



PREAUTHORIZATION REQUIREMENTS LIST EFFECTIVE 01/01/2021

- Preauthorization is required by BCBSMT for certain services to determine in advance the Medical Necessity or Experiment Investigational and/or Unproven nature of certain care and services based on MCG Criteria, Medical Policy and Member benefits. The list below describes the services that require preauthorization.
- Predetermination is a process used to submit requests for review of coverage decisions in accordance with medical policy and member contracts for a service (i.e., procedure, supply, drug or device) used to diagnose or treat an illness or condition. A predetermination is recommended if a provider is uncertain if the service meets medical policy criteria. Contact Provider Customer Service to determine if a service not on this list is subject to medical necessity review.
- Not all requirements apply to each product in these networks (Blue Preferred PPOSM, Blue OptionsSM, Blue Focus POSSM, Managed CareSM or TraditionalSM). It is imperative that providers check eligibility and benefits and verify preauthorization requirements through Availity®.

Medical/Surgical Services Requiring Preauthorization

Service	Service Description
Elective or Emergency Inpatient	Admission to a licensed Acute Care Facility, Skilled Nursing Facility, Long Term Care Facility inpatient Admissions.
Dialysis Treatment (Out-of-network services only)	Dialysis Treatment provided by an Out-of-network provider.
Home Health, Hospice Care	Skilled home health care provided by a licensed home health or hospice agency.
Home Infusion	Outpatient infusion therapy provided by a licensed home infusion agency.
Elective surgery at a Hospital or Ambulatory Surgical Facility (Out-of-Network services only)	Outpatient elective surgery performed at an out of network hospital or ambulatory surgery facility. Specific service requiring preauthorization are listed in the table below.
Other Procedures Requiring Prior Authorization	Specific service requiring preauthorization are listed in the table below.
Specialty Pharmacy	Refer to 2021 Specialty Drugs Preauthorization List for Infusion Site of Care on Claims and Eligibility, Predetermination and Preauthorization section on bcsmt.com/provider.

MEDICAL SURGICAL SERVICES

2021 Commercial Outpatient Benefit Preauthorization Procedure Code List

This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) codes related to services/categories for which benefit preauthorization may be required as of 01/01/2021 for commercial, fully insured, standard plans/networks,

This is not an exhaustive listing of all codes. Codes may change, and this list may be updated throughout the year. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Consult the member benefit booklet or contact a customer service representative to determine coverage for a specific medical service or supply. Benefit preauthorization for some services/categories must be obtained through Blue Cross and Blue Shield of Montana (BCBSMT). Benefit preauthorization for other services/categories must be obtained through a utilization management vendor.

It is imperative that providers check eligibility and benefits for each patient prior to rendering services to confirm benefits, benefit preauthorization/pre-notification requirements and utilization management vendors that must be used, if applicable. Providers may submit online eligibility and benefits inquiries (electronic 270 transactions) via the Availity® Provider Portal or other preferred web vendor portal. Services performed without benefit preauthorization, if required, may be denied for payment and providers may not seek reimbursement from BCBSMT members. Obtaining benefit preauthorization/pre-notification is not a substitute for confirming eligibility and benefits.

PRESS "CTRL" AND "F" KEYS AT THE SAME TIME TO BRING UP THE SEARCH BOX. ENTER A PROCEDURE CODE OR DESCRIPTION OF THE SERVICE.

Service Category	Procedure Code	Code Description	Medical Policy No/ Guideline	Medical Policy Title
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	70336	Magnetic Image Jaw Joint	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	70450	Ct Head/Brain W/O Dye	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	70460	Ct Head/Brain W/Dye	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	70470	Ct Head/Brain W/O & W/Dye	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	70480	Ct Orbit/Ear/Fossa W/O Dye	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	70481	Ct Orbit/Ear/Fossa W/Dye	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	70482	Ct Orbit/Ear/Fossa W/O&W/Dye	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	70486	Ct Maxillofacial W/O Dye	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	70487	Ct Maxillofacial W/Dye	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	70488	Ct Maxillofacial W/O & W/Dye	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com

Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78216	Liver & Spleen Image/Flow	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78226	Hepatobiliary System Imaging	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78227	Hepatobil Syst Image W/Drug	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78230	Salivary Gland Imaging	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78231	Serial Salivary Imaging	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78232	Salivary Gland Function Exam	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78258	Esophageal Motility Study	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78261	Gastric Mucosa Imaging	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78262	Gastroesophageal Reflux Exam	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78264	Gastric Emptying Imag Study	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78265	Gastric Emptying Imag Study	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78266	Gastric Emptying Imag Study	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78278	Acute GI Blood Loss Imaging	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78290	Meckels Divert Exam	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78291	Leveen/Shunt Patency Exam	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78300	Bone Imaging Limited Area	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78305	Bone Imaging Multiple Areas	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78306	Bone Imaging Whole Body	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78315	Bone Imaging 3 Phase	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78445	Vascular Flow Imaging	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78456	Acute Venous Thrombus Image	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78457	Venous Thrombosis Imaging	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78458	Ven Thrombosis Images Bilat	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78579	Lung Ventilation Imaging	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78580	Lung Perfusion Imaging	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78582	Lung Ventilat&Perfus Imaging	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com

Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78597	Lung Perfusion Differential	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78598	Lung Perf&Ventilat Diferenti	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78600	Brain Image < 4 Views	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78601	Brain Image W/Flow < 4 Views	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78605	Brain Image 4+ Views	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78606	Brain Image W/Flow 4 + Views	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78608	Brain Imaging (Pet)	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78609	Brain Imaging (Pet)	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78610	Brain Flow Imaging Only	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78630	Cerebrospinal Fluid Scan	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78635	Csf Ventriculography	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78645	Csf Shunt Evaluation	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78650	Csf Leakage Imaging	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78660	Nuclear Exam Of Tear Flow	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78700	Kidney Imaging Morphol	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78701	Kidney Imaging With Flow	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78707	K Flow/Funct Image W/O Drug	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78708	K Flow/Funct Image W/Drug	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78709	K Flow/Funct Image Multiple	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78725	Kidney Function Study	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78730	Urinary Bladder Retention	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78740	Ureteral Reflux Study	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78761	Testicular Imaging W/Flow	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78800	Rp Loclczj Tum 1 Area 1 D Img	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78801	Rp Loclczj Tum 2+Area 1+D Img	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	78802	Rp Loclczj Tum Whbdy 1 D Img	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com

Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	C8919	Magnetic Resonance Angiography Without Contrast Pelvis	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	C8920	Magnetic Resonance Angiography Without Contrast Followed By With Contrast Pelvis	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	C8931	Magnetic Resonance Angiography With Contrast Spinal Canal And Contents	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	C8932	Magnetic Resonance Angiography Without Contrast Spinal Canal And Contents	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	C8933	Magnetic Resonance Angiography Without Contrast Followed By With Contrast Spinal Canal And Contents	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	C8934	Magnetic Resonance Angiography With Contrast Upper Extremity	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	C8935	Magnetic Resonance Angiography Without Contrast Upper Extremity	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	C8936	Magnetic Resonance Angiography Without Contrast Followed By With Contrast Upper Extremity	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	G0219	Pet Imaging Whole Body; Melanoma For Non-Covered Indications	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	G0235	Pet Imaging Any Site Not Otherwise Specified	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	G0252	Pet Imaging Full And Partial-Ring Pet Scanners Only For Initial Diagnosis Of Breast Cancer And/Or Surgical Planning For Breast Cancer (E. G. Initial Staging Of Axillary Lymph Nodes)	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	G0297	Low Dose Ct Scan (Ldct) For Lung Cancer Screening	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	S8037	Magnetic Resonance Cholangiopancreatography (Mrcp)	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	S8042	Magnetic Resonance Imaging (Mri) Low-Field	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	S8085	Fluorine-18 Fluorodeoxyglucose (F-18 Fdg) Imaging Using Dual-Head Coincidence Detection System (Non-Dedicated Pet Scan)	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Advanced Imaging- Advanced Imaging Services: MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes Cardiac Advanced Imaging)	S8092	Electron Beam Computed Tomography (Also Known As Ultrafast Ct Cine Ct)	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Air Ambulance (fixed wing & rotary) for non-emergent medical transportation	A0430	Ambulance Service Conventional Air Services Transport One Way (Fixed Wing)	ADM1001.005	Ambulance and Medical Transport Services
Air Ambulance (fixed wing & rotary) for non-emergent medical transportation	A0431	Ambulance Service Conventional Air Services Transport One Way (Rotary Wing)	ADM1001.005	Ambulance and Medical Transport Services
Air Ambulance (fixed wing & rotary) for non-emergent medical transportation	A0435	Fixed Wing Air Mileage Per Statute Mile	ADM1001.005	Ambulance and Medical Transport Services
Air Ambulance (fixed wing & rotary) for non-emergent medical transportation	A0436	Rotary Wing Air Mileage Per Statute Mile	ADM1001.005	Ambulance and Medical Transport Services
Home Health, Hospice Care	99500	Home Visit Prenatal	MCG OB401.017	Clinical Guidelines Home Uterine Activity Monitoring
Home Health, Hospice Care	99501	Home Visit Postnatal	MCG	Clinical Guidelines
Home Health, Hospice Care	99502	Home Visit Nb Care	MCG	Clinical Guidelines
Home Health, Hospice Care	99503	Home Visit Resp Therapy	MCG	Clinical Guidelines
Home Health, Hospice Care	99504	Hhome Visit Mech Ventilator	MCG	Clinical Guidelines
Home Health, Hospice Care	99505	Home Visit Stoma Care	MCG	Clinical Guidelines
Home Health, Hospice Care	99506	Home Visit Im Injection	MCG RX501.062	Clinical Guidelines Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies
Home Health, Hospice Care	99507	Home Visit Cath Maintain	MCG	Clinical Guidelines
Home Health, Hospice Care	99509	Home Visit Day Life Activity	MCG ADM1001.014	Clinical Guidelines Custodial Care
Home Health, Hospice Care	99511	Home Visit Fecal/Enema Mgmt	MCG	Clinical Guidelines
Home Health, Hospice Care	99600	Home Visit Nos	MCG	Clinical Guidelines
Home Health, Hospice Care	G0151	Services Performed By A Qualified Physical Therapist In The Home Health Or Hospice Setting Each 15 Minutes	MCG PSY301.014 THE803.010	Guidelines Autism Spectrum Disorders (ASD) Physical Therapy (PT) and Occupational Therapy (OT) Services
Home Health, Hospice Care	G0152	Services Performed By A Qualified Occupational Therapist In The Home Health Or Hospice Setting Each 15 Minutes	MCG PSY301.014 THE803.010	Clinical Guidelines Autism Spectrum Disorders (ASD) Physical Therapy (PT) and Occupational Therapy (OT) Services
Home Health, Hospice Care	G0153	Services Performed By A Qualified Speech-Language Pathologist In The Home Health Or Hospice Setting Each 15 Minutes	MCG PSY301.014 THE803.014	Clinical Guidelines PSY301.014 THE803.014
Home Health, Hospice Care	G0155	Services Of Clinical Social Worker In Home Health Or Hospice Settings, Each 15 Minutes	MCG	Clinical Guidelines
Home Health, Hospice Care	G0156	Services Of Home Health/Hospice Aide In Home Health Or Hospice Settings, Each 15 Minutes	MCG	Clinical Guidelines
Home Health, Hospice Care	G0157	Services Performed By A Qualified Physical Therapist Assistant In The Home Health Or Hospice Setting Each 15 Minutes	MCG PSY301.014 THE803.010	Guidelines Autism Spectrum Disorders (ASD) Physical Therapy (PT) and Occupational Therapy (OT) Services

Home Health, Hospice Care	G0158	Services Performed By A Qualified Occupational Therapist Assistant In The Home Health Or Hospice Setting Each 15 Minutes	MCG PSY301.014 THE803.010	Clinical Guidelines Autism Spectrum Disorders (ASD) Physical Therapy (PT) and Occupational Therapy (OT) Services
Home Health, Hospice Care	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	MCG PSY301.014 THE803.010	Guidelines Autism Spectrum Disorders (ASD) Physical Therapy (PT) and Occupational Therapy (OT) Services
Home Health, Hospice Care	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	MCG PSY301.014 THE803.010	Clinical Guidelines Autism Spectrum Disorders (ASD) Physical Therapy (PT) and Occupational Therapy (OT) Services
Home Health, Hospice Care	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	MCG PSY301.014 THE803.014	Clinical Guidelines Autism Spectrum Disorders (ASD) Speech-Language Therapy (SLT)
Home Health, Hospice Care	G0162	Skilled Services By A Registered Nurse (Rn) In The Delivery Of Management & Evaluation Of The Plan Of Care; Each 15 Minutes (The Patient'S Underlying Condition Or Complication Requires An Rn To Ensure That Essential Non-Skilled Care Achieve Its Purpose In The Home Health Or Hospice Setting)	MCG	Clinical Guidelines
Home Health, Hospice Care	G0299	Direct Skilled Nursing Services Of A Registered Nurse (Rn) In The Home Health Or Hospice Setting Each 15 Minutes	MCG	Clinical Guidelines
Home Health, Hospice Care	G0300	Direct Skilled Nursing Services Of A License Practical Nurse (Lpn) In The Home Health Or Hospice Setting Each 15 Minutes	MCG	Clinical Guidelines
Home Health, Hospice Care	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).	MCG	Clinical Guidelines
Home Health, Hospice Care	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)	MCG	Clinical Guidelines
Home Health, Hospice Care	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)	MCG	Clinical Guidelines
Home Health, Hospice Care	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	MCG	Clinical Guidelines
Home Health, Hospice Care	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	MCG	Clinical Guidelines
Home Health, Hospice Care	G9473	Services Performed By Chaplain In The Hospice Setting Each 15 Minutes	MCG	Clinical Guidelines
Home Health, Hospice Care	G9474	Services Performed By Dietary Counselor In The Hospice Setting Each 15 Minutes	MCG	Clinical Guidelines
Home Health, Hospice Care	G9475	Services Performed By Other Counselor In The Hospice Setting Each 15 Minutes	MCG	Clinical Guidelines
Home Health, Hospice Care	G9478	Services Performed By Other Qualified Therapist In The Hospice Setting Each 15 Minutes	MCG	Clinical Guidelines
Home Health, Hospice Care	Q5001	Hospice Or Home Health Care Provided In Patient'S Home/Residence	MCG	Clinical Guidelines
Home Health, Hospice Care	Q5002	Hospice Or Home Health Care Provided In Assisted Living Facility	MCG	Clinical Guidelines
Home Health, Hospice Care	Q5003	Hospice Care Provided In Nursing Long Term Care Facility (Ltc) Or Non-Skilled Nursing Facility (Nf)	MCG	Clinical Guidelines
Home Health, Hospice Care	Q5004	Hospice Care Provided In Skilled Nursing Facility (Snf)	MCG	Clinical Guidelines
Home Health, Hospice Care	Q5005	Hospice Care Provided In Inpatient Hospital	MCG	Clinical Guidelines
Home Health, Hospice Care	Q5006	Hospice Care Provided In Inpatient Hospice Facility	MCG	Clinical Guidelines
Home Health, Hospice Care	Q5007	Hospice Care Provided In Long Term Care Facility	MCG	Clinical Guidelines
Home Health, Hospice Care	Q5008	Hospice Care Provided In Inpatient Psychiatric Facility	MCG	Clinical Guidelines
Home Health, Hospice Care	Q5009	Hospice Or Home Health Care Provided In Place Not Otherwise Specified (Nos)	MCG	Clinical Guidelines
Home Health, Hospice Care	Q5010	Hospice Home Care Provided In A Hospice Facility	MCG	Clinical Guidelines
Home Health, Hospice Care	S5108	Home Care Training To Home Care Client, Per 15 Minutes	MCG PSY301.021	Clinical Guidelines Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis
Home Health, Hospice Care	S5109	Home Care Training To Home Care Client, Per Session	MCG	Clinical Guidelines
Home Health, Hospice Care	S5110	Home Care Training, Family; Per 15 Minutes	MCG PSY301.021	Clinical Guidelines Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis
Home Health, Hospice Care	S5111	Home Care Training, Family; Per Session	MCG PSY301.021	Clinical Guidelines Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis
Home Health, Hospice Care	S5115	Home Care Training, Non-Family; Per 15 Minutes	MCG	Clinical Guidelines
Home Health, Hospice Care	S5116	Home Care Training, Non-Family; Per Session	MCG	Clinical Guidelines
Home Health, Hospice Care	S5125	Attendant Care Services; Per 15 Minutes	MCG	Clinical Guidelines
Home Health, Hospice Care	S5126	Attendant Care Services; Per Diem	MCG	Clinical Guidelines
Home Health, Hospice Care	S5180	Home Health Respiratory Therapy, Initial Evaluation	MCG	Clinical Guidelines

