



Payment Guideline: Experimental/Investigational

Read First

IMPORTANT INFORMATION CONCERNING WELLFLEET PAYMENT GUIDELINES

This Payment Guideline serves as notice to health care providers of Wellfleet’s payment practices. Health providers are advised to consult their own network provider agreement for determining specific payment policies.

Wellfleet may use reasonable discretion in applying these Payment Guidelines to health care services provided to its enrollees. This Payment Guideline does not address all the issues related to reimbursement for health care services. Other factors impacting reimbursement may supplement, modify or, in some cases, supersede this Payment Guideline. These factors may include, but are not limited to, legislative mandates, the type of provider arrangement and the terms of that agreement, and/or the member’s benefit coverage document.

Wellfleet may modify this Payment Guideline at any time to comply with changes in national standards, changes in best practices, or other factors that may impact this payment Guideline. Should this Payment Guideline be revised, Wellfleet shall publish a new version of this Payment Guideline. Wellfleet encourages providers to keep current with any CPT or HCPCS updates as well as industry standards related to the services described in this Payment Guideline.

Providers are responsible for submission of accurate claims. Wellfleet reserves the right to request supporting documentation for claims submitted, including provider records.

**Applicable
Plans**

- Student Health Insurance (for policies issued or renewing after May 2019)
 - Fully Insured
 - Excluding policies issued in the following states: N/A
 - Excluding ISO
 - Self-Funded
 - Excluding policies issued by the following schools: N/A
- Student Sports
 - Fully Insured; for policies issued by the following carriers:
 - AIG
 - Axis

- Commercial Casualty Insurance Company/Wellfleet Insurance
 - Self-Funded
 - Excluding policies issued by the following schools: N/A
 - Fully Insured Student Accident; for policies issued by the following carriers:
 - AIG
 - Axis
 - Commercial Casualty Insurance Company/Wellfleet Insurance
 - Self-Funded Employer Insurance
 - Excluding policies issued by the following employers: N/A
-

Purpose

Experimental/Investigational (E/I) procedures and testing has been identified as an area of possible high financial abuse by providers. As such, Wellfleet is required to review claims containing codes identified as E/I procedures or testing.

The purpose of this document is to:

1. Provide Wellfleet's definition of E/I
 2. Delineate which services fall under E/I
 3. Describe Wellfleet's Payment Policy for claims determined by Wellfleet to fall under within the category of E/I
-

Scope

- All codes on Wellfleet E/I Code List
 - See Attachment A
 - All services/supplies generally accepted/identified as E/I but utilizing Unlisted, NOC, NOS, miscellaneous, or other undefined codes because they are either
 - New and haven't yet been assigned a CPT or HCPCS code
 - Circumventing E/I detection by using an undefined code
 - See Attachment B
-

Definitions

- Experimental/Investigational (E/I): a service or supply that has not been demonstrated in scientifically valid clinical trials and research studies to be safe and effective for a particular indication AND/OR the service or supply is not within the range of accepted, appropriate medical practice under the standards of the case and by the standards of a reasonably

substantial, qualified, responsible, relevant segment of the medical community or government oversight agencies.

- Unlisted, NOC, NOS, miscellaneous, or other undefined codes: Current Procedural Terminology (CPT) codes administered by the AMA and Healthcare Common Procedural Coding System Level II (HCPCS) codes administered by CMS used for non-specific items. These are 5-digit alpha/numeric codes, generally ending in “89” or “99” though some endings may vary.

Guidelines

1. Wellfleet limits coverage to services/supplies which are proven safe, efficacious and comparable or superior to conventional services/supplies. Any service/supply that:
 - A. Hasn't been proven safe, efficacious, and/or comparable or superior to conventional services/supplies,
 - B. Is not within the range of accepted, appropriate medical practice under the standards of the case and by the standards of a reasonably substantial, qualified, responsible, relevant segment of the medical community or government oversight agencies
 is considered Experimental/Investigational/Experimental(E/I) and is not a covered benefit.
2. All items on Attachment A: Wellfleet E/I Code List are considered E/I
3. Certain service/supplies generally recognized as E/I may not be on Wellfleet's S/I code list either because they are new and haven't yet been assigned a CPT/HCPCS code or the provider has chosen to use an Unlisted/Miscellaneous/etc. code.
 - A. If medical records are sent in as part of an appeal of a denial for inclusion on Wellfleet Unlisted Code List Attachment B: should be reviewed by a clinical resource (either by Wellfleet or a vendor network as per Wellfleet protocol at the time of the appeal) for possible E/I.

Attachments

1. Attachment A: Wellfleet E/I Code List
2. Attachment B: Wellfleet Unlisted Code List

Change History

Version	Effective Date	Next Review Date
1.0	1/1/2019	1/1/2020



**Experimental/
Investigational**

PAYMENT GUIDELINE

Guideline No: GL-016

1.0 (no changes)	1/1/2019	9/1/2020
------------------	----------	----------

**Attachment
A:
Wellfleet E/I
Code List**

Attachment A: Wellfleet E/I Code List	
CODE	Description
15150	Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less
15151	Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
15152	Tissue cultured epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15155	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
15156	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
15157	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List sep
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (eg, breast, trunk) (List separately in addition to code for primary procedure)
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma
20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)

