

December 31, 2024

**Re: List of Services/Procedures That Will Require Pre-Authorization (PA) in 2025 - MA**

Thank you for being a part of our members' health care. To ensure continued access to services for our members, attached is a list of specific procedure codes that will require pre-authorization beginning **February 1<sup>st</sup>, 2025** for **Medicare Advantage**, as reported in **Circular Letter #M24121139<sup>1</sup>** and **M2501008<sup>1</sup>**.

SERVICE	CODE	DESCRIPTION
<b>Ambulance Services</b>	<b>A0426</b>	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)
	<b>A0428</b>	Ambulance service, basic life support, non-emergency transport, (BLS)
<b>Behavioral (Mental) Health</b>	<b>RC - 0912</b>	Partial Hospitalization - Less Intensive
	<b>RC - 0913</b>	Partial Hospitalization -Intensive
<b>Cardiac and Pulmonary Rehabilitation</b>	<b>RC - 0024</b>	Inpatient Rehabilitation Facility (IRF) PPS
<b>Dental</b>	<b>D2712</b>	Crown – 3/4 resin- based composite (indirect)
	<b>D2722</b>	Crown – resin with noble metal
	<b>D2753</b>	Crown-porcelain fused to titanium and titanium alloys
	<b>D2780</b>	Crown 3/4 Cast High Noble Metal
	<b>D2781</b>	Crown 3/4 Cast predominantly base metal
	<b>D2782</b>	Crown – 3/4 cast noble metal
	<b>D2790</b>	Crown – full cast high noble metal
	<b>D2791</b>	Crown - full cast predominantly base metal
	<b>D2792</b>	Crown – full cast noble metal
	<b>D2794</b>	Crown - titanium and titanium alloys
	<b>D4210</b>	Gingivectomy or gingivoplasty- four or more contiguous teeth
	<b>D4245</b>	Apically positioned flap
	<b>D4249</b>	Clinical crown lengthening – hard tissue

<sup>1</sup> <https://www.mitriples.com/>



**PROVIDERS CALL CENTERS:**

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**Vital:** 1.844.263.6063

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SERVICE	CODE	DESCRIPTION
Dental	<b>D4260</b>	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant
	<b>D4261</b>	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant
	<b>D4263</b>	Bone replacement graft – retained natural tooth – first site in quadrant
	<b>D4264</b>	Bone replacement graft – retained natural tooth – each additional site in quadrant
	<b>D4266</b>	Guided tissue regeneration, natural teeth - resorbable barrier per site
	<b>D4267</b>	Guide tissue regeneration, natural teeth - non - resorbable barrier, per site
	<b>D4270</b>	Pedicle soft tissue graft procedure
	<b>D4273</b>	Autogenous connective tissue graft procedure, first tooth, implant, or edentulous tooth position in graft
	<b>D4277</b>	Free soft tissue graft procedure, first tooth, implant, or edentulous tooth position in graft
	<b>D4278</b>	Free soft tissue graft procedure, each additional contiguous tooth, implant, or edentulous tooth position in same graft site
	<b>D4286</b>	Removal of non-resorbable barrier
	<b>D4322</b>	Splint - Intra-Coronal; Natural Teeth or prosthetic Crowns
	<b>D4323</b>	Splint - Extra-Coronal; Natural Teeth Orprosthetic Crowns
	<b>D6010</b>	Surgical placement of implant body: endodteal implant
	<b>D6011</b>	Surgical access to an implant body: (second stage implant surgery)
	<b>D6056</b>	Prefabricated abutment - includes modification and placement
	<b>D6057</b>	Custom fabricated abutment - includes placement
	<b>D6058</b>	Abutment supported porcelain/ceramic crown
	<b>D6059</b>	Abutment supported porcelain fused to metal crown (high noble metal)
	<b>D6060</b>	Abutment supported porcelain fused to metal crown (predominantly base metal)
	<b>D6061</b>	Abutment supported porcelain fused to metal crown (noble metal)