Home Health, Hospice Care	S5181	Home Health Respiratory Therapy, Nos, Per Diem	MCG	Clinical Guidelines
Home Health, Hospice Care	S9097	Home Visit Wound Care	MCG	Clinical Guidelines
Home Health, Hospice Care	S9098	Home Visit Phototherapy Services (E. G. Bili-Lite) Including Equipment Rental Nursing Services Blood Draw Supplies And Other Services Per Diem	MCG	Clinical Guidelines
Home Health, Hospice Care	S9122	Home Health Aide Or Certified Nurse Assistant, Providing Care In The Home; Per Hour	MCG	Clinical Guidelines
Home Health, Hospice Care	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)	MCG RX501.062	Clinical Guidelines Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies
Home Health, Hospice Care	S9124	Nursing Care In The Home; By Licensed Practical Nurse Per Hour	MCG RX501.062	Clinical Guidelines Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies
Home Health, Hospice Care	S9126	Hospice Care, In The Home, Per Diem	MCG	Clinical Guidelines
Home Health, Hospice Care	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)	MCG RX501.062	Clinical Guidelines Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies
Home Health, Hospice Care	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)	MCG	Clinical Guidelines
Home Health, Hospice Care	T1004	Services Of A Qualified Nursing Aide, Up To 15 Minutes	MCG	Clinical Guidelines
Home Health, Hospice Care	T1502	Administration Of Oral, Intramuscular And/Or Subcutaneous Medication By Health Care Agency/Professional, Per Visit	MCG	Clinical Guidelines
Home Health, Hospice Care	T1503	Administration Of Medication, Other Than Oral And/Or Injectable, By A Health Care Agency/Professional, Per Visit	MCG	Clinical Guidelines
Home Hemodialysis	99512	Home Visit For Hemodialysis	THE802.002	Daily Hemodialysis and Hemodialysis in the Home Setting
Home Hemodialysis	S9335	Home Therapy Hemodialysis; Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Services Coded Separately) Per Diem	THE802.002	Daily Hemodialysis and Hemodialysis in the Home Setting
Home Infusion Therapy (HIT)	99601	Home Infusion/Visit 2 Hrs	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	99602	Home Infusion Each Adttl Hr	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	B4034	Enteral Feeding Supply Kit; Syringe Fed Per Day Includes But Not Limited To Feeding/Flushing Syringe Administration Set Tubing Dressings Tape	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4035	Enteral Feeding Supply Kit; Pump Fed Per Day Includes But Not Limited To Feeding/Flushing Syringe Administration Set Tubing Dressings Tape	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4036	Enteral Feeding Supply Kit; Gravity Fed Per Day Includes But Not Limited To Feeding/Flushing Syringe Administration Set Tubing Dressings Tape	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4102	Enteral Formula For Adults Used To Replace Fluids And Electrolytes (E.G. Clear Liquids) 500 Ml = 1 Unit	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4103	Enteral Formula For Pediatrics Used To Replace Fluids And Electrolytes (E.G. Clear Liquids) 500 Ml = 1 Unit	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4104	Additive For Enteral Formula (E.G. Fiber)	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4149	Enteral Formula Manufactured Blenderized Natural Foods With Intact Nutrients Includes Proteins Fats Carbohydrates Vitamins And Minerals May Include Fiber Administered Through An Enteral Feeding Tube 100 Calories = 1 Unit	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	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	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4152	Enteral Formula Nutritionally Complete Calorically Dense (Equal To Or Greater Than 1.5 Kcal/Ml) With Intact Nutrients Includes Proteins Fats Carbohydrates Vitamins And Minerals May Include Fiber Administered Through An Enteral Feeding Tube 100 Calories = 1 Unit	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	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	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4154	Enteral Formula Nutritionally Complete For Special Metabolic Needs Excludes Inherited Disease Of Metabolism Includes Altered Composition Of Proteins Fats Carbohydrates Vitamins And/Or Minerals May Include Fiber Administered Through An Enteral Feeding Tube 100 Calories = 1 Unit	MCG MED201.011	Clinical Guidelines Nutritional Support

Home Infusion Therapy (HIT)	B4155	Enteral Formula Nutritionally Incomplete/Modular Nutrients Includes Specific Nutrients Carbohydrates (E. G. Glucose Polymers) Proteins/Amino Acids (E. G. Glutamine Arginine) Fat (E. G. Medium Chain Triglycerides) Or Combination Administered Through An Enteral Feeding Tube 100 Calories = 1 Unit	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	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 Calories = 1 Unit	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	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 Calories = 1 Unit	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4160	Enteral Formula For Pediatrics Nutritionally Complete Calorically Dense (Equal To Or Greater Than 0.7 Kcal/ML) With Intact Nutrients Includes Proteins Fats Carbohydrates Vitamins And Minerals May Include Fiber Administered Through An Enteral Feeding Tube 100 Calories = 1 Unit	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	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	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4164	Parenteral Nutrition Solution: Carbohydrates (Dextrose) 50% Or Less (500 ML = 1 Unit) - Homemix	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4168	Parenteral Nutrition Solution; Amino Acid 3. 5% (500 ML = 1 Unit) - Homemix	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4172	Parenteral Nutrition Solution; Amino Acid 5. 5% Through 7% (500 ML = 1 Unit) - Homemix	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4176	Parenteral Nutrition Solution; Amino Acid 7% Through 8. 5% (500 ML = 1 Unit) - Homemix	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4178	Parenteral Nutrition Solution: Amino Acid Greater Than 8. 5% (500 ML = 1 Unit) - Homemix	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4180	Parenteral Nutrition Solution; Carbohydrates (Dextrose) Greater Than 50% (500 ML=1 Unit) - Homemix	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4185	Parenteral Nutrition Solution Not Otherwise Specified 10 Grams Lipids	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4189	Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates With Electrolytes Trace Elements And Vitamins Including Preparation Any Strength 10 To 51 Grams Of Protein - Premix	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4193	Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates With Electrolytes Trace Elements And Vitamins Including Preparation Any Strength 52 To 73 Grams Of Protein - Premix	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4197	Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates With Electrolytes Trace Elements And Vitamins Including Preparation Any Strength 74 To 100 Grams Of Protein - Premix	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4199	Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates With Electrolytes Trace Elements And Vitamins Including Preparation Any Strength Over 100 Grams Of Protein - Premix	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4216	Parenteral Nutrition; Additives (Vitamins Trace Elements Heparin Electrolytes) Homemix Per Day	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4220	Parenteral Nutrition Supply Kit; Premix Per Day	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4222	Parenteral Nutrition Supply Kit; Home Mix Per Day	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B4224	Parenteral Nutrition Administration Kit Per Day	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B5000	Parenteral Nutrition Solution Compounded Amino Acid And Carbohydrates With Electrolytes Trace Elements And Vitamins Including Preparation Any Strength Renal-Aminosyn-Rf Nephramine Renamine-Premix	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B5100	Parenteral Nutrition Solution Compounded Amino Acid And Carbohydrates With Electrolytes Trace Elements And Vitamins Including Preparation Any Strength Hepatic Hepatamine-Premix	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B5200	Parenteral Nutrition Solution Compounded Amino Acid And Carbohydrates With Electrolytes Trace Elements And Vitamins Including Preparation Any Strength Stress-Branch Chain Amino Acids-Freamine-Hbc-Premix	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B9002	Enteral Nutrition Infusion Pump Any Type	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B9004	Parenteral Nutrition Infusion Pump Portable	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B9006	Parenteral Nutrition Infusion Pump Stationary	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B9998	Noc For Enteral Supplies	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	B9999	Noc For Parenteral Supplies	MCG MED201.011	Clinical Guidelines Nutritional Support