20910	Remove Cartilage For Graft
20912	Remove Cartilage For Graft
20975	Electrical stimulation to aid bone healing; invasive (operative)
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (i.e., general or monitored anesthesia care)
21230	Rib Cartilage Graft
22505	Manipulation of spine requiring anesthesia, any region
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more add'l levels (List separately in addition to code for primary procedure)
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
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, single interspace
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
22862	Revision including replacement of total disc arthroplasty (artificial disc) anterior approach, lumbar, single interspace
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
24300	Manipulation, elbow, under anesthesia
25259	Manipulation, wrist, under anesthesia
25675	Closed treatment of distal radioulnar dislocation with manipulation
26341	Manipulation, palmar fascial cord (i.e. Dupuytren's cord, post enzyme injection)
27275	Manipulation, hip joint, requiring general anesthesia
27412	Autologous chondrocyte implantation, knee
27415	Osteochondral allograft, knee, open
27416	Osteochondral autograft(s) , knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
27702	Arthroplasty, ankle; with implant (total ankle)
27703	Arthroplasty, ankle; revision, total ankle
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)
28446	Open osteochondral autograft, talus (includes obtaining graft(s))
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral

31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes
32491	Removal of lung, other than total pneumonectomy; excision-plectomy of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure
32664	Thoracoscopy, surgical; with thoracic sympathectomy
32994	ABLATE PULM TUMOR PERQ CRYBL
33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass
33270	INS/REP SUBQ DEFIBRILLATOR
33340	PERQ CLSR TCAT L ATR APNDGE
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, DOR procedures)
33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thora

PAYMENT GUIDELINE
Guideline No: GL-016

33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending t
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension
33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separate)
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta
33927	IMPLTJ TOT RPLCMT HRT SYS
33928	RMVL & RPLCMT TOT HRT SYS
33929	RMVL RPLCMT HRT SYS F/TRNSPL
34841	ENDOVASC VISC AORTA 1 GRAFT
34842	ENDOVASC VISC AORTA 2 GRAFT
34843	ENDOVASC VISC AORTA 3 GRAFT
34844	ENDOVASC VISC AORTA 4 GRAFT
34845	VISC & INFRAREN ABD 1 PROSTH
34846	VISC & INFRAREN ABD 2 PROSTH
34847	VISC & INFRAREN ABD 3 PROSTH
34848	VISC & INFRAREN ABD 4+ PROST
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft
36482	ENDOVEN THER CHEM ADHES 1ST
36483	ENDOVEN THER CHEM ADHES SBSQ
36514	Therapeutic apheresis; for plasma pheresis
36516	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion
36522	Photopheresis, extracorporeal
37790	Penile venous occlusive procedure
41512	Tongue base suspension, permanent suture technique
41530	Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session
43257	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflu
43284	LAPS ESOPHGL SPHNCTR AGMNTJ

43285	RMVL ESOPHGL SPHNCTR DEV
43644	Laparoscopy, surgical, gastic restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
43645	Laparoscopy, surgical, gastic restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
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)
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen
46601	DIAGNOSTIC ANOSCOPY
46607	DIAGNOSTIC ANOSCOPY & BIOPSY
46707	Repair anorectal fist w/plug
52441	CYSTOURETHRO W/IMPLANT
52442	CYSTOURETHRO W/ADDL IMPLANT
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence
55874	TPRNL PLMT BIODEGRDABL MATRL
57700	Cerclage of uterine cervix, nonobstetrical
58674	LAPS ABLTJ UTERINE FIBROIDS
61863	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (E.G., THALAMUS, GLOBUS PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITHOUT USE OF IN
61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (E.G., THALAMUS, GLOBUS PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITH USE OF INTRA
61880	Revision or removal of intracranial neurostimulator electrodes
61885	Insertion Or Replacement Of Cranial Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling; With Connection To A Single Electrode Array
61886	Insertion Or Replacement Of Cranial Neurostimulator Pulse Receiver, Direct Or Inductive Coupling; With Connection To Two Or More Electrode Arrays
61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER
62380	NDSC DCMPRN 1 NTRSPC LUMBAR
63650	Percutaneous Implantation Of Neurostimulator Or Electrode Array, Epidural

63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural
63685	Insertion Or Replactment Of Spinal Neurostimulator Pulse Receiver, Direct Or Inductive Coupling
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve
64555	Percutaneous Implantation Of Neurostimulator Electrodes; Peripheral Nerve (Excludes Sacral Nerve)
64561	Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
64575	Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
64581	Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
64804	Sympathectomy, cervicothoracic
64912	NRV RPR W/NRV ALGRFT 1ST
64913	NRV RPR W/NRV ALGRFT EA ADDL
65710	Keratoplasty (corneal transplant); anterior lamellar
65760	Keratomileusis
65765	Keratophakia
65767	Epikeratoplasty
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
78456	Acute venous thrombosis imaging, peptide
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
81210	BRAF (v-raf murine sarcoma viral oncogene homolog B1) (eg, colon cancer), gene analysis, V600E variant

81212	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants
81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
81223	CFTR GENE FULL SEQUENCE
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, Bacterial Artificial Chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant
81241	F5 (coagulation Factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant
81243	FMR1 GENE DETECTION
81244	FMR1 GENE CHARACTERIZATI
81252	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence
81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])
81287	MGMT GENE METHYLATION ANAL
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants