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1/2025 - E

SERVICE	CODE	DESCRIPTION
Dental	<b>D6062</b>	Abutment supported cast metal crown (high noble metal)
	<b>D6063</b>	Abutment supported cast metal crown (predominantly base metal)
	<b>D6064</b>	Abutment supported cast metal crown (noble metal)
	<b>D6065</b>	Implant supported porcelain/ceramic crown
	<b>D6066</b>	Implant supported crown - porcelain fused to high noble alloys
	<b>D6067</b>	Implant supported crown - high noble alloys
	<b>D6068</b>	Abutment supported retainer for porcelain/ceramic FPD
	<b>D6069</b>	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
	<b>D6070</b>	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
	<b>D6071</b>	Abutment supported retainer for porcelain fused to metal FPD (noble metal)
	<b>D6072</b>	Abutment supported retainer for cast metal FPD (high noble metal)
	<b>D6073</b>	Abutment supported retainer for cast metal FPD (predominantly base metal)
	<b>D6074</b>	Abutment supported retainer for cast metal FPD (noble metal)
	<b>D6075</b>	Implant supported retainer for ceramic FPD
	<b>D6076</b>	Implant supported retainer for FPD - porcelain fused to high noble alloys
	<b>D6077</b>	Implant supported retainer for metal FPD - high noble alloys
	<b>D6082</b>	Implant supported crown - porcelain fused to predominantly base alloys
	<b>D6083</b>	Implant supported crown - porcelain fused to noble alloys
	<b>D6084</b>	Implant supported crown - porcelain fused to titanium or titanium alloys
	<b>D6085</b>	Interim implant crown
	<b>D6086</b>	Implant supported crown - predominantly base alloys
	<b>D6087</b>	Implant supported crown - noble alloys
	<b>D6088</b>	Implant supported crown - titanium and titanium alloys
	<b>D6094</b>	Abutment supported crown titanium and titanium alloys


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SERVICE	CODE	DESCRIPTION
Dental	<b>D6097</b>	Abutment supported crown - porcelain fused to titanium or titanium alloys
	<b>D6098</b>	Implant supported retainer - porcelain fused to predominantly base alloys
	<b>D6099</b>	Implant supported retainer for FPD - porcelain fused to noble alloys
	<b>D6105</b>	Removal of implant body not requiring bone removal or flap elevation
	<b>D6106</b>	Guided tissue regeneration – resorbable barrier, per implant
	<b>D6107</b>	Guided tissue regeneration – non-resorbable barrier, per implant
	<b>D6110</b>	Implant/abutment supported removable denture for edentulous arch - maxillary
	<b>D6111</b>	implant /abutment supported removable denture for edentulous arch – mandibular
	<b>D6112</b>	Implant/abutment supported removable denture for partially edentulous arch – maxillary
	<b>D6113</b>	Implant/abutment supported removable denture for partially edentulous arch - mandibular
	<b>D6120</b>	Implant supported retainer - porcelain fused to titanium and titanium alloys
	<b>D6121</b>	Implant supported retainer for metal FPD - predominantly base alloys
	<b>D6122</b>	Implant supported retainer for metal FPD - predominantly noble alloys
	<b>D6123</b>	Implant supported retainer for metal FPD - titanium and titanium alloys
	<b>D6191</b>	Semi-precision abutment - placement
	<b>D6192</b>	Semi-precision attachment - placement
	<b>D6193</b>	Replacement of an implant screw
	<b>D6195</b>	Abutment supported retainer - porcelain fused to titanium and titanium alloys
	<b>D6197</b>	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant
	<b>D6210</b>	Pontic - cast high noble metal
	<b>D6211</b>	Pontic - cast predominantly base metal


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SERVICE	CODE	DESCRIPTION
Dental	<b>D6212</b>	Pontic - cast noble metal
	<b>D6214</b>	Pontic – titanium and titanium alloys
	<b>D6240</b>	Pontic - porcelain fused to high noble metal
	<b>D6241</b>	Pontic - porcelain fused to predominantly base metal
	<b>D6242</b>	Pontic - porcelain fused to noble metal
	<b>D6243</b>	Pontic - porcelain fused to titanium and titanium alloys
	<b>D6245</b>	Pontic - porcelain / ceramic
	<b>D6250</b>	Pontic resin with high noble metal
	<b>D6545</b>	Retainer – Cast Metal for Resin Bonded Fixed
	<b>D6606</b>	Retainer inlay – cast noble metal, two surfaces
	<b>D6607</b>	Retainer inlay – cast noble metal, three or more surfaces
	<b>D6608</b>	Retainer onlay – porcelain /ceramic, two surfaces
	<b>D6609</b>	Retainer onlay – porcelain /ceramic, three or more surfaces
	<b>D6610</b>	Retainer onlay – cast high noble metal, two surfaces
	<b>D6740</b>	Retainer crown - porcelain/ceramic
	<b>D6750</b>	Retainer crown - porcelain fused to high noble metal
	<b>D6751</b>	Retainer crown - porcelain fused to predominantly base metal
	<b>D6752</b>	Retainer crown - porcelain fused to noble metal
	<b>D6753</b>	Retainer crown - porcelain fused to titanium and titanium alloys
	<b>D6780</b>	Retainer crown - 3/4 cast high noble metal
	<b>D6781</b>	Retainer crown – ¾ cast predominantly base metal
	<b>D6782</b>	Retainer crown – ¾ cast noble metal
	<b>D6783</b>	Retainer crown - 3/4 porcelain/ ceramic
	<b>D6790</b>	Retainer crown - full cast high noble metal
	<b>D6791</b>	Retainer crown – full cast predominantly base metal
	<b>D6792</b>	Retainer crown - full cast noble metal
	<b>D6794</b>	Retainer crown – titanium and titanium alloys



