



Outpatient services prior authorization codes

For EPO, PPO members, effective June 1, 2022

Effective June 1, 2022, we will require prior authorization for the following CPT and HCPCS codes when performed on an outpatient basis for commercial EPO and PPO members.

To see the full list of codes that **currently** require outpatient prior authorization, click on the following links:

- **Commercial:** [Medical Policy #072 Outpatient Prior Authorization Code List for Commercial \(HMO POS PPO Indemnity\)](#)

The codes in this document will be merged into [Medical Policy #072 effective June 1, 2022.](#)

CPT code	Code description	Medical Policy
11970	Replacement of tissue expander with permanent prosthesis	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf
11971	Removal of tissue expander(s) without insertion of prosthesis	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	068 Plastic Surgery prn.pdf
15781	Dermabrasion; segmental, face	068 Plastic Surgery prn.pdf
15782	Dermabrasion; regional, other than face	068 Plastic Surgery prn.pdf
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	068 Plastic Surgery prn.pdf
15820	Blepharoplasty, lower eyelid	740 Blepharoplasty Blepharoptosis repair and Brow ptosis repair prn.pdf
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	740 Blepharoplasty Blepharoptosis repair and Brow ptosis repair prn.pdf
15822	Blepharoplasty, upper eyelid	740 Blepharoplasty Blepharoptosis repair and Brow ptosis repair prn.pdf
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	740 Blepharoplasty Blepharoptosis repair and Brow ptosis repair prn.pdf

CPT code	Code description	Medical Policy
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	068 Plastic Surgery prn.pdf
15876	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	068 Plastic Surgery prn.pdf
15877	Suction assisted lipectomy; trunk	068 Plastic Surgery prn.pdf
15878	Suction assisted lipectomy; upper extremity	068 Plastic Surgery prn.pdf
15879	Suction assisted lipectomy; lower extremity	068 Plastic Surgery prn.pdf
19300	Mastectomy for gynecomastia	661 Surgical and Non-surgical Treatment of Gynecomastia prn.pdf
19316	Mastopexy	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf
19318	Reduction mammoplasty	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf 703 Reduction Mammoplasty for Breast-Related Symptoms prn.pdf
19325	Mammoplasty, augmentation; with prosthetic implant	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf
19328	Removal of intact mammary implant	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf
19330	Removal of mammary implant material	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf
19350	Nipple/areola reconstruction	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf
19355	Correction of inverted nipples	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf

CPT code	Code description	Medical Policy
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf
19364	Breast reconstruction with free flap	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf
19371	Periprosthetic capsulectomy, breast	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf
19380	Revision of reconstructed breast	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf
19396	Preparation of moulage for custom breast implant	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (Report in addition to the primary spinal fusion procedure)	097 Bone Morphogenetic Protein prn.pdf
21010	Arthrotomy, temporomandibular joint	035 Temporomandibular Joint Disorder prn.pdf
21050	Condylectomy, temporomandibular joint (separate procedure)	035 Temporomandibular Joint Disorder prn.pdf
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	035 Temporomandibular Joint Disorder prn.pdf
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	035 Temporomandibular Joint Disorder prn.pdf
21116	Injection procedure for temporomandibular joint arthrography	035 Temporomandibular Joint Disorder prn.pdf
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	130 Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome prn.pdf 068 Plastic Surgery prn.pdf

CPT code	Code description	Medical Policy
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	130 Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome prn.pdf 068 Plastic Surgery prn.pdf
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	130 Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome prn.pdf 068 Plastic Surgery prn.pdf
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	130 Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome prn.pdf 068 Plastic Surgery prn.pdf
21198	Osteotomy, mandible, segmental	130 Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome prn.pdf 068 Plastic Surgery prn.pdf
21199	Osteotomy, mandible, segmental; with genioglossus advancement	130 Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome prn.pdf 068 Plastic Surgery prn.pdf
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	130 Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome prn.pdf 068 Plastic Surgery prn.pdf
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	035 Temporomandibular Joint Disorder prn.pdf
21242	Arthroplasty, temporomandibular joint, with allograft	035 Temporomandibular Joint Disorder prn.pdf
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	035 Temporomandibular Joint Disorder prn.pdf
21685	Hyoid myotomy and suspension	130 Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome prn.pdf
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	484 Percutaneous Vertebroplasty and Sacroplasty prn.pdf