81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
81301	Microsatellite instability analysis (eg, hereditary nonpolyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain ac
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABL (c-abl oncogene 1, receptor tyrosine
81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant

	analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ABL1 (c-abl on
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) BTD
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons) CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase iso
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia) CAPN3 (Calpain 3) (eg, limb-girdle muscular dystroph
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) SCN1A (sodium channel, voltage-gated, type
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence RYR1 (ryano
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adonectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score
86486	Skin test; unlisted antigen, each
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session
88384	Array-based evaluation of multiple molecular probes; 11 through 50 probes
89329	Sperm evaluation; hamster penetration test
90399	Unlisted Immune Globulin
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report
92971	Cardioassist-method of circulatory assist; external
93580	Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial septal defect) with implant
93702	BIS XTRACELL FLUID ANALYSIS
93895	CAROTID INTIMA ATHEROMA EVAL
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)

PAYMENT GUIDELINE
Guideline No: GL-016

97610	LOW FREQUENCY NON-THERMAL US
99183	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION
0002U	ONC CLRCT 3 UR METAB ALG PLP
0003U	ONC OVAR 5 PRTN SER ALG SCOR
0006U	RX MNTR 120+ DRUGS & SBSTS
0007U	HPYLORI DETCJ ABX RSTNC DNA
0008U	RX TEST PRSMV UR W/DEF CONF
0010U	NFCT DS STRN TYP WHL GEN SEQ
0011U	RX MNTR LC-MS/MS ORAL FLUID
0012U	GERMLN DO GENE REARGMT DETCJ
0013U	ONC SLD ORG NEO GENE REARGMT
0014U	HEM HMTLMF NEO GENE REARGMT
0016U	ONC HMTLMF NEO RNA BCR/ABL1
0017U	ONC HMTLMF NEO JAK2 MUT DNA
0052U	LPOPRTN BLD W/5 MAJ CLASSES
0058T	Cryopreservation; reproductive tissue, ovarian
0059T	Cryopreservation; oocyte(s)
0066U	PAMG-1 IA CERVICO-VAG FLUID
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue
0085T	Breath test for heart transplant rejection
0098T	Revision of total disc arthroplasty, anterior approach; each additional interspace (List separately in addition to code for primary procedure)
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle
0111T	Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, each additional interspace
0165T	Revision of total disc arthroplasty, anterior approach, lumbar, each additional interspace
0174T	Computer aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed c

0175T	Computer aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed r
0191T	Insertion of anterior segment aqueous drainage device; internal approach
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report
0200T	Percutaneous sacral augmentation (sacroplasty) unilateral injection(s), inc the use of a balloon or mechanical device (if utilized), one or more needles
0201T	Percutaneous sacral augmentation (sacroplasty) unilateral injection(s), inc the use of a balloon or mechanical device (if utilized), two or more needles
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral
0208T	Automated Audiometry Air
0209T	Auto Audiometry Air/Bone
0210T	Auto Audiometry SP Thresh
0211T	Auto Audiometry SP Recog
0212T	Comprehen Auto Audiometry
0213T	Us Facet JT INJ Cerv/T1 Lev
0214T	Us Fact JT INJ Cerv/T2 Lev
0215T	Us Facet JT INJ Cerv/T3 Lev
0216T	Us Facet JT INJ LS1 Level
0217T	Us Facet JT INJ LS2 Level
0218T	Us Facet JT INJ LS3 Level
0219T	Fuse Spine Facet JT Cerv
0228T	US TFRML EDRL INJ CRV/T 1LVL
0229T	US TFRML EDRL INJ CRV/T +LVL
0230T	US TFRML EDRL INJ L/S 1LVL
0231T	US TFRML EDRL INJ L/S +LVL
0232T	INJ PLSM IMG GUID HRVST&PREP
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space
0254T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral;
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if

	performed; complete procedure including unilateral or bilateral bone marrow harvest. Complete procedure excluding bone marrow harvest
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest. Unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)
0267T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed) Lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
0268T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed) Pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)
0270T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed) lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
0271T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed) pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day);
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming
0274T	Percutaneous laminotomy/laminectomy (intradiscal approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic
0275T	Percutaneous laminotomy/laminectomy (intradiscal approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar

0290T	Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)
0308T	INSERTION OF OCULAR TELESCOPE PROSTHESIS INCLUDING REMOVAL OF CRYSTALLINE LENS
0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming
0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator
0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator
0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator
0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed
0329T	MNTR IO PRESS 24HRS/> UN
0330T	TEAR FILM IMG UNI/BI W/I
0333T	VISUAL EP ACUITY SCREEN
0335T	EXTRAOSSEOUS JOINT STABLJ
0338T	TRANSCATH RENAL SYMP DENERV
0339T	TRANSCATH RENAL SYMP DENERV
0341T	QUANT PUPILLOMETRY W/ RPRT
0342T	THXP APHERESIS W/ HDL DELIP
0345T	TRANSCATH MTRAL VLVE REPAIR
0347T	INS BONE DEVICE FOR RSA
0348T	RSA SPINE EXAM
0349T	RSA UPPER EXTR EXAM
0350T	RSA LOWER EXTR EXAM
0351T	INTRAOP OCT BRST/NODE SPEC
0352T	OCT BRST/NODE I&R PER SPEC
0353T	INTRAOP OCT BREAST CAVITY
0354T	OCT BREAST SURG CAVITY I&R
0355T	GI TRACT CAPSULE ENDOSCOPY
0356T	INSRT DRUG DEVICE FOR IOP
0357T	CRYOPRESERVATION OOCYTE(S)

