EviCore
By EVERNORTH

Cigna

# Cigna Commercial
## Prior Authorization Procedure Code List: Other Services

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Other Services | Potentially Cosmetic | 11950 | Subcutaneous injection of filling material (eg, collagen); 1 cc or less | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 11951 | Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 11952 | Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 11954 | Subcutaneous injection of filling material (eg, collagen); over 10.0 cc | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 15011 | Harvest of skin for skin cell suspension autograft; first 25 sq cm or less | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 15012 | Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | 15013 | Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 15014 | Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | 15015 | Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 15016 | Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | 15017 | Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 15018 | Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 15150 | Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 15151 | Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 15152 | Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 15155 | Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 15156 | Tissue cultured skin 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) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 15157 | Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | 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 | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 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) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | 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 | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 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) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | 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 | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 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) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | 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 infants and children | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 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) | - Add On | CareCore National | |
| Other Services | Potentially Cosmetic | 15769 | Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia) | Yes | CareCore National | |

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| Other Services | Potentially Cosmetic | 15771 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15772 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Potentially Cosmetic | 15773 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15774 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Potentially Cosmetic | 15777 | Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 15778 | Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15786 | Abrasion; single lesion (eg, keratosis, scar) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15787 | Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Potentially Cosmetic | 15820 | Blepharoplasty, lower eyelid; | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15821 | Blepharoplasty, lower eyelid; with extensive herniated fat pad | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15822 | Blepharoplasty, upper eyelid; | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15823 | Blepharoplasty, upper eyelid; with excessive skin weighting down lid | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15824 | Rhytidectomy; forehead | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15825 | Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15828 | Rhytidectomy; cheek, chin, and neck | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15829 | Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15830 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15832 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15833 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15834 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15835 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15836 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15837 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15838 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15839 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15847 | Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Potentially Cosmetic | 15876 | Suction assisted lipectomy; head and neck | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15877 | Suction assisted lipectomy; trunk | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15878 | Suction assisted lipectomy; upper extremity | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15879 | Suction assisted lipectomy; lower extremity | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 17106 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 17107 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 17108 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 17999 | Unlisted procedure, skin, mucous membrane and subcutaneous tissue | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19300 | Mastectomy for gynecomastia | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19316 | Mastopexy | Yes | CareCore National | |

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| Other Services | Potentially Cosmetic | 19318 | Breast reduction | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19325 | Breast augmentation with implant | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19328 | Removal of intact breast implant | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19330 | Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19340 | Insertion of breast implant on same day of mastectomy (ie, immediate) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19342 | Insertion or replacement of breast implant on separate day from mastectomy | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19350 | Nipple/areola reconstruction | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19355 | Correction of inverted nipples | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19357 | Tissue expander placement in breast reconstruction, including subsequent expansion(s) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19370 | Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19371 | Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19380 | Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 19499 | Unlisted procedure, breast | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 20910 | Cartilage graft; costochondral | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 20912 | Cartilage graft; nasal septum | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21025 | Excision of bone (eg, for osteomyelitis or bone abscess); mandible | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21050 | Condylectomy, temporomandibular joint | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21060 | Meniscectomy, partial or complete, temporomandibular joint | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 21073 | Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21085 | Impression and custom preparation; oral surgical splint | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21088 | Impression and custom preparation; facial prosthesis | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 21089 | Unlisted maxillofacial prosthetic procedure | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21110 | Application of interdental fixation device for conditions other than fracture or dislocation, includes removal | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21120 | Genioplasty; augmentation (autograft, allograft, prosthetic material) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21121 | Genioplasty; sliding osteotomy, single piece | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21122 | Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21123 | Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21125 | Augmentation, mandibular body or angle; prosthetic material | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21127 | Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21137 | Reduction forehead; contouring only | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21138 | Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21139 | Reduction forehead; contouring and setback of anterior frontal sinus wall | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21141 | Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21142 | Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21143 | Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21145 | Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts) | Yes | CareCore National | |