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SERVICE	CODE	DESCRIPTION
<b>Durable Medical Equipment</b>	<b>K0606</b>	Automatic External Defibrillator, With Integrated Electrocardiogram Analysis, Garment Type
	<b>K0609</b>	Replacement Electrodes for Use with Automated External Defibrillator, Garment Type Only, Each
	<b>E0170</b>	Commode Chair with Integrated Seat Lift Mechanism, Electric, Any Type
	<b>E0193</b>	Powered air flotation bed (low air loss therapy)
	<b>E0194</b>	Air Fluidized Bed
	<b>E0250</b>	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress
	<b>E0251</b>	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress
	<b>E0255</b>	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, with Mattress
	<b>E0256</b>	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress
	<b>E0260</b>	Hospital Bed, Semi-Electric (Head and Foot Adjustment), With Any Type Side Rails, With Mattress
	<b>E0261</b>	Hospital Bed, Semi-Electric (Head and Foot Adjustment), With Any Type Side Rails, Without Mattress
	<b>E0265</b>	Hospital Bed, Total Electric (Head, Foot and Height Adjustments) With Any Type Side Rails, With Mattress
	<b>E0266</b>	Hospital Bed, Total Electric (Head, Foot and Height Adjustments), With Any Type Side Rails, Without Mattress
	<b>E0277</b>	Powered pressure-reducing air mattress
	<b>E0290</b>	Hospital Bed, Fixed Height, Without Side Rails, With Mattress
	<b>E0292</b>	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress
	<b>E0293</b>	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress
	<b>E0294</b>	Hospital Bed, Semi-Electric (Head and Foot Adjustment), Without Side Rails, With Mattress
	<b>E0295</b>	Hospital Bed, Semi-Electric (Head and Foot Adjustment), Without Side Rails, Without Mattress
	<b>E0296</b>	Hospital Bed, Total Electric (Head, Foot and Height Adjustments). Without Side Rails, With Mattress
	<b>E0297</b>	Hospital Bed, Total Electric (Head, Foot and Height Adjustments), Without Side Rails, Without Mattress



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SERVICE	CODE	DESCRIPTION
<b>Durable Medical Equipment</b>	<b>E0300</b>	Pediatric Crib, Hospital Grade, Fully Enclosed, With or Without Top Enclosure
	<b>E0301</b>	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress
	<b>E0302</b>	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress
	<b>E0303</b>	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than or Equal To 600 Pounds, With Any Type Side Rails, With Mattress
	<b>E0304</b>	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress
	<b>E0316</b>	Safety Enclosure Frame/Canopy for Use with Hospital Bed, Any Type
	<b>E0371</b>	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width
	<b>E0372</b>	Powered air overlay for mattress, standard mattress length and width
	<b>E0373</b>	Nonpowered advanced pressure reducing mattress
	<b>E0781</b>	Ambulatory Infusion Pump, Single or Multiple Channels, Electric or Battery Operated, With Administrative Equipment, Worn by Patient
	<b>E0784</b>	External Ambulatory Infusion Pump, Insulin
	<b>E0791</b>	Parenteral Infusion Pump, Stationary, Single or Multi-Channel
	<b>A7025</b>	High Frequency Chest Wall Oscillation System Vest, Replacement for Use with Patient Owned Equipment, Each
	<b>A7030</b>	Full Face Mask Used with Positive Airway Pressure Device, Each
	<b>A7031</b>	Face Mask Interface, Replacement for Full Face Mask, Each
	<b>E0617</b>	External Defibrillator with Integrated Electrocardiogram Analysis
	<b>E0424</b>	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula or Mask, And Tubing