Home Infusion Therapy (HIT)	E0779	Ambulatory Infusion Pump Mechanical Reusable For Infusion 8 Hours Or Greater	MCG RX504.015 RX501.056	Clinical Guidelines Levodopa-Carbidopa Enteral Suspension (e.g. Duopa) for The Treatment of Parkinson Disease
Home Infusion Therapy (HIT)	E0780	Ambulatory Infusion Pump Mechanical Reusable For Infusion Less Than 8 Hours	MCG RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension Clinical Guidelines
Home Infusion Therapy (HIT)	E0781	Ambulatory Infusion Pump Single Or Multiple Channels Electric Or Battery Operated With Administrative Equipment Worn By Patient	MCG SUR702.013 RX504.015	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension Clinical Guidelines Delivery of Anesthesia for Postoperative Pain Control by Continuous Infusion Using Elastomeric Infusion Pump Levodopa-Carbidopa Enteral Suspension (e.g. Duopa) for The Treatment of Parkinson Disease.
Home Infusion Therapy (HIT)	E0782	Infusion Pump Implantable Non-Programmable (Includes All Components E. G. Pump Catheter Connectors Etc.)	MCG SUR707.008	Clinical Guidelines Implantable Infusion Pump for Pain and Spasticity
Home Infusion Therapy (HIT)	E0783	Infusion Pump System Implantable Programmable (Includes All Components E. G. Pump Catheter Connectors Etc.)	MCG SUR707.008	Clinical Guidelines Implantable Infusion Pump for Pain and Spasticity
Home Infusion Therapy (HIT)	E0784	External Ambulatory Infusion Pump Insulin	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	E0791	Parenteral Infusion Pump Stationary Single Or Multi-Channel	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	K0455	Infusion Pump Used For Uninterrupted Parenteral Administration Of Medication (E. G. Epoprostenol Or Treprostinol)	MCG RX501.056	Clinical Guidelines Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension
Home Infusion Therapy (HIT)	Q0081	Infusion Therapy Using Other Than Chemotherapeutic Drugs Per Visit	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	Q0083	Chemotherapy Administration By Other Than Infusion Technique Only (Eg Subcutaneous Intramuscular Push) Per Visit	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	Q0084	Chemotherapy Administration By Infusion Technique Only Per Visit	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	Q0085	Chemotherapy Administration By Both Infusion Technique And Other Technique(S) (Eg Subcutaneous Intramuscular Push) Per Visit	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S5035	Home Infusion Therapy, Routine Service Of Infusion Device (Eg. Pump Maintenance)	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S5036	Home Infusion Therapy, Repair Of Infusion Device (Eg. Pump Repair)	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S5497	Home Infusion Therapy Catheter Care / Maintenance Not Otherwise Classified; Includes Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S5498	Home Infusion Therapy, Catheter Care / Maintenance, Simple (Single Lumen), Includes Administrative Services, Professional Pharmacy Services, Care Coordination And All Necessary Supplies And Equipment, (Drugs And Nursing Visits Coded Separately) Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S5501	Home Infusion Therapy, Catheter Care / Maintenance, Complex (More Than One Lumen), Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S5502	Home Infusion Therapy, Catheter Care / Maintenance, Implanted Access Device, Includes Administrative Services, Professional Pharmacy Services, Care Coordination And All Necessary Supplies And Equipment, (Drugs And Nursing Visits Coded Separately), Per Diem (Use This Code For Interim Maintenance Of Vascular Access Not Currently In Use)	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S5517	Home Infusion Therapy, All Supplies Necessary For Restoration Of Catheter Patency Or Declothing	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S5518	Home Infusion Therapy, All Supplies Necessary For Catheter Repair	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S5520	Home Infusion Therapy, All Supplies (Including Catheter) Necessary For A Peripherally Inserted Central Venous Catheter (Picc) Line Insertion	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S5521	Home Infusion Therapy, All Supplies (Including Catheter) Necessary For A Midline Catheter Insertion	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S5522	Home Infusion Therapy, Insertion Of Peripherally Inserted Central Venous Catheter (Picc), Nursing Services Only (No Supplies Or Catheter Included)	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S5523	Midline Venous Catheter, Nursing Services Only (No Supplies Or Catheter Included)	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9061	Home Administration Of Aerosolized Drug Therapy (E. G. , Pentamidine); Administrative Services, Professional Pharmacy Services, Care Coordination, All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	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)	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	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)	MCG	Clinical Guidelines

Home Infusion Therapy (HIT)	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)	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	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)	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9325	Home Infusion Therapy, Pain Management 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 S9326, S9327 Or S9328)	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9326	Home Infusion Therapy, Continuous (Twenty-Four Hours Or More) Pain Management Infusion; Administrative Services, Professional Pharmacy Services, Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately). Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9327	Home Infusion Therapy, Intermittent (Less Than Twenty-Four Hours) Pain Management Infusion; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately). Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9328	Home Infusion Therapy, Implanted Pump Pain Management Infusion; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	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)	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9330	Home Infusion Therapy, Continuous (Twenty-Four 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	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9331	Home Infusion Therapy, Intermittent (Less Than Twenty-Four Hours) Chemotherapy Infusion; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately). Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	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	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	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	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9340	Home Therapy; Enteral Nutrition; Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Enteral Formula And Nursing Visits Coded Separately) Per Diem	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	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	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	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	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	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	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	S9345	Home Infusion Therapy Anti-Hemophilic 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	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	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	MCG	Clinical Guidelines