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| Other Services | Potentially Cosmetic | 21146 | Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21147 | Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21150 | Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21151 | Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21154 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21155 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21159 | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21160 | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21172 | Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21179 | Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21180 | Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21188 | Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21193 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21194 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21195 | Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21196 | Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21198 | Osteotomy, mandible, segmental; | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21199 | Osteotomy, mandible, segmental; with genioglossus advancement | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21206 | Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21208 | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21209 | Osteoplasty, facial bones; reduction | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21210 | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21215 | Graft, bone; mandible (includes obtaining graft) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21230 | Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21235 | Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21240 | Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21243 | Arthroplasty, temporomandibular joint, with prosthetic joint replacement | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21244 | Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21245 | Reconstruction of mandible or maxilla, subperiosteal implant; partial | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21246 | Reconstruction of mandible or maxilla, subperiosteal implant; complete | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21248 | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21249 | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21270 | Malar augmentation, prosthetic material | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 21299 | Unlisted craniofacial and maxillofacial procedure | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21497 | Interdental wiring, for condition other than fracture | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 21499 | Unlisted musculoskeletal procedure, head | Yes | CareCore National | |

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| Other Services | Outpatient Surgery | 21685 | Hyoid myotomy and suspension | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21740 | Reconstructive repair of pectus excavatum or carinatum; open | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21742 | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 21743 | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 21899 | Unlisted procedure, neck or thorax | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 22999 | Unlisted procedure, abdomen, musculoskeletal system | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 28291 | Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 29804 | Arthroscopy, temporomandibular joint, surgical | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 30150 | Rhinectomy; partial | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 30400 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 30410 | Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 30420 | Rhinoplasty, primary; including major septal repair | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 30430 | Rhinoplasty, secondary; minor revision (small amount of nasal tip work) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 30435 | Rhinoplasty, secondary; intermediate revision (bony work with osteotomies) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 30450 | Rhinoplasty, secondary; major revision (nasal tip work and osteotomies) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 30460 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 30462 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 30465 | Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 30468 | Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 30469 | Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 30520 | Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 30620 | Septal or other intranasal dermatoplasty (does not include obtaining graft) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 30999 | Unlisted procedure, nose | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 31295 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 31296 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 31297 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 31298 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 31299 | Unlisted procedure, accessory sinuses | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 31599 | Unlisted procedure, larynx | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 31899 | Unlisted procedure, trachea, bronchi | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 32664 | Thoracoscopy, surgical; with thoracic sympathectomy | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 32999 | Unlisted procedure, lungs and pleura | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 33289 | Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 36514 | Therapeutic apheresis; for plasma pheresis | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 38129 | Unlisted laparoscopy procedure, spleen | Yes | CareCore National | |

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| Other Services | Experimental / Investigational | 38589 | Unlisted laparoscopy procedure, lymphatic system | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 38999 | Unlisted procedure, hemic or lymphatic system | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 39599 | Unlisted procedure, diaphragm | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 40799 | Unlisted procedure, lips | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 41512 | Tongue base suspension, permanent suture technique | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 41599 | Unlisted procedure, tongue, floor of mouth | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 41874 | Alveoloplasty, each quadrant (specify) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 42140 | Uvulectomy, excision of uvula | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 42145 | Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 42160 | Destruction of lesion, palate or uvula (thermal, cryo or chemical) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 42299 | Unlisted procedure, palate, uvula | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 42699 | Unlisted procedure, salivary glands or ducts | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 42999 | Unlisted procedure, pharynx, adenoids, or tonsils | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 43210 | Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 43257 | Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 43284 | Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 43289 | Unlisted laparoscopy procedure, esophagus | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 43290 | Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 43499 | Unlisted procedure, esophagus | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43644 | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43645 | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 43659 | Unlisted laparoscopy procedure, stomach | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43770 | Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43771 | Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43772 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43773 | Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43774 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43775 | Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43881 | Implantation or replacement of gastric neurostimulator electrodes, antrum, open | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43886 | Gastric restrictive procedure, open; revision of subcutaneous port component only | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43888 | Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43889 | Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 43999 | Unlisted procedure, stomach | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 44238 | Unlisted laparoscopy procedure, intestine (except rectum) | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 44799 | Unlisted procedure, small intestine | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 44979 | Unlisted laparoscopy procedure, appendix | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Other Services | Unlisted Procedure | 45399 | Unlisted procedure, colon | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 45999 | Unlisted procedure, rectum | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 46707 | Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS]) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 46999 | Unlisted procedure, anus | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 47379 | Unlisted laparoscopic procedure, liver | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 47399 | Unlisted procedure, liver | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 47579 | Unlisted laparoscopy procedure, biliary tract | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 47999 | Unlisted procedure, biliary tract | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 48999 | Unlisted procedure, pancreas | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 49329 | Unlisted laparoscopy procedure, abdomen, peritoneum and omentum | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 49659 | Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 49999 | Unlisted procedure, abdomen, peritoneum and omentum | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 50949 | Unlisted laparoscopy procedure, ureter | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 51721 | Insertion of transurethral ablation transducer for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 53451 | Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 53452 | Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 53865 | Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 53899 | Unlisted procedure, urinary system | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 54125 | Amputation of penis; complete | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 54161 | Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 54400 | Insertion of penile prosthesis; non-inflatable (semi-rigid) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 54401 | Insertion of penile prosthesis; inflatable (self-contained) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 54405 | Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 55880 | Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 55881 | Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 55882 | Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 55899 | Unlisted procedure, male genital system | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 55970 | Intersex surgery; male to female | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 55980 | Intersex surgery; female to male | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 56620 | Vulvectomy simple; partial | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 56805 | Clitoroplasty for intersex state | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 57110 | Vaginectomy, complete removal of vaginal wall; | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 57291 | Construction of artificial vagina; without graft | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 57292 | Construction of artificial vagina; with graft | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 57335 | Vaginoplasty for intersex state | Yes | CareCore National | |