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SERVICE	CODE	DESCRIPTION
<b>Durable Medical Equipment</b>	<b>E0431</b>	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula or Mask, And Tubing
	<b>E0433</b>	Portable Liquid Oxygen System, Rental; Home Liquefier Used to Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula or Mask and Tubing, With or Without Supply Reservoir and Contents
	<b>E0434</b>	Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula or Mask, And Tubing
	<b>E0439</b>	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula or Mask, & Tubing
	<b>E0462</b>	Rocking Bed with Or Without Side Rails
	<b>E0465</b>	Home Ventilator, Any Type, Used with Invasive Interface, (For Example, Tracheostomy Tube)
	<b>E0466</b>	Home Ventilator, Any Type, Used with Non-Invasive Interface, (For Example, Mask, Chest Shell)
	<b>E0467</b>	Home Ventilator, Multi-Function Respiratory Device, Also Performs Any or All of The Additional Functions Of Oxygen Concentration, Drug Nebulization, Aspiration, And Cough Stimulation, Includes All Accessories, Components And Supplies For All Functions
	<b>E0470</b>	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
	<b>E0471</b>	Respiratory Assist Device, Bi-Level Pressure Capability, With Back- Up Rate Feature, Used with Noninvasive Interface, (For Example, Nasal or Facial Mask (Intermittent Assist Device with Continuous Positive Airway Pressure Device))
	<b>E0472</b>	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used with Invasive Interface, (For Example, Tracheostomy Tube (Intermittent Assist Device with Continuous Positive Airway Pressure Device))
	<b>E0483</b>	High Frequency Chest Wall Oscillation Air-Pulse Generator System, (Includes Hoses and Vest), Each



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SERVICE	CODE	DESCRIPTION
<b>Durable Medical Equipment</b>	<b>E0550</b>	Humidifier, Durable for Extensive Supplemental Humidification During Ippb Treatments Or Oxygen Delivery
	<b>E0565</b>	Compressor, Air Power Source for Equipment Which Is Not Self- Contained or Cylinder Driven
	<b>E0575</b>	Nebulizer, Ultrasonic, Large Volume
	<b>E0600</b>	Respiratory Suction Pump, Home Model, Portable or Stationary, Electric
	<b>E0601</b>	Continuous Positive Airway Pressure (Cpap) Device
	<b>E1390</b>	Oxygen Concentrator, Single Delivery Port, Capable of Delivering 85 Percent or Greater Oxygen Concentration at The Prescribed Flow Rate
	<b>E1391</b>	Oxygen Concentrator, Dual Delivery Port, Capable of Delivering 85 Percent or Greater Oxygen Concentration at The Prescribed Flow Rate, Each
	<b>E1392</b>	Portable Oxygen Concentrator, Rental
	<b>E1405</b>	Oxygen And Water Vapor Enriching System with Heated Delivery
	<b>E1406</b>	Oxygen And Water Vapor Enriching System Without Heated Delivery
	<b>K0730</b>	Controlled Dose Inhalation Drug Delivery System
	<b>K0738</b>	Portable Gaseous Oxygen System, Rental; Home Compressor Used to Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula or Mask, And Tubing
	<b>E0630</b>	Patient Lift, Hydraulic or Mechanical, Includes Any Seat, Sling, Strap(s) Or Pad(s)
	<b>E0635</b>	Patient Lift, Electric with Seat or Sling
	<b>E0636</b>	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls
	<b>E0639</b>	Patient Lift, Moveable from Room to Room with Disassembly and Reassembly, Includes All Components/Accessories
	<b>E0640</b>	Patient Lift, Fixed System, Includes All Components/Accessories
	<b>E0650</b>	Pneumatic Compressor, Non-Segmental Home Model



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SERVICE	CODE	DESCRIPTION
<b>Durable Medical Equipment</b>	<b>E0651</b>	Pneumatic Compressor, Segmental Home Model Without Calibrated Gradient Pressure
	<b>E0652</b>	Pneumatic Compressor, Segmental Home Model with Calibrated Gradient Pressure
	<b>E0656</b>	Segmental Pneumatic Appliance for Use with Pneumatic Compressor, Trunk
	<b>E0657</b>	Segmental Pneumatic Appliance for Use with Pneumatic Compressor, Chest
	<b>E0670</b>	Segmental Pneumatic Appliance for Use with Pneumatic Compressor, Integrated, 2 Full Legs and Trunk
	<b>E0675</b>	Pneumatic Compression Device, High Pressure, Rapid Inflation/Deflation Cycle, For Arterial Insufficiency (Unilateral or Bilateral System)
	<b>E2000</b>	Gastric Suction Pump, Home Model, Portable or Stationary, Electric
	<b>E2100</b>	Blood Glucose Monitor with Integrated Voice Synthesizer
	<b>K0455</b>	Infusion Pump Used for Uninterrupted Parenteral Administration of Medication, (For example, Epoprostenol or Treprostinol)
	<b>E0740</b>	Non-Implanted Pelvic Floor Electrical Stimulator, Complete System
	<b>E0744</b>	Neuromuscular Stimulator for Scoliosis
	<b>E0745</b>	Neuromuscular Stimulator, Electronic Shock Unit
	<b>E0747</b>	Osteogenesis Stimulator, Electrical, Non-Invasive, Other Than Spinal Applications
	<b>E0748</b>	Osteogenesis Stimulator, Electrical, Non-Invasive, Spinal Applications
	<b>E0760</b>	Ostogenesis Stimulator, Low Intensity Ultrasound, Non-Invasive
	<b>E0764</b>	Functional Neuromuscular Stimulation, Transcutaneous Stimulation of Sequential Muscle Groups of Ambulation with Computer Control, Used for Walking by Spinal Cord Injured, Entire System, After Completion Of Training Program
	<b>E0766</b>	Electrical Stimulation Device Used for Cancer Treatment, Includes All Accessories, Any Type
	<b>E0912</b>	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete with Grab Bar