Home Infusion Therapy (HIT)	S9347	Home Infusion Therapy Uninterrupted Long-Term Controlled Rate Intravenous Or Subcutaneous Infusion Therapy (E. G. Epoprostenol); Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9348	Home Infusion Therapy Sympathomimetic/Inotropic Agent Infusion Therapy (E. G. Dobutamine); Administrative Services Professional Pharmacy Services Care Coordination All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	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	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9351	Home Infusion Therapy Continuous Or Intermittent Anti-Emetic Infusion Therapy; Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Visits Coded Separately) Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	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	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	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	MCG PSY301.014 THE801.008	Clinical Guidelines Autism Spectrum Disorders (ASD) Chelation Therapy
Home Infusion Therapy (HIT)	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	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9359	Home Infusion Therapy Anti-Tumor 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	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9361	Home Infusion Therapy Diuretic Intravenous Therapy; Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9363	Home Infusion Therapy Anti-Spasmotic Therapy; Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9364	Home Infusion Therapy Total Parenteral Nutrition (Tpn); Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment Including Standard Tpn Formula (Lipids Specialty Amino Acid Formulas Drugs Other Than In Standard Formula And Nursing Visits Coded Separately) Per Diem (Do Not Use With Home Infusion Codes S9365-S9368 Using Daily Volume Scales)	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	S9365	Home Infusion Therapy Total Parenteral Nutrition (Tpn); One Liter Per Day Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment Including Standard Tpn Formula (Lipids Specialty Amino Acid Formulas Drugs Other Than In Standard Formula And Nursing Visits Coded Separately) Per Diem	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	S9366	Home Infusion Therapy Total Parenteral Nutrition (Tpn); More Than One Liter But No More Than Two Liters Per Day Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment Including Standard Tpn Formula (Lipids Specialty Amino Acid Formulas Drugs Other Than In Standard Formula And Nursing Visits Coded Separately) Per Diem	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	S9367	Home Infusion Therapy Total Parenteral Nutrition (Tpn); More Than Two Liters But No More Than Three Liters Per Day Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment Including Standard Tpn Formula (Lipids Specialty Amino Acid Formulas Drugs Other Than In Standard Formula And Nursing Visits Coded Separately) Per Diem	MCG MED201.011	Clinical Guidelines Nutritional Support

Home Infusion Therapy (HIT)	S9368	Home Infusion Therapy Total Parenteral Nutrition (Tpn); More Than Three Liters Per Day Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment Including Standard Tpn Formula (Lipids Specialty Amino Acid Formulas Drugs Other Than In Standard Formula And Nursing Visits Coded Separately) Per Diem	MCG MED201.011	Clinical Guidelines Nutritional Support
Home Infusion Therapy (HIT)	S9370	Home Therapy Intermittent Anti-Emetic Injection Therapy; Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9372	Home Therapy; Intermittent Anticoagulant Injection 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 (Do Not Use This Code For Flushing Of Infusion Devices With Heparin To Maintain Patency)	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	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)	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9374	Home Infusion Therapy Hydration Therapy; One Liter Per Day Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9375	Home Infusion Therapy Hydration Therapy; More Than One Liter But No More Than Two Liters Per Day Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9376	Home Infusion Therapy Hydration Therapy; More Than Two Liters But No More Than Three Liters Per Day Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9377	Home Infusion Therapy Hydration Therapy; More Than Three Liters Per Day Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies (Drugs And Nursing Visits Coded Separately) Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	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	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	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	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9494	Home Infusion Therapy Antibiotic Antiviral Or Antifungal 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 This Code With Home Infusion Codes For Hourly Dosing Schedules S9497-S9504)	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9497	Home Infusion Therapy Antibiotic Antiviral Or Antifungal Therapy; Once Every 3 Hours; Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	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	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9501	Home Infusion Therapy Antibiotic Antiviral Or Antifungal Therapy; Once Every 12 Hours; Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9502	Home Infusion Therapy Antibiotic Antiviral Or Antifungal Therapy; Once Every 8 Hours Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	MCG	Clinical Guidelines

Home Infusion Therapy (HIT)	S9503	Home Infusion Therapy Antibiotic Antiviral Or Antifungal; Once Every 6 Hours; Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9504	Home Infusion Therapy Antibiotic Antiviral Or Antifungal; Once Every 4 Hours; Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9529	Routine Venipuncture For Collection Of Specimen(S) Single Home Bound Nursing Home Or Skilled Nursing Facility Patient	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	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 (Drugs And Nursing Visits Coded Separately) Per Diem	MCG RX501.069	Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)
Home Infusion Therapy (HIT)	S9538	Home Transfusion Of Blood Product(S); Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Blood Products Drugs And Nursing Visits Coded Separately) Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	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	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	S9558	Home Injectable Therapy; Growth Hormone Including Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	MCG RX501.040	Clinical Guidelines Human Growth Hormone (GH) Orthognathic Surgery
Home Infusion Therapy (HIT)	S9559	Home Injectable Therapy Interferon Including Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	MCG	Clinical Guidelines
Home Infusion Therapy (HIT)	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	MCG RX501.041	Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists
Home Infusion Therapy (HIT)	S9562	Home Injectable Therapy Palivizumab Including Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	MCG RX504.009	Clinical Guidelines Respiratory Syncytial Virus (RSV) Immunoprophylaxis
Home Infusion Therapy (HIT)	S9590	Home Therapy Irrigation Therapy (E. G. Sterile Irrigation Of An Organ Or Anatomical Cavity); Including Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	MCG	Clinical Guidelines
Molecular and Genomic Testing	81162	Brc1A2 Gen Full Seq Dup/Del	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgenomics.com
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Molecular and Genomic Testing	0101U	Hered Colon Ca Do 15 Genes	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0102U	Hered Brst Ca Rltd Do 17 Genes	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0103U	Hered Ova Ca Pnl 24 Genes	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0104U	Hered Pan Ca Pnl 32 Genes	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0111U	Onc Colon Ca Kras&Nras Alys	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0113U	Onc Prst8 Pca3&Tmprs2-Erg	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0114U	Gi Barretts Etoph Vim&Ccna1	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0118U	Trnslp Dn-Drp Cll-Fr Dna	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0120U	Onc B Cll Lymphm Mrna 58 Gen	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0129U	Hered Brst Ca Rltd Do Panel	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0130U	Hered Colon Ca Do Mrna Pnl	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0131U	Hered Brst Ca Rltd Do Pnl 13	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0132U	Hered Ova Ca Rltd Do Pnl 17	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0133U	Hered Prst8 Ca Rltd Do 11	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0134U	Hered Pan Ca Mrna Pnl 18 Gen	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0135U	Hered Gyn Ca Rltd Pnl 12 Gen	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0136U	Atm Mrna Seq Alys	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0137U	Palb2 Mrna Seq Alys	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0138U	Bra1 Bra2 Mrna Seq Alys	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0153U	Onc Breast Mrna 101 Genes	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0156U	Copy Number Sequence Alys	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0157U	Apc Mrna Seq Alys	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0158U	Mlh1 Mrna Seq Alys	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0159U	Msh2 Mrna Seq Alys	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0160U	Msh6 Mrna Seq Alys	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0161U	Pms2 Mrna Seq Alys	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0162U	Hered Colon Ca Trgt Mrna Pnl	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0169U	Nudt15&Tpm2 Gene Com Vrnt	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0170U	Neuro Asd Rna Next Gen Seq	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0171U	Trgt Gen Seq Alys Pnl Dna 23	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0203U	Ai Ibd Mrna Xprsn Prfl 17	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0204U	Onc Thyr Mrna Xprsn Alys 593	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com