0358T	BIA WHOLE BODY
0377T	ANOSCPY INJ AGENT FOR INCONT
0378T	VISUAL FIELD ASSMNT REV/RPRT
0379T	VIS FIELD ASSMNT TECH SUPPT
0380T	COMP ANIMAT RET IMAG SERIES
0381T	EXT H RATE EPI SZ 14 DAYS
0382T	EXT H RATE SZ 14 DAY RI ONLY
0383T	EXT H RATE SZ UP TO 30 DAYS
0384T	EXT H RATE SZ UP TO 30 DAYS
0385T	EX H RATE FOR SZ OVR 30 DAY
0386T	EX H RATE SZ 30+ DAY RI ONLY
0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)
0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency
0405T	Oversight of the care of an extracorporeal liver assist system patient requiring review of status, review of laboratories and other studies, and revision of orders and liver assist care plan (as appropriate), within a calendar month, 30 minutes or more of non-face-to-face time
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator
0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system

0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contractility modulation system
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral
0423T	Secretory type II phospholipase A2 (sPLA2-IIA)
0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only
0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only
0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea
0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session
0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study
0439T	MYOCDR CONTRAST PRFUJ ECHO
0440T	ABLTJ PERC UXTR/PERPH NRV
0441T	ABLTJ PERC LXTR/PERPH NRV
0442T	ABLTJ PERC PLEX/TRNCL NRV
0443T	R-T SPCTRL ALYS PRST8 TISS
0444T	1ST PLMT DRUG ELUT OC INS
0445T	SBSQT PLMT DRUG ELUT OC INS
0446T	INSJ IMPLTBL GLUCOSE SENSOR
0447T	RMVL IMPLTBL GLUCOSE SENSOR
0448T	REMV L INSJ IMPLTBL GLUC SENS

PAYMENT GUIDELINE
Guideline No: GL-016

0449T	INSJ AQUEOUS DRAIN DEV 1ST
0450T	INSJ AQUEOUS DRAIN DEV EACH
0451T	INSJ/RPLCMT AORTIC VENTR SYS
0452T	INSJ/RPLCMT DEV VASC SEAL
0453T	INSJ/RPLCMT MECH-ELEC NTRFCE
0454T	INSJ/RPLCMT SUBQ ELECTRODE
0455T	REMLV AORTIC VENTR CMPL SYS
0456T	REMLV AORTIC DEV VASC SEAL
0457T	REMLV MECH-ELEC SKIN NTRFCE
0458T	REMLV SUBQ ELECTRODE
0459T	RELOCAJ RPLCMT AORTIC VENTR
0460T	REPOS AORTIC VENTR DEV ELTRD
0461T	REPOS AORTIC CONTRPULSJ DEV
0462T	PRGRMG EVL AORTIC VENTR SYS
0463T	INTERROG AORTIC VENTR SYS
0464T	VISUAL EP TEST FOR GLAUCOMA
0465T	SUPCHRDL NJX RXW/O SUPPLY
0466T	INSJ CHWAL RESPIR ELTRD/RA
0467T	REVJ/RPLMNT CH RESPIR ELTRD
0468T	RMVL CHWAL RESPIR ELTRD/RA
0472T	PRGRMG IO RTA ELTRD RA
0473T	REPRGRMG IO RTA ELTRD RA
0474T	INSJ AQUEOUS DRG DEV IO RSVR
0475T	REC FTL CAR SGL 3 CH I&R
0476T	REC FTL CAR SGL ELEC TR DATA
0477T	REC FTL CAR SGL XRTJ ALYS
0478T	REC FTL CAR 3 CH REV I&R
0479T	FXJL ABL LSR 1ST 100 SQ CM
0480T	FXJL ABL LSR EA ADDL 100SQCM
0481T	NJX AUTOL WBC CONCENTRATE
0483T	TMVI PERCUTANEOUS APPROACH

PAYMENT GUIDELINE
Guideline No: GL-016

0484T	TMVI TRANSTHORACIC APPROACH
0485T	OCT MID EAR I&R UNILATERAL
0486T	OCT MID EAR I&R BILATERAL
0487T	TRVG BIOMCHN MAPG W/REPR
0489T	REGN CELL TX SCLDR HANDS
0490T	REGN CELL TX SCLDR H MLT INJ
0491T	ABL LSR OPN WND 1ST 20 SQCM
0492T	ABL LSR OPN WND ADDL 20 SQCM
0493T	NEAR IFR SPECTRSC OF WOUNDS
0494T	PREP & CANNULJ CDVR DON LUNG
0495T	MNTR CDVR DON LNG 1ST 2 HRS
0496T	MNTR CDVR DON LNG EA ADDL HR
0505T	EV FEMPOP ARTL REVSC
0506T	MAC PGMPT OPT DNS MEAS HFP
0507T	NEAR IFR 2IMG MIBMN GLND I&R
0508T	PLS ECHO US B1 DNS MEAS TIB
0509T	PATTERN ERG W/I&R
0511T	RMVL&RINSJ SINUS TARSI IMPLT
0512T	ESW INTEG WND HLG 1ST WND
0513T	ESW INTEG WND HLG EA ADDL
0514T	INTRAOP VIS AXIS ID PT FIXJ
0515T	INSJ WCS LV COMPL SYS
0516T	INSJ WCS LV ELTRD ONLY
0517T	INSJ WCS LV PG COMPNT
0519T	RMVL & RPLCMT PG COMPNT WCS
0520T	RMVL&RPLCMT PG WCS NEW ELTRD
0521T	INTERROG DEV EVAL WCS IP
0522T	PRGRMG DEV EVAL WCS IP
0523T	NTRAPX C FFR W/3D FUNCJL MAP
0524T	EV CATH DIR CHEM ABLTJ W/IMG
0525T	INSJ/RPLCMT COMPL IIMS