CPT code	Code description	Medical Policy
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	484 Percutaneous Vertebroplasty and Sacroplasty prn.pdf
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	484 Percutaneous Vertebroplasty and Sacroplasty prn.pdf
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	485 Percutaneous Balloon Kyphoplasty, Radiofrequency Kyphoplasty and Mechanical Vertebral Augmentation prn.pdf
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	485 Percutaneous Balloon Kyphoplasty, Radiofrequency Kyphoplasty and Mechanical Vertebral Augmentation prn.pdf
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	485 Percutaneous Balloon Kyphoplasty, Radiofrequency Kyphoplasty and Mechanical Vertebral Augmentation prn.pdf
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical	585 Artificial Intervertebral Disc - Cervical Spine prn.pdf

CPT code	Code description	Medical Policy
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	585 Artificial Intervertebral Disc - Cervical Spine prn.pdf
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	320 Diagnosis and Treatment of Sacroiliac Joint Pain prn.pdf
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	035 Temporomandibular Joint Disorder prn.pdf
29804	Arthroscopy, temporomandibular joint, surgical	035 Temporomandibular Joint Disorder prn.pdf
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	110 Meniscal Allografts and Other Meniscal Implants prn.pdf
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	068 Plastic Surgery prn.pdf
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	068 Plastic Surgery prn.pdf
30420	Rhinoplasty, primary; including major septal repair	068 Plastic Surgery prn.pdf
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	068 Plastic Surgery prn.pdf
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	068 Plastic Surgery prn.pdf
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	068 Plastic Surgery prn.pdf
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	284 Bronchial Thermoplasty prn.pdf

CPT code	Code description	Medical Policy
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	284 Bronchial Thermoplasty prn.pdf
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf

CPT code	Code description	Medical Policy
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf
37718	Ligation, division, and stripping, short saphenous vein	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf
37735	Ligation and division and complete stripping of long and short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf

CPT code	Code description	Medical Policy
37760	Ligation of perforator veins, subfascial, radical (Linton type) including skin graft, when performed, open, 1 leg	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf
37780	Ligation and division of short saphenous vein at saphenopopliteal junction	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf
37785	Ligation, division, and/or excision of varicose vein cluster(s), one leg	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	130 Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome prn.pdf
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	920 Surgical and Transesophageal Endoscopic Procedures to Treat Gastroesophageal Reflux Disease prn.pdf
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	920 Surgical and Transesophageal Endoscopic Procedures to Treat Gastroesophageal Reflux Disease prn.pdf
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	379 Medical and Surgical Management of Obesity including Anorexiant prn.pdf
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	379 Medical and Surgical Management of Obesity including Anorexiant prn.pdf
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	379 Medical and Surgical Management of Obesity including Anorexiant prn.pdf

CPT code	Code description	Medical Policy
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	379 Medical and Surgical Management of Obesity including Anorexiant prn.pdf
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	379 Medical and Surgical Management of Obesity including Anorexiant prn.pdf
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	379 Medical and Surgical Management of Obesity including Anorexiant prn.pdf
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	379 Medical and Surgical Management of Obesity including Anorexiant prn.pdf
63655	Laminectomy for implantation of neurostimulator electrode plate/paddle; epidural	472 Spinal Cord and Dorsal Root Ganglion Stimulation prn.pdf
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	472 Spinal Cord and Dorsal Root Ganglion Stimulation prn.pdf
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	740 Blepharoplasty Blepharoptosis repair and Brow ptosis repair prn.pdf
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg,	740 Blepharoplasty Blepharoptosis repair and Brow ptosis repair prn.pdf
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	740 Blepharoplasty Blepharoptosis repair and Brow ptosis repair prn.pdf
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	740 Blepharoplasty Blepharoptosis repair and Brow ptosis repair prn.pdf
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	740 Blepharoplasty Blepharoptosis repair and Brow ptosis repair prn.pdf
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	740 Blepharoplasty Blepharoptosis repair and Brow ptosis repair prn.pdf