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|---|---|---|---|---|---|---|
| Other Services | Experimental / Investigational | 58578 | Unlisted laparoscopy procedure, uterus | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 58579 | Unlisted hysteroscopy procedure, uterus | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 58679 | Unlisted laparoscopy procedure, oviduct, ovary | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 58999 | Unlisted procedure, female genital system (nonobstetrical) | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 59897 | Unlisted fetal invasive procedure, including ultrasound guidance, when performed | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 60660 | Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 60661 | Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Unlisted Procedure | 60699 | Unlisted procedure, endocrine system | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 61736 | Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 61737 | Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 61886 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 61889 | Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 64553 | Percutaneous implantation of neurostimulator electrode array; cranial nerve | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 64567 | Percutaneous electrical nerve field stimulation, cranial nerves, without implantation | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 64590 | Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 64654 | Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming | Yes | CareCore National | |
| Crossover Code for:<br><br>• Primary Program: Other Services<br>• Companion Program: Musculoskeletal (MSK) - Spine Surgery<br><br>(See External Notation column for more details.) | Outpatient Surgery | 64714 | Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus | Yes | CareCore National | This is a crossover code that can be requested under two programs: MSK Spine Surgery or Other Services.<br><br>• If your request is intended to be used in conjunction with MSK Spine Surgery, please submit your request under the MSK Spine program through the CareCoreNational platform. |
| Other Services | Experimental / Investigational | 64910 | Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve | Yes | CareCore National | |
| **Crossover Code for:**<br>**• Primary Program:** Other Services<br>**• Companion Program: Musculoskeletal** - Joint / Spine Surgery<br>*(See External Notation column for more details.)* | Unlisted Procedure | 64999 | Unlisted procedure, nervous system | Yes | CareCore National | This is a crossover code that can be requested under three programs: **MSK Joint**, **MSK Spine Surgery** or **Other Services**.<br>• If your request is intended to be used for **Other Services**, please submit your request under the **Other Services program** through the **CareCoreNational platform**.<br>• If your request is intended to be used for **MSK Spine Surgery**, please submit your request under the **MSK Spine program** through the **CareCoreNational platform**.<br>• If your request is intended to be used for **MSK Joint Surgery**, please submit your request under the **Other Services program** through the **CareCore National platform**. |
| Other Services | Experimental / Investigational | 65710 | Keratoplasty (corneal transplant); anterior lamellar | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 65760 | Keratomileusis | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 65772 | Corneal relaxing incision for correction of surgically induced astigmatism | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 65785 | Implantation of intrastromal corneal ring segments | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 66174 | Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Other Services | Outpatient Surgery | 66175 | Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 66179 | Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 66183 | Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 66683 | Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 66999 | Unlisted procedure, anterior segment of eye | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 67299 | Unlisted procedure, posterior segment | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 67900 | Repair of brow ptosis (supraciliary, mid-forehead or coronal approach) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 67901 | Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 67902 | Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 67903 | Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 67904 | Repair of blepharoptosis; (tarso) levator resection or advancement, external approach | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 67906 | Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 67908 | Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 67911 | Correction of lid retraction | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 67999 | Unlisted procedure, eyelids | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 68899 | Unlisted procedure, lacrimal system | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 69300 | Otoplasty, protruding ear, with or without size reduction | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 69399 | Unlisted procedure, external ear | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 69705 | Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 69706 | Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 69714 | Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 69716 | Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 69799 | Unlisted procedure, middle ear | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 69930 | Cochlear device implantation, with or without mastoidectomy | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 