PAYMENT GUIDELINE
Guideline No: GL-016

0526T	INSJ/RPLCMT IIMS ELTRD ONLY
0527T	INSJ/RPLCMT IIMS IMPLT MNTR
0528T	PRGRMG DEV EVAL IIMS IP
0529T	INTERROG DEV EVAL IIMS IP
0533T	CONT REC MVMT DO 6-10 DAYS
0534T	CONT REC MVMT DO SETUP&TRAIN
0535T	CONT REC MVMT DO REPRT CNFIG
0536T	CONT REC MVMT DO DL W/I&R
0537T	BLD DRV T LYMPHCYT CAR-T CLL
0538T	BLD DRV T LYMPHCYT PREP TRNS
0539T	RECEIPT&PREP CAR-T CLL ADMN
0540T	CAR-T CLL ADMN AUTOLOGOUS
0541T	MYOCARDIAL IMAGING MCG
0542T	MYOCARDIAL IMAGING MCG I&R
A0140	Nonemergency transport air
A0430	Fixed wing air transport
A0435	Fixed wing air mileage
A4555	CA TX E-STIM ELECTR/TRAN
A4563	Vag inser rectal control sys
A7047	RESP SUCTION ORAL INTERFACE
B4105	Enzyme cartridge enteral nut
C1821	Interspinous process distraction device (implantable)
C1840	TELESCOPIC INTRAOCULAR L
C1841	RETINAL PROSTH INT/EXT C
C1842	Retinal prosth, add-on
C2614	Probe, percutaneous lumbar discectomy
C2624	Wireless pressure sensor
C5271	LOW COST SKIN SUBSTITUTE APP
C5272	LOW COST SKIN SUBSTITUTE APP
C5273	LOW COST SKIN SUBSTITUTE APP
C5274	LOW COST SKIN SUBSTITUTE APP

C5275	LOW COST SKIN SUBSTITUTE APP
C5276	LOW COST SKIN SUBSTITUTE APP
C5277	LOW COST SKIN SUBSTITUTE APP
C5278	LOW COST SKIN SUBSTITUTE APP
C9352	NEURAGEN NERVE GUIDE, PE
C9353	NEURAWRAP NERVE PROTECTO
C9358	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 square cm
C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square cm
C9364	Porcine implant, Permacol, per square centimeter
C9367	Endoform Dermal Template
C9727	Insertion of implants into the soft palate; minimum of three implants
C9734	U/S TRTMT, NOT LEIOMYOMA
C9739	Cystoscopy prostatic imp 1-3
C9740	Cysto impl 4 or more
C9743	Bulking/spacer material impl
C9745	Nasal endo eustachian tube
C9746	Trans imp balloon cont
C9747	Ablation, HIFU, prostate
E0446	Topical oxygen delivery system not otherwise specified, includes all supplies and accessories
E0766	ELEC STIM CANCER TREATMENT
G0166	External counterpulsation, per treatment session
G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment
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 treatm
G0422	Intens Cardiac Rehab W/Exerc
G0423	Intens Cardiac Rehab No Exer
G0428	Collagen Meniscus Implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)
G0429	Dermal Filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highy active antiretroviral therapy)
G0448	INSERTION OR REPLACEMENT OF A PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH TRANSVENOUS LEAD(S),

	SINGLE OR DUAL CHAMBER WITH INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen
G0460	AUTOLOGOUS PRP FOR ULCER
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, analcanal, 1 ml, includes shipping and necessary supplies
L8608	Arg ii ext com/sup/acc misc
L8641	Metatarsal joint implant
L8642	Hallux implant
L8698	Misc used with tot art heart
Q1004	New technology intraocular lens category 4 as defined in Federal Register notice
Q1005	New technology intraocular lens category 5 as defined in Federal Register notice
Q2026	Injection, Radiesse, 0.1 ML
Q4100	Skin Substitute, Not Otherwise Specified
Q4102	Skin Substitute, Oasis Wound Matrix, Per Square Centimeter
Q4103	Skin Substitute, Oasis Burn Matrix, Per Square Centimeter
Q4106	DERMAGRAFT SKIN SUB
Q4107	Skin Substitute, Graftjacket, Per Square Centimeter
Q4110	Skin Substitute, Primatrix, Per Square Centimeter
Q4111	Skin Substitute, Gammagraft, Per Square Centimeter
Q4112	Allograft, Cymetra, Injectable , 1CC
Q4113	Allograft, Graft Jacket Express, Injectable, 1CC
Q4114	Allograft, Integra Flowable Wound Matrix, Injectable, 1CC
Q4115	Skin substitute, Alloskin, per square centimeter
Q4117	HYALOMATRIX, per sq cm
Q4118	MatriStem micromatrix, 1 mg
Q4121	TheraSkin, per sq cm
Q4122	DERMACELL, PER SQUARE CENTIMETER