CPT code	Code description	Medical Policy
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg,Fasanella-Servat type)	740 Blepharoplasty Blepharoptosis repair and Brow ptosis repair prn.pdf
97605	Negative pressure wound therapy (e.g., vacuum-assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	543 Negative Pressure Wound Therapy in the Outpatient Setting prn.pdf
97606	Negative pressure wound therapy (e.g., vacuum-assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	543 Negative Pressure Wound Therapy in the Outpatient Setting prn.pdf
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session	653 Hyperbaric Oxygen Therapy prn.pdf
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	107 Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid and Artificial Pancreas Device Systems prn.pdf
C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer) MP 485	485 Percutaneous Balloon Kyphoplasty, Radiofrequency Kyphoplasty and Mechanical Vertebral Augmentation prn.pdf
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30-minute interval	653 Hyperbaric Oxygen Therapy prn.pdf
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	107 Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid and Artificial Pancreas Device Systems prn.pdf
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	133 Microprocessor Controlled Prostheses for the Lower Limb prn.pdf
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	133 Microprocessor Controlled Prostheses for the Lower Limb prn.pdf

CPT code	Code description	Medical Policy
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	133 Microprocessor Controlled Prostheses for the Lower Limb prn.pdf
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	133 Microprocessor Controlled Prostheses for the Lower Limb prn.pdf
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	227 Myoelectric Prosthetic and Components for the Upper Limb prn.pdf
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	227 Myoelectric Prosthetic and Components for the Upper Limb prn.pdf
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Block or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	227 Myoelectric Prosthetic and Components for the Upper Limb prn.pdf
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	227 Myoelectric Prosthetic and Components for the Upper Limb prn.pdf
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	227 Myoelectric Prosthetic and Components for the Upper Limb prn.pdf

CPT code	Code description	Medical Policy
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	227 Myoelectric Prosthetic and Components for the Upper Limb prn.pdf
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	227 Myoelectric Prosthetic and Components for the Upper Limb prn.pdf
L7007	Electric hand, switch or myoelectric controlled, adult	227 Myoelectric Prosthetic and Components for the Upper Limb prn.pdf
L7008	Electric hand, switch or myoelectric controlled, pediatric	227 Myoelectric Prosthetic and Components for the Upper Limb prn.pdf
L7009	Electric hook, switch or myoelectric controlled, adult	227 Myoelectric Prosthetic and Components for the Upper Limb prn.pdf
L7045	Electric hook, switch or myoelectric controlled, pediatric	227 Myoelectric Prosthetic and Components for the Upper Limb prn.pdf
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	227 Myoelectric Prosthetic and Components for the Upper Limb prn.pdf
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	227 Myoelectric Prosthetic and Components for the Upper Limb prn.pdf
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	227 Myoelectric Prosthetic and Components for the Upper Limb prn.pdf
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	227 Myoelectric Prosthetic and Components for the Upper Limb prn.pdf
S1036	Transmitter; external, for use with artificial pancreas device system	107 Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid and Artificial Pancreas Device Systems prn.pdf

HCPCS code	Code description	Medical Policy
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf
S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral	428 Reconstructive Breast Surgery-Management of Breast Implants prn.pdf
S2202	Echosclerotherapy	238 Treatment of Varicose Veins and Venous Insufficiency prn.pdf

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