

# Procedures and services



Effective 1/1/2022

Applies to Texas membership

**Groups:** Certain Moda Health groups may not require prior authorization for listed services.

Services requiring prior authorization	
<b>Urgent/Emergent Admission</b>	All urgent/emergent admissions to an inpatient facility requires notification to Moda Health
<b>Inpatient Elective Admissions</b>	Prior authorization is required for all inpatient elective admissions to an acute care facility
<b>Skilled Nursing</b>	Prior authorization is required prior to patient admission
<b>Inpatient Rehabilitation Facility</b>	Prior authorization is required prior to patient admission
<b>Long Term Acute Care</b>	Prior authorization is required prior to patient admission
<b>Transplants</b>	Prior authorization is required for the transplant evaluation and the transplant event
<b>Clinical Trials</b>	Prior authorization is required for participation in a clinical trial. The trial number, chart notes,
<b>Therapeutic Drug Monitoring (Urine Drug Testing) (G0480, G0481) 80305, 80306, 80307</b> <b>Not Covered:</b> G0482, G0483, 0082U, 0227U	Prior authorization is NOT required but will be reviewed with claim submission for medical necessity and appropriate codes. Limits of 12 presumptive and 12 definitive apply. Please refer to Moda Health Medical Necessity Criteria for Therapeutic Drug Monitoring.
<b>Nutritional Counseling - 97802, 97803, 97804</b>	Reviewed for plan benefit availability and/or behavioral or medical necessity

Therapies and Alternative Care	
<b>Texas members</b>	<a href="http://www.ashlink.com">www.ashlink.com</a> May apply to members with plans sold in and residing in the state of Texas. www.ashlink.com allows you to conveniently verify member eligibility/benefits, submit claims, and access the most current ASH materials.

Description	CPT/HCPC Codes	Instructions
<b>Mental health and chemical dependency prior authorizations</b>		
<b>Assertive Community Treatment (ACT)</b>	H0039, H0040	Coordinated Specialty Programs
<b>Crisis and Transition Services (CATS)</b>	S9485	Coordinated Specialty Programs
<b>Disease Management Program for Pain</b>	S0315, S0317	Pain Schools
<b>Early Assessment and Support Alliance (EASA)</b>	H2016	Coordinated Specialty Programs
<b>Intensive In-home Behavioral Health Treatment (IIBHT)</b>	H0023	Coordinated Specialty Programs
<b>Intensive Outpatient Services &amp; Supports (IOSS)</b>	H0037	Coordinated Specialty Programs
<b>Inpatient Mental Health</b>		MHMNC - Inpatient Mental Health. (Contact Moda within two days of an emergency admission)
<b>Inpatient Chemical Dependency</b>	H0011	ASAM
<b>Residential Mental Health</b>	H0010, H0017, H0018, H0019, T2048	MHMNC - Psychiatric Residential Treatment-children and adults
<b>Residential Chemical Dependency</b>	H0011, H0012, H0013	ASAM
<b>Partial Hospital Program Mental Health</b>	H0035, H2012, S0201	MHMNC - Psych Partial Hospital and Intensive Outpatient Programs
<b>Partial Hospitalization Chemical Dependency</b>	H0035, H2012, S0201	ASAM
<b>Intensive Outpatient Treatment--Mental Health</b>	S9480	MHMNC - Psych Partial Hospital and Intensive Outpatient Programs
<b>Applied Behavioral Analysis</b>	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T	MHMNC - Applied Behavioral Analysis
<b>Transcranial Magnetic Stimulation</b>	90867, 90868, 90869	MHMNC – Transcranial Magnetic Stimulation
<b>Nutritional Counseling for Eating Disorders</b>	97802, 97803, 97804	MHMNC - Nutrition Therapy for Eating Disorders and Member Handbook Language for nutritional counseling

<b>Medical/Surgical Services Prior Authorization List</b>		
Description	CPT/HCPC Codes	Instructions/Criteria Moda Health Medical Necessity Criteria (MHMNC) or MCG™ Guidelines 25th Edition (MCG)
<b>Air Transport - Non-emergent</b>	A0430, A0431, A0435, A0436	Requires review by Medical Director
<b>Airway Clearance Devices / Chest Percussors / Vest / Intrapulmonary Percussive Ventilation</b>	A7025, A7026, E0480, E0481, E0482, E0483, E0484	MHMNC for High Frequency Chest Wall Oscillation Devices