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SERVICE	CODE	DESCRIPTION
<b>Durable Medical Equipment</b>	<b>E0986</b>	Manual Wheelchair Accessory, Push-Rim Activated Power Assist System
	<b>E0988</b>	Manual Wheelchair Accessory, Lever-Activated, Wheel Drive, Pair
	<b>E1002</b>	Wheelchair Accessory, Power Seating System, Tilt Only
	<b>E1003</b>	Wheelchair Accessory, Power Seating System, Recline Only, Without Shear Reduction
	<b>E1004</b>	Wheelchair Accessory, Power Seating System, Recline Only, With Mechanical Shear Reduction
	<b>E1005</b>	Wheelchair Accessory, Power Seating System, Recline Only, With Power Shear Reduction
	<b>E1006</b>	Wheelchair Accessory, Power Seating System, Combination Tilt and Recline, Without Shear Reduction
	<b>E1007</b>	Wheelchair Accessory, Power Seating System, Combination Tilt and Recline, With Mechanical Shear Reduction
	<b>E1008</b>	Wheelchair Accessory, Power Seating System, Combination Tilt and Recline, With Power Shear Reduction
	<b>E1010</b>	Wheelchair Accessory, Addition to Power Seating System, Power Leg Elevation System, Including Leg Rest, Pair
	<b>E1012</b>	Wheelchair Accessory, Addition to Power Seating System, Center Mount Power Elevating Leg Rest/Platform, Complete System, Any Type, Each
	<b>E1030</b>	Wheelchair Accessory, Ventilator Tray, Gimbale
	<b>E1035</b>	Multi-Positional Patient Transfer System, With Integrated Seat, Operated by Care Giver, Patient Weight Capacity Up to And Including 300 Pounds
	<b>E1036</b>	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated by Caregiver, Patient Weight Capacity Greater Than 300 Pounds
	<b>E1037</b>	Transport Chair, Pediatric Size
	<b>E1161</b>	Manual Adult Size Wheelchair, Includes Tilt in Space
	<b>E1226</b>	Wheelchair Accessory, Manual Fully Reclining Back, (Recline Greater Than 80 Degrees), Each
	<b>E1232</b>	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, With Seating System
	<b>E1233</b>	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, Without Seating System



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SERVICE	CODE	DESCRIPTION
<b>Durable Medical Equipment</b>	<b>E1234</b>	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, Without Seating System
	<b>E1235</b>	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System
	<b>E1236</b>	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System
	<b>E1237</b>	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System
	<b>E1238</b>	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System
	<b>E2202</b>	Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches
	<b>E2203</b>	Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22 Inches
	<b>E2204</b>	Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 22 To 25 Inches
	<b>E2227</b>	Manual Wheelchair Accessory, Gear Reduction Drive Wheel, Each
	<b>E2228</b>	Manual Wheelchair Accessory, Wheel Braking System and Lock, Complete, Each
	<b>E2312</b>	Power Wheelchair Accessory, Hand or Chin Control Interface, Mini- Proportional Remote Joystick, Proportional, Including Fixed Mounting Hardware
	<b>E2321</b>	Power Wheelchair Accessory, Hand Control Interface, Remote Joystick, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware
	<b>E2322</b>	Power Wheelchair Accessory, Hand Control Interface, Multiple Mechanical Switches, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware
	<b>E2325</b>	Power Wheelchair Accessory, Sip and Puff Interface, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Manual Swingaway Mounting Hardware
	<b>E2327</b>	Power Wheelchair Accessory, Head Control Interface, Mechanical, Proportional, Including All Related Electronics, Mechanical Direction Change Switch, And Fixed Mounting Hardware