Molecular and Genomic Testing	0205U	Oph Amd Alys 3 Gene Variants	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0208U	Onc Mtc Mrna Xprsn Alys 108	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0209U	Cytog Const Alys Interrog	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0211U	Onc Pan-Tum Dna&Rna Grnj Seq	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0212U	Rare Ds Gen Dna Alys Proband	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0213U	Rare Ds Gen Dna Alys Ea Comp	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0214U	Rare Ds Xom Dna Alys Proband	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0215U	Rare Ds Xom Dna Alys Ea Comp	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0216U	Neuro Inh Ataxia Dna 12 Com	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0217U	Neuro Inh Ataxia Dna 51 Gene	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0218U	Neuro Musc Dys Dmd Seq Alys	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0228U	Onc Prst8 Ma Molec Prfl Alg	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0229U	Bcat1 Promoter Mthyltn Alys	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0230U	Ar Full Sequence Analysis	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0231U	Cacna1A Full Gene Analysis	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0232U	Cstb Full Gene Analysis	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0233U	Fxn Gene Analysis	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0234U	Mecp2 Full Gene Analysis	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0235U	Pten Full Gene Analysis	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0236U	Smn1&Smn2 Full Gene Analysis	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0237U	Car Ion Chnlpthy Gen Seq Pnl	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0238U	Onc Lnch Syn Gen Dna Seq Aly	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	0239U	Trgt Gen Seq Alys Pnl 311+	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	G9143	Warfarin Responsiveness Testing By Genetic Technique Using Any Method Any Number Of Specimen(S)	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	S3800	Genetic Testing For Amyotrophic Lateral Sclerosis (Als)	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	S3840	Dna Analysis For Germline Mutations Of The Ret Proto-Oncogene For Susceptibility To Multiple Endocrine Neoplasia Type 2	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	S3841	Genetic Testing For Retinoblastoma	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	S3842	Genetic Testing For Von Hippel-Lindau Disease	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	S3844	Dna Analysis Of The Connexin 26 Gene (Gjb2) For Susceptibility To Congenital Profound Deafness	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	S3845	Genetic Testing For Alpha-Thalassemia	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	S3846	Genetic Testing For Hemoglobin E Beta-Thalassemia	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	S3850	Genetic Testing For Sickle Cell Anemia	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	S3852	Dna Analysis For Apoe Epsilon 4 Allele For Susceptibility To Alzheimer'S Disease	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	S3854	Gene Expression Profiling Panel For Use In The Management Of Breast Cancer Treatment	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	S3861	Genetic Testing Sodium Channel Voltage-Gated Type V Alpha Subunit (Scn5A) And Variants For Suspected Brugada Syndrome	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	S3865	Comprehensive Gene Sequence Analysis For Hypertrophic Cardiomyopathy	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	S3866	Genetic Analysis For A Specific Gene Mutation For Hypertrophic Cardiomyopathy (Hcm) In An Individual With A Known Hcm Mutation In The Family	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Molecular and Genomic Testing	S3870	Comparative Genomic Hybridization (Cgh) Microarray Testing For Developmental Delay Autism Spectrum Disorder And/Or Intellectual Disability	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Orthopedic Procedures - Functional Neuromuscular Electrical Stimulation (FNMES)	E0764	Functional Neuromuscular Stimulation Transcutaneous Stimulation Of Sequential Muscle Groups Of Ambulation With Computer Control Used For Walking By Spinal Cord Injured Entire System After Completion Of Training Program	MED201.033	Functional Neuromuscular Electrical Stimulation
Orthopedic Procedures - Functional Neuromuscular Electrical Stimulation (FNMES)	E0770	Functional Electrical Stimulator Transcutaneous Stimulation Of Nerve And/Or Muscle Groups Any Type Complete System Not Otherwise Specified	MED201.033	Functional Neuromuscular Electrical Stimulation
Orthopedic Procedures-Artificial Intervertebral Disc	22856	Cerv Artif Diskectomy	SUR712.028	Artificial Intervertebral Disc
Orthopedic Procedures-Artificial Intervertebral Disc	22857	Lumbar Artif Diskectomy	SUR712.028	Artificial Intervertebral Disc
Orthopedic Procedures-Artificial Intervertebral Disc	22858	Second Level Cer Diskectomy	SUR712.028	Artificial Intervertebral Disc
Orthopedic Procedures-Artificial Intervertebral Disc	22861	Revise Cerv Artif Disc	SUR712.028	Artificial Intervertebral Disc
Orthopedic Procedures-Artificial Intervertebral Disc	22862	Revise Lumbar Artif Disc	SUR712.028	Artificial Intervertebral Disc
Orthopedic Procedures-Artificial Intervertebral Disc	22864	Remove Cerv Artif Disc	SUR712.028	Artificial Intervertebral Disc
Orthopedic Procedures-Artificial Intervertebral Disc	22865	Remove Lumb Artif Disc	SUR712.028	Artificial Intervertebral Disc
Orthopedic Procedures-Artificial Intervertebral Disc	0095T	Rmvl Artif Disc Addl Crvcl	SUR712.028	Artificial Intervertebral Disc
Orthopedic Procedures-Artificial Intervertebral Disc	0098T	Rev Artif Disc Addl	SUR712.028	Artificial Intervertebral Disc
Orthopedic Procedures-Artificial Intervertebral Disc	0163T	Lumb Artif Diskectomy Addl	SUR712.028	Artificial Intervertebral Disc
Orthopedic Procedures-Artificial Intervertebral Disc	0164T	Remove Lumb Artif Disc Addl	SUR712.028	Artificial Intervertebral Disc
Orthopedic Procedures-Artificial Intervertebral Disc	0165T	Revise Lumb Artif Disc Addl	SUR712.028	Artificial Intervertebral Disc
Orthopedic Procedures-Lumbar Spinal Fusion	20930	Sp Bone Algrft Morsel Add-On	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	20931	Sp Bone Algrft Struct Add-On	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	20936	Sp Bone Agrft Local Add-On	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	20937	Sp Bone Agrft Morsel Add-On	SUR712.036	Lumbar Spinal Fusion