Description	CPT/HCPC Codes	Instructions
Artificial Disc Replacement	0095T, 0098T, 0163T, 0164T, 0165T, 22856, 22857, 22858, 22861, 22862, 22864, 22865, 0375T	MHMNC Intervertebral Disc Prosthesis
Auditory Brainstem Implant (ABI)	S2230, S2235	MHMNC Cochlear Implants and Auditory Brainstem Implants
Balloon Sinuplasty (Sinus surgery)	31295, 31296, 31297, 31298	MHMNC Sinus Surgery
Balloon Dilation of Eustachian Tube	69705, 69706, 69799, C9745	MHMNC Balloon Dilation of Eustachian Tube
Blepharoplasty and Brow Lift	15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908	MHMNC Blepharoplasty and Brow Ptosis CPT codes 15820, 15821, and 18524 are considered cosmetic and not covered.
Bone Growth Stimulators, Ultrasound and Electric	E0747, E0748, E0760, 20979	MCG A-0414 Bone Growth Stimulators, Ultrasonic MHMNC Bone Growth Stimulators, Electrical
BRCA Gene Mutation Testing	81211, 81212, 81213, 81214, 81215, 81216, 81217, 81162, 81163, 81164, 81165, 81166, 81167	MCG A-0499 Breast and Ovarian Cancer, Hereditary BRCA 1 and BRCA 2 genes
Breast Cancer Gene Expression Assays Oncotype DX, Endopredict, Mammaprint	81519 - Oncotype 81522 - Endopredict 81521 - Mammaprint	MCG A-0532 Breast Cancer Gene Expression Assays
Breast Implant Removal	19328, 19330	MHMNC Breast Implant Removal
Breast Reconstruction Surgery	11920, 11921, 11970, 11971, 15777, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, C1789, L8600, Q4100, Q4116, S2066, S2067, S2068, 15771, 15772	Always covered for reconstruction following mastectomy for breast cancer diagnosis. All other diagnoses are reviewed for medical necessity versus cosmetic. MHMNC Breast Reconstruction
Cardiac Defibrillator, External/Wearable	93745, E0617, K0606, K0607, K0608, K0609	MHMNC - Cardiac Defibrillators, External criteria
Cardiac Event Monitors (Loop recorders), Mobile Outpatient Cardiac Telemetry and Patchy-Type cardiac monitor	93228, 93229 (MOCT) 93264, 0497T, 0498T	MCG A-0121 Loop records (non-implantable) MHMNC Mobile Outpatient Cardiac Telemetry MCG A-0374 Patchy-Type Cardiac Monitor
Cardiac rhythm monitor insertion or removal	33285, 33286	Requires review by Medical Director
Capsule endoscopy (Wireless)	91110, 91111, 0355T	MCG A-0134 Capsule Endoscopy
Chelation Therapy - Home Infusion	S9355	Prior authorization required for medical necessity of the chelation therapy MCG A-0618
Cochlear Implantation/Removal	69930, L8614, L8619, L8694	MHMNC Cochlear Implants and Auditory Brainstem Implants
Colon Cancer Genetic Testing	81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301	MCG A-0533 Lynch Syndrome
Corneal Collagen X-linking for treatment of Keratoconus	0402T	MHMNC Treatment of Keratoconus
Cystourethroscopy with mechanical dilation	0499T	Review for device: MCG S-210 Transurethral Destruction of Lesion
Dynasplint/JAS (or other mechanical stretching device)	E1800, E1801, E1802, E1805, E1806, E1810, E1811, E1818, E1825, E1831	MHMNC Mechanical Stretching Devices
Electrical stimulation device for cancer treatment	E0766	MCG A-0930 Alternating Electric Field Therapy MCG A-0241 Electrical Nerve Stimulation, Transcutaneous (TENS)
Epidural, facet, medial branch blocks and SI joint Injections	64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 27096, 62320, 62321, 62322, 62323	MHMNC Spinal Pain Injections
External Counterpulsation (Enhanced External Counterpulsation - EECp)	G0166, 92971	MCG A-0175 - Enhanced External Counterpulsation (EECP)
Facet Neurotomy/Rhizotomy	0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 64633, 64634, 64635, 64636	MCG A-0218 Facet Neurotomy
Gastric Bypass/Gastric Restrictive procedure/Office Visits for Obesity Management	43644, 43645, 43659, 43842, 43843, 43845, 43846, 43847, 43848, 43999, 43770, 43771, 43772, 43773, 43774, 43775, 43886, 43887, 43888	MHMNC Obesity: Surgical Management for groups without specific language for coverage in the member handbook. Check member policy or certificate of coverage to confirm