69949 | Unlisted procedure, inner ear | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 91299 | Unlisted diagnostic gastroenterology procedure | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 93799 | Unlisted cardiovascular service or procedure | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 94799 | Unlisted pulmonary service or procedure | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 96920 | Excimer laser treatment for psoriasis; total area less than 250 sq cm | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 96921 | Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 96922 | Excimer laser treatment for psoriasis; over 500 sq cm | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 99183 | Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 99199 | Unlisted special service, procedure or report | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0232T | Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 0449T | Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 0479T | Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm2 or part thereof, or 1% of body surface area of infants and children | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Other Services | Outpatient Surgery | 0480T | Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm2, or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | 0571T | Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0600T | Ablation, irreversible electroporation; 1 or more tumors per organ, other than liver or prostate, including imaging guidance, when performed, percutaneous | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0601T | Ablation, irreversible electroporation; 1 or more tumors per organ, including fluoroscopic and ultrasound guidance, when performed, open | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 0671T | Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0807T | Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0808T | Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0813T | Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 0908T | Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0933T | Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0947T | Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 0950T | Ablation of benign prostate tissue, transrectal, with high intensity–focused ultrasound (HIFU), including ultrasound guidance | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0951T | Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0956T | Partial craniectomy, channel creation, and tunneling of electrode for sub-scalp implantation of an electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0957T | Revision of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode, when required, including imaging guidance | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0959T | Removal or replacement of magnet from coil assembly that is connected to continuous bilateral electroencephalography monitoring system, including imaging guidance | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0960T | Replacement of sub-scalp implanted electrode array, receiver, and telemetry unit with tunneling of electrode for continuous bilateral electroencephalography monitoring system, including imaging guidance | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0967T | Transanal insertion of endoluminal temporary colorectal anastomosis protection device, including vacuum anchoring component and flexible sheath connected to external vacuum source and monitoring system | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0968T | Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with connection to electrode array | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0978T | Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0979T | Submucosal cryolysis therapy; soft palate only | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0980T | Submucosal cryolysis therapy; base of tongue and lingual tonsil only | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0981T | Transcatheter implantation of wireless inferior vena cava sensor for long-term hemodynamic monitoring, including deployment of the sensor, radiological supervision and interpretation, right heart catheterization, and inferior vena cava venography, when performed | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0990T | Transcervical instillation of biodegradable hydrogel materials, intrauterine | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0991T | Cystourethroscopy, with low-energy lithotripsy and acoustically actuated microspheres, including imaging | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0994T | Endovascular delivery of aortic wall stabilization drug therapy through a sheath positioned within an abdominal aortic aneurysm, with aortic roadmapping, balloon occlusion, imaging guidance, and radiological supervision and interpretation; percutaneous | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0995T | Endovascular delivery of aortic wall stabilization drug therapy through a sheath positioned within an abdominal aortic aneurysm, with aortic roadmapping, balloon occlusion, imaging guidance, and radiological supervision and interpretation; open | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 0999T | Autologous muscle cell therapy, harvesting of muscle progenitor cells, including ultrasound guidance, when performed | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 1000T | Autologous muscle cell therapy, administration of muscle progenitor cells into the urethral sphincter, including cystoscopy and post-void residual ultrasound, when performed | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 1001T | Autologous muscle cell therapy, injection of muscle progenitor cells into the external anal sphincter, including ultrasound guidance, when performed | Yes | CareCore National | |