Orthopedic Procedures-Lumbar Spinal Fusion	20938	Sp Bone Agrft Struct Add-On	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22533	Lat Lumbar Spine Fusion	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22534	Lat Thor/Lumb Addl Seg	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22558	Lumbar Spine Fusion	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22585	Additional Spinal Fusion	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22612	Lumbar Spine Fusion	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22614	Spine Fusion Extra Segment	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22630	Lumbar Spine Fusion	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22632	Spine Fusion Extra Segment	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22633	Lumbar Spine Fusion Combined	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22634	Spine Fusion Extra Segment	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22800	Post Fusion <6 Vert Seg	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22802	Post Fusion 7-12 Vert Seg	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22804	Post Fusion 13/> Vert Seg	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22808	Ant Fusion 2-3 Vert Seg	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22810	Ant Fusion 4-7 Vert Seg	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22812	Ant Fusion 8/> Vert Seg	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22840	Insert Spine Fixation Device	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22841	Insert Spine Fixation Device	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22842	Insert Spine Fixation Device	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22843	Insert Spine Fixation Device	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22844	Insert Spine Fixation Device	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22845	Insert Spine Fixation Device	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22846	Insert Spine Fixation Device	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22847	Insert Spine Fixation Device	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22848	Insert Pelv Fixation Device	SUR712.036	Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22853	Insj Biomechanical Device	SUR712.040 SUR712.036	Interspinous Fixation (Fusion) Devices Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22854	Insj Biomechanical Device	SUR712.040 SUR712.036	Interspinous Fixation (Fusion) Devices Lumbar Spinal Fusion
Orthopedic Procedures-Lumbar Spinal Fusion	22859	Insj Biomechanical Device	SUR712.040 SUR712.036	Interspinous Fixation (Fusion) Devices Lumbar Spinal Fusion
Orthopedic Procedures - Functional Neuromuscular Electrical Stimulation (FNMES)/Percutaneous and Implanted Nerve Stimulation and Neuromodulation	A4595	Electrical Stimulator Supplies 2 Lead Per Month (E. G. Tens Nmes)	MED201.033 MED205.032	Functional Neuromuscular Electrical Stimulation Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Pain Management - Spinal Cord Stimulation	63650	Implant Neuroelectrodes	SUR712.009	Spinal Cord Stimulation (SCS) and Dorsal Root Ganglion (DRG) Stimulation
Pain Management - Spinal Cord Stimulation	63655	Implant Neuroelectrodes	SUR712.009	Spinal Cord Stimulation (SCS) and Dorsal Root Ganglion (DRG) Stimulation
Pain Management - Spinal Cord Stimulation	63661	Remove Spine Eltrd Perq Aray	SUR712.009	Spinal Cord Stimulation (SCS) and Dorsal Root Ganglion (DRG) Stimulation
Pain Management - Spinal Cord Stimulation	63662	Remove Spine Eltrd Plate	SUR712.009	Spinal Cord Stimulation (SCS) and Dorsal Root Ganglion (DRG) Stimulation
Pain Management - Spinal Cord Stimulation	63663	Revise Spine Eltrd Perq Aray	SUR712.009	Spinal Cord Stimulation (SCS) and Dorsal Root Ganglion (DRG) Stimulation
Pain Management - Spinal Cord Stimulation	63664	Revise Spine Eltrd Plate	SUR712.009	Spinal Cord Stimulation (SCS) and Dorsal Root Ganglion (DRG) Stimulation
Pain Management - Spinal Cord Stimulation	63685	Insrt/Redo Spine N Generator	SUR712.009	Spinal Cord Stimulation (SCS) and Dorsal Root Ganglion (DRG) Stimulation
Pain Management - Spinal Cord Stimulation	63688	Revise/Remove Neuroreceiver Generator Neurostimulator (Implantable) High Frequency With Rechargeable Battery And Charging System	SUR712.009	Spinal Cord Stimulation (SCS) and Dorsal Root Ganglion (DRG) Stimulation
Pain Management - Spinal Cord Stimulation/Percutaneous & Implanted Nerve Stimulation and Neuromodulation	L8679	Implantable Neurostimulator Pulse Generator Any Type	SUR712.009 MED205.032	Spinal Cord Stimulation (SCS) and Dorsal Root Ganglion (DRG) Stimulation Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Pain Management - Spinal Cord Stimulation/Percutaneous & Implanted Nerve Stimulation and Neuromodulation	L8680	Implantable Neurostimulator Electrode Each	SUR712.009 MED205.032	Spinal Cord Stimulation (SCS) and Dorsal Root Ganglion (DRG) Stimulation Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Pain Management - Spinal Cord Stimulation/Percutaneous & Implanted Nerve Stimulation and Neuromodulation	L8685	Implantable Neurostimulator Pulse Generator Single Array Rechargeable Includes Extension	SUR712.009 MED205.032	Spinal Cord Stimulation (SCS) and Dorsal Root Ganglion (DRG) Stimulation Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Pain Management - Spinal Cord Stimulation/Percutaneous & Implanted Nerve Stimulation and Neuromodulation	L8686	Implantable Neurostimulator Pulse Generator Single Array Non-Rechargeable Includes Extension	SUR712.009 MED205.032	Spinal Cord Stimulation (SCS) and Dorsal Root Ganglion (DRG) Stimulation Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Pain Management - Spinal Cord Stimulation/Percutaneous & Implanted Nerve Stimulation and Neuromodulation	L8687	Implantable Neurostimulator Pulse Generator Dual Array Rechargeable Includes Extension	SUR712.009 MED205.032	Spinal Cord Stimulation (SCS) and Dorsal Root Ganglion (DRG) Stimulation Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Pain Management - Spinal Cord Stimulation/Percutaneous & Implanted Nerve Stimulation and Neuromodulation	L8688	Implantable Neurostimulator Pulse Generator Dual Array Non-Rechargeable Includes Extension	SUR712.009 MED205.032	Spinal Cord Stimulation (SCS) and Dorsal Root Ganglion (DRG) Stimulation Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Percutaneous and Implanted Nerve Stimulation and Neuromodulation	64555	Implant Neuroelectrodes	MED205.032	Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Percutaneous and Implanted Nerve Stimulation and Neuromodulation	64575	Implant Neuroelectrodes	MED205.032	Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Percutaneous and Implanted Nerve Stimulation and Neuromodulation	64580	Implant Neuroelectrodes	MED205.032	Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Percutaneous and Implanted Nerve Stimulation and Neuromodulation	64585	Revise/Remove Neuroelectrode	MED205.032	Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Percutaneous and Implanted Nerve Stimulation and Neuromodulation	64590	Insrt/Redo Pn/Gastr Stimul	MED205.032	Percutaneous and Implanted Nerve Stimulation and Neuromodulation

Percutaneous and Implanted Nerve Stimulation and Neuromodulation	64595	Revise/Rmv Pn/Gastr Stimul	MED205.032	Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Percutaneous and Implanted Nerve Stimulation and Neuromodulation	64999	Nervous System Surgery	MED205.032	Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Percutaneous and Implanted Nerve Stimulation and Neuromodulation	95970	Alys Npgt W/O Prgrmg	MED205.032	Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Percutaneous and Implanted Nerve Stimulation and Neuromodulation	95971	Alys Smpl Sp/Pn Npgt W/Prgrm	MED205.032	Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Percutaneous and Implanted Nerve Stimulation and Neuromodulation	95972	Alys Cplx Sp/Pn Npgt W/Prgrm	MED205.032	Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Percutaneous and Implanted Nerve Stimulation and Neuromodulation	L8681	Patient Programmer (External) For Use With Implantable Programmable Neurostimulator Pulse Generator Replacement Only	MED205.032	Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Percutaneous and Implanted Nerve Stimulation and Neuromodulation	L8682	Implantable Neurostimulator Radiofrequency Receiver	MED205.032	Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Percutaneous and Implanted Nerve Stimulation and Neuromodulation	L8683	Radiofrequency Transmitter (External) For Use With Implantable Neurostimulator Radiofrequency Receiver	MED205.032	Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Percutaneous and Implanted Nerve Stimulation and Neuromodulation	L8689	External Recharging System For Battery (Internal) For Use With Implantable Neurostimulator Replacement Only	MED205.032	Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Percutaneous and Implanted Nerve Stimulation and Neuromodulation	L8695	External Recharging System For Battery (External) For Use With Implantable Neurostimulator Replacement Only	MED205.032	Percutaneous and Implanted Nerve Stimulation and Neuromodulation
Radiation Therapy	77014	Ct Scan For Therapy Guide	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77371	Srs Multisource	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77372	Srs Linear Based	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77373	Sbrt Delivery	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77385	Ntsty Modul Rad Tx Dlvr Smpl	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77386	Ntsty Modul Rad Tx Dlvr Cplx	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77387	Guidance For Radj Tx Dlvr	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77401	Radiation Treatment Delivery	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77402	Radiation Treatment Delivery	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77407	Radiation Treatment Delivery	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77412	Radiation Treatment Delivery	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77423	Neutron Beam Tx Complex	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77424	Io Rad Tx Delivery By X-Ray	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77425	Io Rad Tx Deliver By Elctrns	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77520	Proton Trmt Simple W/O Comp	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77522	Proton Trmt Simple W/Comp	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77523	Proton Trmt Intermediate	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77525	Proton Treatment Complex	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77600	Hyperthermia Treatment	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77605	Hyperthermia Treatment	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77610	Hyperthermia Treatment	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77615	Hyperthermia Treatment	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77620	Hyperthermia Treatment	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77750	Infuse Radioactive Materials	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77761	Apply Intrcav Radiat Simple	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77762	Apply Intrcav Radiat Interm	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77763	Apply Intrcav Radiat Compl	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77767	Hdr RdncL Skn Surf Brachytx	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77768	Hdr RdncL Skn Surf Brachytx	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77770	Hdr RdncL Ntrstl/cav Brchtx	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77771	Hdr RdncL Ntrstl/cav Brchtx	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77772	Hdr RdncL Ntrstl/cav Brchtx	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	77778	Apply Interstit Radiat Compl	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	79005	Nuclear Rx Oral Admin	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	79101	Nuclear Rx Iv Admin	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	79403	Hematopoietic Nuclear Tx	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	0394T	Hdr Elctrnc Skn Surf BrchytX	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	0395T	Hdr Elctr Ntrstl/Ntrcv BrchtX	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	A9513	Lutetium Lu 177 Dotatate Therapeutic 1 Millicurie	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	A9543	Yttrium Y-90 Ibritumomab Tiuxetan Therapeutic Per Treatment Dose Up To 40 Millicuries	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	A9590	Iodine I-131, Iobenguane, 1 Millicurie	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	A9606	Radium Ra-223 Dichloride, Therapeutic, Per Microcurie	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	G0339	Image-Guided Robotic Linear Accelerator-Based Stereotactic Radiosurgery Complete Course Of Therapy In One Session Or First Session Of Fractionated Treatment	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	G0340	Image-Guided Robotic Linear Accelerator-Based Stereotactic Radiosurgery Delivery Including Collimator Changes And Custom Plugging Fractionated Treatment All Lesions Per Session Second Through Fifth Sessions Maximum Five Sessions Per Course Of Treatment	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	G6001	Ultrasonic Guidance For Placement Of Radiation Therapy Fields	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	G6002	Stereoscopic X-Ray Guidance For Localization Of Target Volume For The Delivery Of Radiation Therapy	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	G6003	Radiation Treatment Delivery Single Treatment Area Single Port Or Parallel Opposed Ports Simple Blocks Or No Blocks: Up To 5Mev	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	G6004	Radiation Treatment Delivery Single Treatment Area Single Port Or Parallel Opposed Ports Simple Blocks Or No Blocks: 6-10Mev	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com
Radiation Therapy	G6005	Radiation Treatment Delivery Single Treatment Area Single Port Or Parallel Opposed Ports Simple Blocks Or No Blocks: 11-19Mev	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimgspecialtyhealth.com