Description	CPT/HCPC Codes	Instructions
<b>Gender Confirming Surgery</b>	<p>Multiple CPT codes apply with diagnosis codes for GID</p> <p>Female to Male procedures requiring prior authorization: 19301, 19302, 19303</p> <p>Male to Female procedures requiring PA: 19325, 19326 : 15771, 15772</p> <p><b>Confirming surgery procedures:</b> 54400-54417, 55970, 55980, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57335, 54437, 54438</p> <p><b>Facial Procedures:</b> 14020, 14021, 14301, 14302, 14060, 14061, 15825, 15828, 15829, 20912, 21025, 21120, 21121, 21122, 21123, 21137, 21139, 21141, 21142, 21143, 21145, 21146, 21147, 21188, 21193, 21194, 21195, 21196, 21208, 21270, 21299, 30400, 30410, 30420, 30430, 30460, 30465, 67900</p>	<p>MHMNC Gender Confirming Surgery</p>
<b>Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)</b>	<p>81161, 81200, 81201, 81202, 81203, 81204, 81205, 81209, 81210, 81228, 81229, 81235, 81236, 81240, 81241, 81242, 81243, 81244, 81246, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81260, 81270, 81280, 81281, 81282, 81288, 81289, 81290, 81302, 81303, 81304, 81313, 81317, 81318, 81319, 81330, 81331, 81321, 81322, 81323, 81324, 81325, 81326, 81237, 81339, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81415, 81416, 81417, 81425, 81426, 81427, 81430, 81431, 81435, 81436, 81440, 81445, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81519, 81599, 81412, 81432, 81433, 81434, 81437, 81438, 81442, 81535, 81538, 81540, 81545, 81595, 81413, 81414, 81422, 81439, 81539, 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81247, 81248, 81249, 81258, 81259, 81269, 81334, 81335, 81361, 81362, 81363, 81364, 81448, 81520, 81541, 83993</p>	<p>MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies</p>
<b>Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)</b>	<p>81345, 82642, 81333, 81596, 81518, 81326, 81237, 81233, 81320, 81305, 81443, 83722, 81306, 81171, 81172, 81204, 81173, 81174, 81177, 81178, 81183, 81179, 81180, 81181, 81182, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81234, 81239, 81284, 81285, 81286, 81271, 81274, 81312, 81332, 81343, 81344 0084U, 0085U, 0085U, 0086U, 0087U, 0088U, 0089U, 0090U, 0091U, 0094U, 0095U, 0101U, 0102U, 0103U, 0104U</p>	<p>MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies</p>
<b>Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)</b>	<p>81307, 81308, 81309, 81522, 81542, 81552</p> <p><b>Unlisted codes for genetic tests:</b> 81479, 81599, 84999</p> <p>Priority Lab codes: 0003U, 0009U, 0012U, 0013U, 0014U, 0016U, 0017U, 0018U, 0027U, 0030U, 0031U, 0032U, 0033U, 0034U, 0035U, 0036U, 0037U, 0040U, 0045U, 0047U, 0048U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0168U, 0169U, 0170U, 0171U 0172U, 0173U, 0174U, 0175U, 0177U, 0179U, 0180U, 0181U, 0182U, 0183U, 0184U, 0185U, 0186U, 0187U, 0188U, 0189U, 0190U, 0191U, 0192U, 0193U, 0194U, 0195U, 0196U, 0197U, 0198U, 0199U, 0200U, 0201U, 0202U 0203U, 0204U, 0205U, 0206U, 0207U, 0208U, 0209U, 0210U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0219U, 0220U, 0222U, 0016M</p>	<p>MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies</p>