PAYMENT GUIDELINE
Guideline No: GL-016

Q4123	ALLOSKIN RT, PER SQUARE CENTIMETER
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQUARE CENTIMETER
Q4125	ARTHROFLEX, PER SQUARE CENTIMETER
Q4126	MEMODERM, PER SQUARE CENTIMETER
Q4127	TALYMED, PER SQUARE CENTIMETER
Q4128	FLEXHD OR ALLOPATCH HD, PER SQUARE CENTIMETER
Q4130	STRATTICE TM, PER SQUARE CENTIMETER
Q4132	Grafix core, per square centimeter
Q4133	Grafix prime, per square centimeter
Q4134	Hmatrix, per square centimeter
Q4135	Mediskin, per square centimeter
Q4136	Ez-derm, per square centimeter
Q4137	AMNIOEXCEL OR BIODEXCEL, 1CM
Q4138	BIODFENCE DRYFLEX, 1CM
Q4139	AMNIO OR BIODMATRIX, INJ 1CC
Q4140	BIODFENCE 1CM
Q4141	ALLOSKIN AC, 1 CM
Q4142	XCM BIOLOGIC TISS MATRIX 1CM
Q4143	REPRIZA, 1CM
Q4145	EPIFIX, INJ, 1MG
Q4146	TENSIX, 1CM
Q4147	ARCHITECT ECM, 1CM
Q4148	NEOX 1K, 1CM
Q4149	EXCELLAGEN, 0.1 CC
Q4150	Allowrap ds or dry 1 sq cm
Q4151	Amnioband, guardian 1 sq cm
Q4152	Dermapure 1 square cm
Q4153	DermaVest 1 square cm
Q4154	Biovance 1 square cm
Q4155	Neoxflo or clarixflo 1 mg
Q4156	Neox 100 1 square cm

PAYMENT GUIDELINE
Guideline No: GL-016

Q4157	Revitalon 1 square cm
Q4158	Marigen 1 square cm
Q4159	Affinity1 square cm
Q4160	Nushield 1 square cm
Q4161	Bio-connekt wound matrix, per square centimeter
Q4162	Amniopro flow, bioskin flow, biorenew flow, woundex flow, amniogen-a, amniogen-c, 0.5 cc
Q4163	Amniopro, bioskin, biorenew, woundex, amniogen-45, amniogen-200, per square centimeter
Q4164	Helicoll, per square centimeter
Q4165	Keramatrix, per square centimeter
Q4176	Neopatch, per sq centimeter
Q4177	Floweramnioflo, 0.1 cc
Q4178	Floweramniopatch, per sq cm
Q4179	Flowerderm, per sq cm
Q4180	Revita, per sq cm
Q4181	Amnio wound, per square cm
Q4183	Surgigraft, 1 sq cm
Q4184	Cellesta, 1 sq cm
Q4185	Cellesta flowab amnion 0.5cc
Q4186	Epifix 1 sq cm
Q4187	Epicord 1 sq cm
Q4188	Amnioarmor 1 sq cm
Q4189	Artacent ac, 1 mg
Q4190	Artacent ac 1 sq cm
Q4191	Restorigin 1 sq cm
Q4192	Restorigin, 1 cc
Q4193	Coll-e-derm 1 sq cm
Q4194	Novachor 1 sq cm
Q4195	Puraply 1 sq cm
Q4196	Puraply am 1 sq cm
Q4197	Puraply xt 1 sq cm
Q4198	Genesis amnio membrane 1sqcm

PAYMENT GUIDELINE
Guideline No: GL-016

Q4200	Skin te 1 sq cm
Q4201	Matrion 1 sq cm
Q4202	Keroxx (2.5g/cc), 1cc
Q4203	Derma-gide, 1 sq cm
Q4204	Xwrap 1 sq cm
S0810	Photorefractive Keratectomy
S1090	MOMETASONE FUROATE SINUS IMPLANT, 370 MICROGRAMS
S2107	Adoptive immunotherapy i.e., development of specific anti-tumor reactivity (e.g. tumor-infiltrating lymphocyte therapy) per course of treatment
S2117	Arthroereisis, Subtalar
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar
S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero
S2404	Repair, myelomeningocele in the fetus, procedure performed in uter
S3842	GENE TEST HIPPEL-LINDAU
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (scn5a) and variants for suspected Brugada syndrome
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or mental retardation
S8080	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical
S9055	Procuren or other growth factor preparation to promote wound healing
S9960	AIR AMBULANC NONEMERG FIXED
S9961	AIR AMBULAN NONEMERG ROTARY
T1000	Private Duty/Independent Nsg