Radiation Therapy	G6006	Radiation Treatment Delivery Single Treatment Area Single Port Or Parallel Opposed Ports Simple Blocks Or No Blocks: 20Mev Or Greater	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Radiation Therapy	G6007	Radiation Treatment Delivery 2 Separate Treatment Areas 3 Or More Ports On A Single Treatment Area Use Of Multiple Blocks: Up To 5Mev	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Radiation Therapy	G6008	Radiation Treatment Delivery 2 Separate Treatment Areas 3 Or More Ports On A Single Treatment Area Use Of Multiple Blocks: 6-10Mev	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Radiation Therapy	G6009	Radiation Treatment Delivery 2 Separate Treatment Areas 3 Or More Ports On A Single Treatment Area Use Of Multiple Blocks: 11-19Mev	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Radiation Therapy	G6010	Radiation Treatment Delivery 2 Separate Treatment Areas 3 Or More Ports On A Single Treatment Area Use Of Multiple Blocks: 20 Mev Or Greater	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Radiation Therapy	G6011	Radiation Treatment Delivery 3 Or More Separate Treatment Areas Custom Blocking Tangential Ports Wedges Rotational Beam Compensators Electron Beam; Up To 5Mev	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Radiation Therapy	G6012	Radiation Treatment Delivery 3 Or More Separate Treatment Areas Custom Blocking Tangential Ports Wedges Rotational Beam Compensators Electron Beam; 6-10Mev	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Radiation Therapy	G6013	Radiation Treatment Delivery 3 Or More Separate Treatment Areas Custom Blocking Tangential Ports Wedges Rotational Beam Compensators Electron Beam; 11-19Mev	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Radiation Therapy	G6014	Radiation Treatment Delivery 3 Or More Separate Treatment Areas Custom Blocking Tangential Ports Wedges Rotational Beam Compensators Electron Beam; 20Mev Or Greater	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Radiation Therapy	G6015	Intensity Modulated Treatment Delivery Single Or Multiple Fields/Arcs Via Narrow Spatially And Temporally Modulated Beams Binary Dynamic Mlc Per Treatment Session Compensator-Based Beam Modulation Treatment Delivery Of Inverse Planned Treatment Using 3 Or More High Resolution (Milled Or Cast) Compensator Convergent Beam Modulated Fields Per Treatment Session	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Radiation Therapy	G6016	Intra-Fraction Localization And Tracking Of Target Or Patient Motion During Delivery Of Radiation Therapy (Eg 3D Positional Tracking Gating 3D Surface Tracking) Each Fraction Of Treatment	AIM Clinical Guidelines	Call 1-844-377-1285 or Access Website https://aimspecialtyhealth.com
Sleep Studies - Adult and pediatric facility-based polysomnography	95807	Sleep Study Attended	MED204.005	Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome
Sleep Studies - Adult and pediatric facility-based polysomnography	95808	Polysom Any Age 1-3> Param	MED204.005 MED201.049	Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome Polysomnography for Non-Respiratory Sleep Disorders
Sleep Studies - Adult and pediatric facility-based polysomnography	95810	Polysom 6/> Yrs 4/> Param	MED204.005 MED201.049	Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome Polysomnography for Non-Respiratory Sleep Disorders
Sleep Studies - Adult and pediatric facility-based polysomnography	95811	Polysom 6/>Yrs Cpap 4/> Parm	MED204.005 MED201.049	Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome Polysomnography for Non-Respiratory Sleep Disorders
Transplant Evaluations and Transplants	32851	Lung Transplant Single	SUR703.010	Lung and Lobar Lung Transplant
Transplant Evaluations and Transplants	32852	Lung Transplant With Bypass	SUR703.010	Lung and Lobar Lung Transplant
Transplant Evaluations and Transplants	32853	Lung Transplant Double	SUR703.010	Lung and Lobar Lung Transplant
Transplant Evaluations and Transplants	32854	Lung Transplant With Bypass	SUR703.010	Lung and Lobar Lung Transplant
Transplant Evaluations and Transplants	33935	Transplantation Heart/Lung	SUR703.006	Heart/Lung Transplant
Transplant Evaluations and Transplants	33945	Transplantation Of Heart	SUR703.005	Heart Transplant
Transplant Evaluations and Transplants	38204	BI Donor Search Management	-	Refer to applicable Hematopoietic Cell Transplantation policies
Transplant Evaluations and Transplants	38205	Harvest Allogeneic Stem Cell	-	Refer to applicable Hematopoietic Cell Transplantation policies
Transplant Evaluations and Transplants	38206	Harvest Auto Stem Cells	-	Refer to applicable Hematopoietic Cell Transplantation policies
Transplant Evaluations and Transplants	38207	Cryopreserve Stem Cells	-	Refer to applicable Hematopoietic Cell Transplantation policies
Transplant Evaluations and Transplants	38208	Thaw Preserved Stem Cells	-	Refer to applicable Hematopoietic Cell Transplantation policies
Transplant Evaluations and Transplants	38209	Wash Harvest Stem Cells	-	Refer to applicable Hematopoietic Cell Transplantation policies
Transplant Evaluations and Transplants	38210	T-Cell Depletion Of Harvest	-	Refer to applicable Hematopoietic Cell Transplantation policies
Transplant Evaluations and Transplants	38211	Tumor Cell Deplete Of Harvst	-	Refer to applicable Hematopoietic Cell Transplantation policies
Transplant Evaluations and Transplants	38212	Rbc Depletion Of Harvest	-	Refer to applicable Hematopoietic Cell Transplantation policies
Transplant Evaluations and Transplants	38213	Platelet Deplete Of Harvest	-	Refer to applicable Hematopoietic Cell Transplantation policies