Description	CPT/HCPC Codes	Instructions
<b>Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)</b>	81168, 81191, 81192, 81193, 81194, 81278, 81279, 81338, 81339, 81347, 81348, 81351, 81352, 81357, 81360, 81419, 81546, 81554, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U 0242U, 0243U, 0244U, 0245U, 0246U, 0247U, 0248U, 0249U, 0250U, 0252U, 0253U, 0254U, 0017M	MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies
<b>Genioplasty</b>	81479, 81599, 84999	MCG SG-HNS Head and Neck Surgery May be included as part of orthognathic surgery, check member policy or certificate of coverage. Reviewed for medical necessity versus cosmetic.
<b>Grenz Ray and Laser Treatment of Psoriasis</b>	96900, 96920, 96921, 96922	MCG A-0256 Laser Therapy, Skin
<b>Hearing Aids/Bone-Anchored Hearing Aids "BAHA"</b>	69710, 69711, 69714, 69715, 69717, 69718, L8625, L8690, L8691, L8692, L8693, L8694	MCG A-0564 Hearing Aids, Bone Anchored Check member handbook. Hearing aids including BAHA may be a plan exclusion
<b>Hip Replacement/Revision Surgery</b>	27090, 27091, 27125, 27130, 27132, 27134, 27137, 27138, S2118,	MCG S-560 Hip Arthroplasty
<b>Hospital Beds - Semi-electric, full electric, extra wide beds</b>	E0260, E0261, E0270, E0294, E0295, E0300, E0301, E0302, E0303, E0304, E0328, E0329	MHMNC Hospital Bed and Accessories for Home Use
<b>Hyperbaric Oxygen Therapy (HBOT)</b>	G0277	MHMNC Hyperbaric Oxygen Therapy
<b>Interspinous Decompression and Interlaminar Stabilization Devices</b>	22867, 22868, 22869, 22870, C1821	MHMNC Interspinous Decompression and Interlaminar Stabilization Devices
<b>Intraoperative Neurophysiologic Monitoring</b>	95940, 95941, G0453	Prior authorization is not required, however, medical necessity will be reviewed in claims. MHMNC Intraoperative Neurophysiologic Monitoring
<b>Knee Cartilage Transplant</b>	27412, 27415, 29866, 29867, 29868, J7330	MHMNC Knee Cartilage Transplant
<b>Knee Replacement/Revision Surgery</b>	27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487	MCG S-700 Knee Arthroplasty, Total
<b>Kyphoplasty/Vertebroplasty</b>	22510, 22511, 22512, 22513, 22514, 22515	MHMNC Kyphoplasty/Vertebroplasty
<b>Left Ventricular Assist Device (LVAD) and Total Artificial Heart Implantation</b>	33979, 33980, 33981, 33982, 33983, 33990, 33991, 33927, 33928, 33929 33995	MCG-SG-CVS Cardiovascular Surgery or Procedure
<b>Lift Chairs/Patient Lift/Transfer Devices</b>	E0627, E0629, E0630, E0635, E0636, E0637, E0639, E0640	MCG A-0885-AC Patient lift or Transfer Devices (Hydraulic or Mechanical) MCG A-0888 Seat Lift Mechanism
<b>Low Air Loss Products (i.e. air mattresses)</b>	E0181, E0182, E0184, E0185, E0186, E0187, E0193, E0194, E0196, E0197, E0198, E0199, E0277, E0372	MCG A-0348 Mattress and Mattress Overlay, Active (Dynamic)
<b>Low Dose CT scan for Lung Cancer Screening</b>	71250 71271	MHMNC Lung Cancer Screening MCG A-0028 Chest CT Scan
<b>Lung Volume Reduction Surgery/Pneumectomy/Lung removal</b>	32480, 32482, 32484, 32486, 32488, 32491	MCG SG-TS Thoracic Surgery
<b>Lymphedema Pump</b>	E0650, E0651, E0652, E0655, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676	MCG A-0340 Intermittent Pneumatic Compression with Extremity Pump
<b>Magnetic Resonance Imaging (MRI)</b>	74712 77046, 77047, 77048, 77049, 76497, 76498 0648T, 0649T	MCG A-0055 Pelvic MRI MCG A-0048 Breast MRI
<b>Mastectomy</b>	19301, 19302, 19303, 19307, 19305, 19306	MCG S-862 Mastectomy, complete with insertion of breast prosthesis S-860 Mastectomy complete, S-864 Mastectomy, complete with tissue flap, S-858 Mastectomy, Partial
<b>Muscle Stimulator/Electrical Stimulation Devices including Functional Electrical Stimulators</b>	64580, E0744, E0745, E0764, E0770	MHMNC Electrical Stimulation Devices
<b>Negative Pressure Wound Therapy</b>	E2402, 97605, 97606, 97607, 97608	MHMNC Negative Pressure Wound Therapy
<b>Orthognathic Services</b>	21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21244, 21245, 21246, 21247, 21248, 21249, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7951, D7953, D7955, D7960	Check member policy or certificate of coverage as may be a benefit exclusion. MCG A-0247 Mandibular Osteotomy MCG A-0248 Maxillomandibular Osteotomy and Advancement