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SERVICE	CODE	DESCRIPTION
<b>Durable Medical Equipment</b>	<b>E2328</b>	Power Wheelchair Accessory, Head Control or Extremity Control Interface, Electronic, Proportional, Including All Related Electronics and Fixed Mounting Hardware
	<b>E2329</b>	Power Wheelchair Accessory, Head Control Interface, Contact Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware
	<b>E2330</b>	Power Wheelchair Accessory, Head Control Interface, Proximity Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware
	<b>E2351</b>	Power Wheelchair Accessory, Electronic Interface to Operate Speech Generating Device Using Power Wheelchair Control Interface
	<b>E2368</b>	Power Wheelchair Component, Drive Wheel Motor, Replacement Only
	<b>E2370</b>	Power Wheelchair Component, Integrated Drive Wheel Motor and Gear Box Combination, Replacement Only
	<b>E2373</b>	Power Wheelchair Accessory, Hand or Chin Control Interface, Compact Remote Joystick, Proportional, Including Fixed Mounting Hardware
	<b>E2374</b>	Power Wheelchair Accessory, Hand or Chin Control Interface, Standard Remote Joystick (Not Including Controller), Proportional, Including All Related Electronics and Fixed Mounting Hardware, Replacement Only
	<b>E2375</b>	Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics and Mounting Hardware, Replacement Only
	<b>E2376</b>	Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics and Mounting Hardware, Replacement Only
	<b>E2378</b>	Power Wheelchair Component, Actuator, Replacement Only
	<b>E2402</b>	Negative pressure wound therapy electrical pump, stationary or portable
	<b>E2613</b>	Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware
	<b>E2614</b>	Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches or Greater, Any Height, Including Any Type Mounting Hardware


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SERVICE	CODE	DESCRIPTION
<b>Durable Medical Equipment</b>	<b>E2616</b>	Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches or Greater, Any Height, Including Any Type Mounting Hardware
	<b>E2620</b>	Positioning Wheelchair Back Cushion, Planar Back with Lateral Supports, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware
	<b>E2621</b>	Positioning Wheelchair Back Cushion, Planar Back with Lateral Supports, Width 22 Inches or Greater, Any Height, Including Any Type Mounting Hardware
	<b>E2626</b>	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached to Wheelchair, Balanced, Adjustable
	<b>E2627</b>	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached to Wheelchair, Balanced, Adjustable Rancho Type
	<b>E2628</b>	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached to Wheelchair, Balanced, Reclining
	<b>E2629</b>	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached to Wheelchair, Balanced, Friction Arm Support (Friction Dampening to Proximal and Distal Joints)
	<b>E2630</b>	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support, Monosuspension Arm and Hand Support, Overhead Elbow Forearm Hand Sling Support, Yoke Type Suspension Support
	<b>K0002</b>	Standard Hemi (Low Seat) Wheelchair
	<b>K0003</b>	Lightweight Wheelchair
	<b>K0004</b>	High Strength, Lightweight Wheelchair
	<b>K0005</b>	Ultra lightweight Wheelchair
	<b>K0006</b>	Heavy Duty Wheelchair
	<b>K0007</b>	Extra Heavy-Duty Wheelchair
	<b>K0009</b>	Other Manual Wheelchair/Base
	<b>K0813</b>	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
	<b>K0814</b>	Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
	<b>K0815</b>	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds



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SERVICE	CODE	DESCRIPTION
<b>Durable Medical Equipment</b>	<b>K0816</b>	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds
	<b>K0820</b>	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	<b>K0821</b>	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds
	<b>K0822</b>	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	<b>K0823</b>	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds
	<b>K0824</b>	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
	<b>K0825</b>	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
	<b>K0826</b>	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
	<b>K0827</b>	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
	<b>K0828</b>	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
	<b>K0829</b>	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more
	<b>K0835</b>	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	<b>K0836</b>	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
	<b>K0837</b>	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
	<b>K0838</b>	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
	<b>K0839</b>	Power wheelchair, group 2 very heavy duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds
	<b>K0840</b>	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more