Attachment B: Wellfleet Unlisted Code List	
CODE	DESCRIPTION
15999	Unlisted procedure, excision pressure ulcer
17999	Unlisted procedure, skin, mucous memb, subq tiss
19499	Unlisted procedure, breast
20999	Unlisted procedure, musculoskeletal system, general
21089	Unlisted maxillofacial procedure
21299	Unlisted craniofacial and maxillofacial procedure
21499	Unlisted musculoskeletal procedure, head
21899	Unlisted procedure, neck or thorax
22899	Unlisted spinal proc
22999	Unlisted procedure, abdomen, musculoskeletal system
23929	Unlisted procedure, shoulder
24999	Unlisted procedure, humerus or elbow
25999	Unlisted procedure, forearm and wrist
26989	Unlisted procedure, hands or fingers
27299	Unlisted procedure, pelvis or hip joint
27599	Unlisted procedure, femur or knee
27899	Unlisted procedure, leg or ankle
28899	Unlisted procedure, foot or toes
29799	Unlisted procedure, casting or strapping
29999	Unlisted procedure, arthroscopy
30999	Unlisted procedure, nose
31299	Unlisted procedure, accessory sinuses
31599	Unlisted procedure, larynx
31899	Unlisted procedure, trachea, bronchi
32999	Unlisted procedure, lungs and pleura
33999	Unlisted procedure, cardiac surgery
36299	Unlisted procedure, vascular injection
37501	Unlisted vascular endoscopy procedure
37799	Unlisted procedure, vascular surgery
38129	Unlisted laparoscopy procedure, spleen
38589	Unlisted laparoscopy procedure, lymphatic system
38999	Unlisted procedure, hemic or lymphatic system
39499	Unlisted procedure, mediastinum
39599	Unlisted procedure, diaphragm
40799	Unlisted procedure, lips

40899	Unlisted procedure, vestibule of mouth
41599	Unlisted procedure, tongue, floor of mouth
41899	Unlisted procedure, dentoalveolar structures
42299	Unlisted procedure, palate, uvula
42699	Unlisted procedure, salivary glands or ducts
42999	Unlisted procedure, pharynx, adenoids, or tonsils
43289	Unlisted laparoscopy procedure, esophagus
43499	Unlisted procedure, esophagus
43659	Unlisted laparoscopy procedure, stomach
43999	Unlisted procedure, stomach
44238	Unlisted laparoscopy procedure, intestine (xcpt rectum)
44799	Unlisted procedure, intestine
44899	Unlisted procedure, Meckel's diverticulum & mesentery
44979	Unlisted laparoscopy procedure, appendix
45399	UNLISTED PROCEDURE COLON
45499	Unlisted laparoscopy procedure, rectum
45999	Unlisted procedure, rectum
46999	Unlisted procedure, anus
47379	Unlisted laparoscopic procedure, live
47399	Unlisted procedure, liver
47579	Unlisted laparoscopy procedure, biliary tract
47999	Unlisted procedure, biliary tract
48999	Unlisted procedure, pancreas
49329	Unlisted lap procedure, abd, peritoneum and omentum
49659	Unlisted lap proc, hernioplast, herniorrhaph, herniotom
49999	Unlisted procedure, abd, peritoneum and omentum
50549	Unlisted laparoscopy procedure, renal
50949	Unlisted laparoscopy procedure, ureter
51999	Unlisted laparoscopy procedure, bladder
53899	Unlisted procedure, urinary system
54699	Unlisted laparoscopy procedure, testis
55899	Unlisted procedure, male genital system
58578	Unlisted laparoscopy procedure, uterus
58579	Unlisted hysteroscopy procedure, uterus
58679	Unlisted laparoscopy procedure, oviduct, ovary
58999	Unlisted proc female genital syst
59897	Unlisted fetal inva proc, including ultrasound guidance

59898	Unlisted lap procedure, maternity care and delivery
59899	Unlisted procedure, maternity care and delivery
60659	Unlisted laparoscopy procedure, endocrine system
60699	Unlisted procedure, endocrine system
64999	Unlisted procedure, nervous system
66999	Unlisted procedure, anterior segment of eye
67299	Unlisted procedure, posterior segment
67399	Unlisted procedure, ocular muscle
67599	Unlisted procedure, orbit
67999	Unlisted procedure, eyelids
68399	Unlisted procedure, conjunctiva
68899	Unlisted procedure, lacrimal system
69399	Unlisted procedure, external ear
69799	Unlisted procedure, middle ear
69949	Unlisted procedure, inner ear
69979	Unlisted procedure, temporal bone, middle fossa appr
76496	Unlisted fluoroscopic procedure (e.g., diagnostic, interventional)
76497	Unlisted computed tomography procedure (e.g., diagnostic, interventional)
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)
76499	Unlisted diagnostic radiographic procedure
76999	Unlisted ultrasound procedure (e.g., diagnostic, interventional)
77299	Unlisted procedure, therapeutic radiology clinical treatment planning
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
77499	Unlisted procedure, therapeutic radiology treatment management
77799	Unlisted procedure, clinical brachytherapy
78099	Unlisted endocrine procedure, diagnostic nuclear medicine
78199	Unlisted hemat/retic-endothl/lymph proc, dx nuc med
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine
78399	Unlisted musc-skel- proc, diagnostic nuclear medicine
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine
78599	Unlisted respiratory procedure, diagnostic nuclear medicine
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
79999	Radiopharmaceutical therapy, unlisted procedure

