigation of an organ or Anatomical Cavity); administrative services, professional pharmacy services, care coordination, and all necessary supplies and (drugs and nursing visits coded separately) per diem.			Home infusion	Home infusion	GHI PPO CNY	CCUM	
S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)			Homecare	Homecare	GHI PPO CNY	N/A	
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	12/1/2022		Homecare	Homecare: Private Duty Nursing	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
T1001	Nursing assessment/evaluation	12/1/2022		Homecare	Homecare: Private Duty Nursing	GHI PPO CNY	N/A	
T1002	RN services, up to 15 minutes	12/1/2022		Homecare	Homecare: Private Duty Nursing	GHI PPO CNY	N/A	
T1003	LPN/LVN services, up to 15 minutes	12/1/2022		Homecare	Homecare: Private Duty Nursing	GHI PPO CNY	N/A	
T1004	Services of a qualified nursing aide, up to 15 minutes	12/1/2022		Homecare	Homecare: Private Duty Nursing	GHI PPO CNY	N/A	
T1021	Home health aide or certified nurse assistant, per visit	12/1/2022		Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
T1022	Contracted home health agency services, all services provided under contract, per day	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
T1030	Nursing care, in the home, by registered nurse, per diem	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
T1031	Nursing care, in the home, by licensed practical nurse, per diem	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit			Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	