Description	CPT/HCPC Codes	Instructions
Orthosis, Spinal	L0450, L0452, L0454, L0456, L0458, L0460, L0462, L0464, L0466, L0468, L0470, L0472, L0480, L0482, L0484, L0486, L0488, L0490, L0491, L0492, L0621, L0623, L0625, L0626, L0627, L0628, L0629, L0630, L0631, L0632, L0633, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0648, L0650, L0651, L0710, L1000, L1001, L1005, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120, L0970, L0972, L0974, L0976, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290, L0999, L1499  Prior Authorization required if item is over \$1500	MHMNC Durable Medical Equipment (DME) General Policy MCG A-0880 Lumbar, Lumbosacral and Thoralumbosacral Orthoses
Pain Infusion Pump Insertion - Epidural / Intrathecal	62324, 62325, 62325, 62327, 62350, 62351, 62360, 62361, 62362, 96377	Moda Health Intrathecal Opioid Therapy for Management of Chronic Pain
Panniculectomy	15830	MHMNC Panniculectomy (Abdominal skin/fat surgery)
Pediatric Wheelchairs	E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0890, K0891	MHMNC Wheelchairs Manual, Wheelchairs Power
PET Scans	78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0235, G0252 78429, 78430, 78431, 78432, 78433, 78434	MCG A-0097 Myocardial Positron Emission Tomography (PET) and PET-CT
Peyronie's disease surgery/injections	54200, 54205, 54300, 54360	MCG SG-US
Port Wine Stain Treatment	17106, 17107, 17108	MCG SG-MS Musculoskeletal Surgery
Power Operated Vehicle (POV), Scooters	K0800, K0801, K0802	MCG A-0352 Scooters
Power and Manual Wheelchair Accessories	E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E2329, E2330, E1018, E2351, E2368, E2369, E2370, E0985, E0986, E1030, E1225, E1226, E1399, K0108, E0950	MCG A-0353 Wheelchairs, Power MCG A-0354 Wheelchairs, Manual MHMNC Push-Rim Activated Power-Assist Device for Manual Wheelchair
Power Wheelchair Accessories	E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1010, E2329, E2330, E2374, E2375, E2376, E2377, E1012, E2351, E2368, E2369, E2370, K0108, E1399	MCG A-0353 Wheelchairs, Power
Power Wheelchair Bases	K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0864	MCG A-0353 Wheelchairs - Power
Prosthetic (including Maxillofacial)	D5911 - D5999, L5000 - L5999, L6000 - L6999, L7000 - L7999, L8000 - L8698 - L8702, L8901, L9000 - L9900, V2623 - V2629, V5095	MHMNC Durable Medical Equipment (DME) General Policy
Rectal Control System	A4563	Requires review by Medical Director
Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465	Non cosmetic Rhinoplasty requests - MCG A-0184 Rhinoplasty
Shoulder Replacement (Arthroplasty)	23470, 23472	MCG S-634 Shoulder Arthroplasty
Skin Substitutes - Bioengineered Tissue Grafts	Q4100, Q4101, Q4102, Q4104, Q4105, Q4106, Q4107, Q4112, Q4116, Q4122, Q4128, Q4130, Q4131, Q4132, Q4133, Q4145, Q4186, Q4187	MHMNC Skin and Tissue Substitutes - Engineered  Please see "Always Not Covered List" for additional Skin Substitute codes
SPECT Scans - Non Cardiac	78803 78830, 78831, 78832	MCG A-0090 (Brain), MCG A-0091 (Lung), MCG A-0066, MCGA-0084, MCG A-0087 (Gallium Scan, Parathyroid Scan, Somatostatin Receptor Scintigraphy)