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|---|---|---|---|---|---|---|
| Other Services | Experimental / Investigational | 1003T | Arthroplasty, first carpometacarpal joint, with distal trapezial and proximal first metacarpal prosthetic replacement (eg, first carpometacarpal total joint) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 1008T | Remote monitoring of sub-scalp implanted continuous bilateral electroencephalography monitoring system, device fitting, initial set-up, and patient education in wearing of system and use of equipment | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 1009T | Remote monitoring of a sub-scalp implanted continuous bilateral electroencephalography monitoring system, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and report, up to 30 days of recording without video | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 1019T | Lymphovenous bypass, including robotic assistance, when performed, per extremity | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 1025T | Alternating electric fields dosimetry and delivery-simulation modeling, creation and selection of patient-specific array layouts, and placement verification | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 1037T | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant pancreatic tissue, including imaging guidance | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 1038T | Autologous muscle cell therapy, injection(s) of muscle progenitor cells into the tongue, including esophagoscopy, when performed | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 1039T | Connectomic analysis of previously performed multi-modal brain magnetic resonance imaging (MRI) requiring physician or other qualified health care professional (QHP) analysis of software- and physician-generated structural and functional maps for integration of cortical grey matter correlation based on resting-state functional MRI and mapping of white matter connectivity based on diffusion-weighted MRI relative to brain regions, with physician or other QHP interpretation and report | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 1050T | Insertion, subcutaneous heart failure decompensation monitor, containing sensors that measure, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 1080T | Insertion, intracapsular magnifier, with attachment to previously placed intraocular lens | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 1084T | Implantation of scaffolding allograft to reinforce the suprachoroidal space | Yes | CareCore National | |
| Other Services | Experimental / Investigational | A2004 | Xcellistem, 1 mg | Yes | CareCore National | |
| Other Services | Experimental / Investigational | A2005 | Microlyte matrix, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | A2019 | Kerecis omega3 marigen shield, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | A2020 | Ac5 advanced wound system (ac5) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | A2021 | Neomatrix, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | A2048 | Puraply mz, per milligram | Yes | CareCore National | |
| Other Services | Outpatient Surgery | C1607 | Neurostimulator, integrated (implantable), rechargeable with all implantable and external components including charging system | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C1839 | Iris prosthesis | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C1889 | Implantable/insertable device, not otherwise classified | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C2624 | Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C8002 | Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C9352 | Microporous collagen implantable tube (neuragen nerve guide), per centimeter length | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C9353 | Microporous collagen implantable slit tube (neurawrap nerve protector), per centimeter length | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C9358 | Dermal substitute, native, non-denatured collagen, fetal bovine origin (surgimend collagen matrix), per 0.5 square centimeters | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C9360 | Dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C9364 | Porcine implant, permacol, per square centimeter | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C9727 | Insertion of implants into the soft palate; minimum of three implants | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C9734 | Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C9785 | Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| **Crossover Code for:**<br>• **Primary Program:** Musculoskeletal - Pain Management<br>• **Companion Program**: Other Services<br>*(See External Notation column for more details.)* | Musculoskeletal | C9807 | Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023) | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Pain Management** or **Other Services**.<br>• If your request is intended to be used for **Other Services**, please submit your request under the **Other Services program** through the **CareCoreNational platform**.<br>• If your request is intended to be used for **MSK Pain Management**, please submit your request under the **MSK program** through the **CareCore National platform**. |
| Other Services | Experimental / Investigational | C9808 | Nerve cryoablation probe (e.g., cryoice, cryosphere, cryosphere max, cryoice cryosphere, cryoice cryo2), including probe and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C9809 | Cryoablation needle (e.g., iovera system), including needle/tip and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | G0166 | External counterpulsation, per treatment session | Yes | CareCore National | |
| Other Services | Outpatient Surgery | G0422 | Intensive cardiac rehabilitation; with or without continuous ecg monitoring with exercise, per session | Yes | CareCore National | |
| Other Services | Outpatient Surgery | G0423 | Intensive cardiac rehabilitation; with or without continuous ecg monitoring; without exercise, per session | Yes | CareCore National | |
| Other Services | Experimental / Investigational | G0555 | Provision of replacement patient electronics system (e.g., system pillow, handheld reader) for home pulmonary artery pressure monitoring | Yes | CareCore National | |
| Other Services | Outpatient Surgery | L8614 | Cochlear device, includes all internal and external components | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q2026 | Injection, radiesse, 0.1 ml | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | Q2028 | Injection, sculptra, 0.5 mg | Yes | CareCore National | |
| Other Services | Outpatient Surgery | Q4102 | Oasis wound matrix, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4103 | Oasis burn matrix, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4113 | Graftjacket xpress, injectable, 1 cc | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4114 | Integra flowable wound matrix, injectable, 1 cc | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4118 | Matristem micromatrix, 1 mg | Yes | CareCore National | |