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SERVICE	CODE	DESCRIPTION
<b>Durable Medical Equipment</b>	<b>K0841</b>	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	<b>K0842</b>	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds
	<b>K0843</b>	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
	<b>K0848</b>	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	<b>K0849</b>	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds
	<b>K0850</b>	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
	<b>K0851</b>	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
	<b>K0852</b>	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
	<b>K0853</b>	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
	<b>K0854</b>	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
	<b>K0855</b>	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more
	<b>K0856</b>	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	<b>K0857</b>	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
	<b>K0858</b>	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds
	<b>K0859</b>	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
	<b>K0860</b>	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
	<b>K0861</b>	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<b>Durable Medical Equipment</b>	<b>K0862</b>	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
	<b>K0863</b>	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
	<b>K0864</b>	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more
	<b>K0800</b>	Power Operated Vehicle, Group 1 Standard, Patient Weight Capacity Up to And Including 300 Pounds
	<b>K0801</b>	Power Operated Vehicle, Group 1 Heavy Duty, Patient Weight Capacity, 301 To 450 Pounds
	<b>K0802</b>	Power Operated Vehicle, Group 1 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds
	<b>K0806</b>	Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up to And Including 300 Pounds
	<b>K0807</b>	Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight Capacity 301 To 450 Pounds
	<b>K0808</b>	Power Operated Vehicle, Group 2 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds
<b>Home Health Services</b>	<b>RC 0690</b>	Pre-Hospice/ Palliative Care Services General Classification
	<b>RC- 0023</b>	Home Health PPS
	<b>S9097</b>	Home visit for wound care
	<b>S9494</b>	Home infusion therapy
<b>Inpatient Hospital Acute</b>	<b>RC - 0024</b>	Inpatient Rehabilitation Facility (IRF) PPS
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>Q5103</b>	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
	<b>Q5105</b>	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units
	<b>Q5110</b>	Injection, filgrastim-aafi, biosimilar, (nivistym), 1 microgram
	<b>Q5111</b>	Injection, pegfilgrastim-cbqv (udenyc), biosimilar, 0.5 mg
	<b>J7308</b>	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)
	<b>J7312</b>	Injection, dexamethasone, intravitreal implant, 0.1 mg
	<b>J7313</b>	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg


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SERVICE	CODE	DESCRIPTION
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J7318</b>	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg
	<b>J7320</b>	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg
	<b>J7321</b>	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose
	<b>J7322</b>	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg
	<b>J7323</b>	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
	<b>J7324</b>	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
	<b>Q5112</b>	Injection, trastuzumab-dttb, biosimilar, (ontruzant), 10 mg
	<b>Q5113</b>	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg
	<b>Q5114</b>	Injection, trastuzumab-dkst, biosimilar, (ogivri), 10 mg
	<b>Q5122</b>	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg
	<b>Q5123</b>	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg
	<b>Q5124</b>	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg
	<b>Q5125</b>	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram
	<b>Q5126</b>	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg
	<b>Q5127</b>	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg
	<b>Q5128</b>	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg
	<b>Q5129</b>	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg
	<b>Q5130</b>	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg
	<b>J9000</b>	Injection, doxorubicin hydrochloride, 10 mg
	<b>J9017</b>	Injection, arsenic trioxide, 1 mg
	<b>J9021</b>	Injection, asparaginase, recombinant, (rylaze), 0.1 mg
	<b>J9022</b>	Injection, atezolizumab, 10 mg
	<b>J9023</b>	Injection, avelumab, 10 mg
	<b>J9025</b>	Injection, azacitidine, 1 mg
	<b>J9027</b>	Injection, clofarabine, 1 mg



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SERVICE	CODE	DESCRIPTION
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J9029</b>	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose
	<b>J9030</b>	Bcg live intravesical instillation, 1 mg
	<b>J9032</b>	Injection, belinostat, 10 mg
	<b>J9033</b>	Injection, bendamustine hcl (treanda), 1 mg
	<b>J9034</b>	Injection, bendamustine hcl (bendeka), 1 mg
	<b>J9035</b>	Injection, bevacizumab, 10 mg
	<b>J9036</b>	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg
	<b>J9039</b>	Injection, blinatumomab, 1 microgram
	<b>J9040</b>	Injection, bleomycin sulfate, 15 units
	<b>J9041</b>	Injection, bortezomib, 0.1 mg
	<b>J9042</b>	Injection, brentuximab vedotin, 1 mg
	<b>J9043</b>	Injection, cabazitaxel, 1 mg
	<b>J9045</b>	Injection, carboplatin, 50 mg
	<b>J9047</b>	Injection, carfilzomib, 1 mg
	<b>J9049</b>	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg
	<b>J9050</b>	Injection, carmustine, 100 mg
	<b>J9052</b>	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg
	<b>J9055</b>	Injection, cetuximab, 10 mg
	<b>J9060</b>	Injection, cisplatin, powder or solution, 10 mg
	<b>J9061</b>	Injection, amivantamab-vmjw, 2 mg
	<b>J9063</b>	Injection, mirvetuximab soravtansine-gynx, 1 mg
	<b>J9065</b>	Injection, cladribine, per 1 mg
	<b>J9071</b>	Injection, cyclophosphamide (auromedics), 5 mg
	<b>J9073</b>	Injection, cyclophosphamide (ingenus), 5 mg
	<b>J9075</b>	Injection, cyclophosphamide, not otherwise specified, 5 mg
	<b>J9100</b>	Injection, cytarabine, 100 mg