Description	CPT/HCPC Codes	Instructions
Spinal Surgeries	63003, 63012, 63016, 63017, 63030, 63035, 63042, 63044, 63047, 63055, 63056, 63057, 63064, 63066, 63077, 63078, 63081, 63082, 63085, 63086, 63088, 22532, 22548, 22554, 22590, 22855, 22899, 22551. 63001, 63005, 63015, 63045, 63046, 63048, 63050, 63051, 63077, 63090, 22600, 0202T, 22851, 22224, 22533, 22830, 22852, 22558, 22610, 22630, 22633, 22634, 22800, 22802, 22804, 22818, 22819, 22612, 63087, 22810, 22100, 22110, 22112, 22114, 22116, 22207, 22208, 22210, 22212, 22216, 22220, 22222, 22226, 22532, 22534, 22548, 22552, 22808, 22812, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849. 22850, 22851, 22865, 63662, 63663, 22206, 63090, 63101, 63102, 63103, 63170, 22214, 22632, 63001, 63015, 63045, 63048, 63050, 63051, 63020, 63040, 63043, 63091, 63185, 63190, 22595, 22556 22853, 22854, 22859, 62380	MCG S-810 Lumbar Discectomy, Foraminotomy, or Laminotomy MCG S-830 Lumbar Laminectomy MCG S-820 Lumbar Fusion MCG S-5810 Lumbar Spine Surgery MCG S-320 Cervical fusion, Anterior MCG S-330 Cervical Fusion - Posterior MCG S-1056 Spine, Scoliosis, posterior instrumentation
Spinal Cord Stimulator (implantable neurostimulator electrode, radiofrequency transmitter - external or peripheral nerve stim)	E0749, 63650, 63655, 63685, 64575, 64580, 64581, 64590, 95972, L8680, C1823	MHMNC Spinal Cord Stimulators
Standers/Standing Frames	E0637, E0638, E0641, E0642	MHMNC Standers/Standing frames
Stereotactic Radiosurgery / Radiotherapy	20982, 32701, 61796, 61798, 63620, 77371, 77372, 77373, 77422, 77423, 77432, 77435, 77520, 77522, 77523, 77525, G0339, G0340	MCG A-0423 Stereotactic Radiosurgery MCG A-0718 Radiofrequency Ablation of Tumor MCG A-0694 Stereotactic Body Radiotherapy
Tissue Transfer or Rearrangement	14301, 14302	MCG PG-WS
Thoracic Sympathectomy (for diagnosis of Hyperhidrosis)	32664	MCG S-1072 Sympathectomy by Thoracoscopy or Laparoscopy
TMJ Splints	21085, 21089, 21100, 21110	Refer to member policy or certificate of coverage -MHMNC TMJ Treatment-
TMJ Surgeries	29800, 21240, 21242, 21243, 29804	MCG A-0523 - TMJ Joint Arthroplasty MCG A-0492 - TMJ Arthroscopy
Total Joint Surgery (Elbow, shoulder, ankle, etc) For Total Knee and Total Hip Replacements check specific section	27700, 27702, 27703, 24360, 24361, 24362, 24363, 23470, 23472, 29899	MCG S-420 Elbow Arthroplasty MCG S-634 Shoulder Arthroplasty MCG SG-MS Musculoskeletal Surgery for other joint replacements not listed.
Transoral Incisionless Fundoplication (TIF) EsophyX	43210	MHMNC - Endoscopic Treatment of GERD
Transplants	S2053, S2054, S2055, S2060, S2065, S2150, S2152, 38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38240, 38241, 38242, 32850, 32851, 32852, 32853, 32854, 32855, 32856, 33930, 33945, 38230, 38232, 38240, 38241, 44132, 44133, 44135, 44136, 47133, 4135, 47136, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48160, 48550, 48551, 48552, 48554, 48556, 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380, 50547	Review of transplant evaluation and transplant event required.
Urinary Incontinence	64561, 64566, 64555	MHMNC Urinary Incontinence Treatment <b>Not covered:</b> E0740
Uterine Fibroid Ablation - Transcervical	0404T	MCG A-0718 Radiofrequency Ablation of Tumor
Uvulopalatopharyngo-plasty (UPPP) / Uvulectomy	42140, 42145, 42160, S2080  C9749 - may be used with OSA surgery	MHMNC Obstructive Sleep Apnea - Surgical Treatment
Vagus Nerve Stimulator	61885, 61886, 64553, 64568, 64569, L8680, L8682, L8683, L8685, L8686, L8687, L8788	MHMNC Vagus Nerve Stimulation <b>Experimental/Investigational codes:</b> 0312T, 0313T, 0314T, 0315T, 0316T, 0317T
Virtual Colonoscopy (CT Colonography)	74261, 74262, 74263	MHMNC Virtual Colonoscopy