| Other Services | Outpatient Surgery | Q4122 | Dermacell, dermacell awm or dermacell awm porous, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | Q4124 | Oasis ultra tri-layer wound matrix, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4125 | Arthroflex, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4126 | Memoderm, dermaspan, tranzgraft or integuply, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4128 | Flex hd, or allopatch hd, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4130 | Strattice tm, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | Q4132 | Grafix core and grafixpl core, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4133 | Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4137 | Amnioexcel, amnioexcel plus or biodexcel, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4138 | Biodfence dryflex, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4139 | Amniomatrix or biodmatrix, injectable, 1 cc | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4140 | Biodfence, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4148 | Neox cord 1k, neox cord rt, or clarix cord 1k, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4150 | Allowrap ds or dry, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | Q4151 | Amnioband or guardian, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Other Services | Experimental / Investigational | Q4152 | Dermapure, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4155 | Neoxflo or clarixflo, 1 mg | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4156 | Neox 100 or clarix 100, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | Q4158 | Kerecis omega3, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4159 | Affinity, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4160 | Nushield, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4162 | Woundex flow, bioskin flow, 0.5 cc | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4163 | Woundex, bioskin, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4164 | Helicoll, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4166 | Cytal, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4168 | Amnioband, 1 mg | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4170 | Cygnus, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4173 | Palingen or palingen xplus, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4174 | Palingen or promatrx, 0.36 mg per 0.25 cc | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4180 | Revita, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | Q4186 | Epifix, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4187 | Epicord, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4189 | Artacent ac, 1 mg | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4192 | Restorigin, 1 cc | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4193 | Coll-e-derm, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4195 | Puraply, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4196 | Puraply am, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4215 | Axolotl ambient or axolotl cryo, 0.1 mg | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4222 | Progenamatrix, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4227 | Amniocore, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4229 | Cogenex amniotic membrane, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4234 | Xcellerate, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4235 | Amniorepair or altiply, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4236 | Carepatch, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4239 | Amnio-maxx or amnio-maxx lite, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4243 | Amchomatrix, per square centimeter (add-on, list separately in addition to primary procedure) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4246 | Coretext or protext, per cc | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4250 | Amnioamp-mp, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4253 | Zenith amniotic membrane, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4254 | Novafix dl, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4262 | Dual layer impax membrane, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Other Services | Experimental / Investigational | Q4263 | Surgraft tl, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4264 | Cocoon membrane, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4265 | Neostim tl, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4266 | Neostim membrane, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4267 | Neostim dl, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4268 | Surgraft ft, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4269 | Surgraft xt, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4270 | Complete sl, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4271 | Complete ft, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4272 | Esano a, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4273 | Esano aaa, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4274 | Esano ac, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4275 | Esano aca, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4276 | Orion, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4331 | Axolotl graft, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4332 | Axolotl dualgraft, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4345 | Matrix hd allograft dermis, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4361 | Epixpress, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4383 | Axolotl graft ultra, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4385 | Apollo ft, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4386 | Acesso trifaca, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4388 | Neothelium 4l, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4389 | Neothelium 4l+, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | Q4392 | Grafix duo, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4393 | Surgraft ac, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4394 | Surgraft aca, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4395 | Acelagraft, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4396 | Natalin, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4397 | Summit aaa, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4398 | Summit ac, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4399 | Summit fx, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4400 | Polygon3 membrane, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4401 | Absolv3 membrane, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4410 | Amchomatrixdl, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4411 | Amniomatrixf4x, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4413 | Cygnus solo, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Other Services | Experimental / Investigational | Q4420 | Nuform, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4422 | A/c wrap, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4423 | Biolab tri-membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4424 | Revive ft, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4436 | Renati ac membrane, per square centimeter (add-on, list separately in addition to primary procedure)” | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4437 | Revival ac, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4438 | Pretect, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4440 | Curamatrix, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |

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