81099	Unlisted urinalysis procedure
81479	Unlisted molecular pathology procedure
81599	Unlisted multianalyte assay with algorithmic analysis
84999	Unlisted chemistry procedur
85999	Unlisted hematology or coag procedure
86849	Unlisted immunology procedure
86999	Unlisted transfusion medicine procedure
87299	Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism
87999	Unlisted microbiology procedure
88199	Unlisted cytopathology procedure
88299	Unlisted cytogenetic study
88399	Unlisted surgical pathology procedure
89240	Unlisted miscellaneous pathology test
89398	Unlisted reprod med lab proc
90399	Unlisted immune globulin
90749	Unlisted vaccine/toxoid
90899	Unlisted psychiatric service or procedure
91299	Unlisted diagnostic gastroenterology procedure
92499	Unlisted ophthalmological service or procedure
92700	Unlisted otorhinolaryngological service or procedure
93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant
93799	Unlisted cardiovascular service or procedure
93998	Unlisted noninvasive vascular diagnostic study
94799	Unlisted pulmonary service or procedure
95199	Unlisted allergy/clinical immunologic service or procedure
95999	Unlisted neuro/neuromusc diagnostic procedure
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
96549	Inpatient Injectable/Infusion
96999	Unlisted special dermatological service or procedure
97139	Unlisted therapeutic procedure (specify)
97799	Unlisted physical medicine/rehabilitation service or procedure
99199	Unlisted special service, procedure or report
99429	Unlisted preventive medicine service
99499	Unlisted evaluation and management service

99600	Unlisted home visit service or procedure
A0999	Unlisted ambulance service
A4335	Incontinence supply; miscellaneous
A4421	Ostomy supply; miscellaneous
A4649	Surgical supply; miscellaneous
A9699	RADIOPHARM RX AGENT NOC
A9901	DME delivery, set up, and/or dispensing service component of another HCPCS code
B9998	NOC for enteral supplies
B9999	NOC for parenteral supplies
C1889	Implant/insert device, noc
C9399	Unclassified drugs or biologicals
D0321	Other temporomandibular joint radiographic images, by report
D0502	Other oral pathology procedures, by report
D0999	Unspecified diagnostic procedure, by report
D2999	Unspecified restorative procedure, by report
D3999	Unspecified endodontic procedure, by report
D5899	Unspecified removable prosthodontic procedure, by report
D5999	Unspecified maxillofacial prosthesis, by report
D6999	Unspecified fixed prosthodontic procedure, by report
D7899	Unspecified TMD therapy, by report
D7999	Unspecified oral surgery procedure, by report
D8999	Unspecified orthodontic procedure, by report
D9630	Other drugs and/or medicaments dispensed in the office for home use by report
D9999	Unspecified adjunctive procedure, by report
E1399	Durable medical equipment , miscellaneous
G0235	PET imaging, any site, not otherwise specified
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare qualifying clinical trial, per day
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day
H0046	Mental health services, not otherwise specified
H0047	Alcohol and/or other drug abuse services, not otherwise specified
J3490	Unclassified Drugs
J3590	Unclassified biologics

J7699	Inhalation soln NOC
J7799	NOC Drugs; other than inhalation
J7999	Compounded drug, not otherwise classified
J8499	Oral prescription drug, non-chemo, NOS
J8597	Antiemetic drug, oral, not otherwise specified
J8999	Oral prescription drug, chemo, NOS
J9999	Not otherwise classified, antieoplastic drugs
L0999	Addition to spinal orthotic, not otherwise specified
L1499	Spinal orthotic, not otherwise specified
L2999	Lower extremity orthotic, not otherwise specified
L3999	Upper limb orthotic, not otherwise specified
L5999	Lower Extremity Prosthesis, Not Otherwise Specified
L7499	UPPR EXTREM PROTHES NOS
L8499	Unlisted Procedure Misc Prosth
L5999	Lower extremity prosthesis, not otherwise specified
L7499	Upper extremity prosthesis, not otherwise specified
L8499	Unlisted procedure for miscellaneous prosthetic services
L8699	Prosthetic implant, not otherwise specified
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code
Q0181	Unspecified oral dosage form, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device
Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A
Q2039	Influenza virus vaccine, not otherwise specified
Q4050	Cast supplies, for unlisted types and materials of casts
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)
Q4082	Drug/biolog, NOC, Part B drug competitive
S0590	Integral lens service, miscellaneous services reported separately
S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified
S5000	Prescription drug, generic

PAYMENT GUIDELINE
Guideline No: GL-016

S5001	Prescription drug, brand name
S8189	Tracheostomy supply, not otherwise classified
S8415	Supplies for home delivery of infant
S9379	Home infusion therapy, not otherwise classified; per diem
S9445	Patient education, not otherwise classified, nonphysician provider, individual, per session
S9446	Patient education, not otherwise classified, nonphysician provider, group, per session
T5999	Supply, not otherwise specified
V2199	Not otherwise classified, single vision lens
V2599	Contact lens, other type
V2629	Prosthetic eye, other type
V2799	Vision item or service, miscellaneous
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified

(INTERNAL USE ONLY)
Related Documents:

- Wellfleet Administrative Procedure: \\ATHENA\Shared Document Library\$\Claims Processing\Training\Claims & CSR Training Manual\18.0 Guidelines\Guidelines\ Experimental-Investigational

Authorization Log

	NAME	TITLE	SIGNATURE	DATE
Prepared by:	Barrie Baker, MD, MBA	Chief Medical Officer		7/15/19
Authorized by:	Barrie Baker, MD, MBA	Chief Medical Officer		9/13/19
Authorized by:	Brad Newell	Chief Financial Officer		9/24/19

Original Effective Date

1/1/2019

Review Log

VERSION	DATE REVIEWED	REVIEWER NAME/TITLE	SIGNATURE	NEXT REVIEW DATE
1.0	12/18/2019	Jennifer Stevens/ Director of Pharmacy		9/1/2020