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SERVICE	CODE	DESCRIPTION
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J9118</b>	Injection, calaspargase pegol-mknl, 10 units
	<b>J9119</b>	Injection, cemiplimab-rwlc, 1 mg
	<b>J9120</b>	Injection, dactinomycin, 0.5 mg
	<b>J9130</b>	Dacarbazine, 100 mg
	<b>J9144</b>	Injection, daratumumab, 10 mg and hyaluronidase-fihj
	<b>J9145</b>	Injection, daratumumab, 10 mg
	<b>J9150</b>	Injection, daunorubicin, 10 mg
	<b>J9153</b>	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine
	<b>J9155</b>	Injection, degarelix, 1 mg
	<b>J9171</b>	Injection, docetaxel, 1 mg
	<b>J9173</b>	Injection, durvalumab, 10 mg
	<b>J9176</b>	Injection, elotuzumab, 1 mg
	<b>J9177</b>	Injection, enfortumab vedotin-ejfv, 0.25 mg
	<b>J9178</b>	Injection, epirubicin hcl, 2 mg
	<b>J9179</b>	Injection, eribulin mesylate, 0.1 mg
	<b>J9181</b>	Injection, etoposide, 10 mg
	<b>J9185</b>	Injection, fludarabine phosphate, 50 mg
	<b>J9190</b>	Injection, fluorouracil, 500 mg
	<b>J9196</b>	Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to j9201, 200 mg
	<b>J9200</b>	Injection, floxuridine, 500 mg
	<b>J9201</b>	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg
	<b>J9202</b>	Goserelin acetate implant, per 3.6 mg
	<b>J9203</b>	Injection, gemtuzumab ozogamicin, 0.1 mg
	<b>J9204</b>	Injection, mogamulizumab-kpkc, 1 mg
	<b>J9205</b>	Injection, irinotecan liposome, 1 mg
	<b>J9206</b>	Injection, irinotecan, 20 mg
	<b>J9207</b>	Injection, ixabepilone, 1 mg



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SERVICE	CODE	DESCRIPTION
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J9208</b>	Injection, ifosfamide, 1 gram
	<b>J9209</b>	Injection, mesna, 200 mg
	<b>J9210</b>	Injection, emapalumab-lzsg, 1 mg
	<b>J9211</b>	Injection, idarubicin hydrochloride, 5 mg
	<b>J9217</b>	Leuprolide acetate (for depot suspension), 7.5 mg
	<b>J9218</b>	Leuprolide acetate, per 1 mg
	<b>J9223</b>	Injection, lurbinectedin, 0.1 mg
	<b>J9226</b>	Histrelin implant (supprelin la), 50 mg
	<b>J9227</b>	Injection, isatuximab-irfc, 10 mg
	<b>J9228</b>	Injection, ipilimumab, 1 mg
	<b>J9229</b>	Injection, inotuzumab ozogamicin, 0.1 mg
	<b>J9245</b>	Injection, melphalan hydrochloride, not otherwise specified, 50 mg
	<b>J9246</b>	Injection, melphalan (evomela), 1 mg
	<b>J9260</b>	Injection, methotrexate sodium, 50 mg
	<b>J9261</b>	Injection, nelarabine, 50 mg
	<b>J9262</b>	Injection, omacetaxine mepesuccinate, 0.01 mg
	<b>J9263</b>	Injection, oxaliplatin, 0.5 mg
	<b>J9264</b>	Injection, paclitaxel protein-bound particles, 1 mg
	<b>J9266</b>	Injection, pegaspargase, per single dose vial
	<b>J9267</b>	Injection, paclitaxel, 1 mg
	<b>J9268</b>	Injection, pentostatin, 10 mg
	<b>J9269</b>	Injection, tagraxofusp-erzs, 10 micrograms
	<b>J9271</b>	Injection, pembrolizumab, 1 mg
	<b>J9272</b>	Injection, dostarlimab-gxly, 10 mg
	<b>J9273</b>	Injection, tisotumab vedotin-tftv, 1 mg
	<b>J9274</b>	Injection, tebentafusp-tebn, 1 microgram
	<b>J9280</b>	Injection, mitomycin, 5 mg
	<b>J9281</b>	Mitomycin pyelocalyceal instillation, 1 mg



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SERVICE	CODE	DESCRIPTION
Medicare Part B Rx and Home Infusion Drugs	J9286	Injection, glofitamab-gxbm, 2.5 mg
	J9293	Injection, mitoxantrone hydrochloride, per 5 mg
	J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg
	J9295	Injection, necitumumab, 1 mg
	J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg
	J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
	J9299	Injection, nivolumab, 1 mg
	J9301	Injection, obinutuzumab, 10 mg
	J9303	Injection, panitumumab, 10 mg
	J9304	Injection, pemetrexed (pemfexy), 10 mg
	J9305	Injection, pemetrexed, not otherwise specified, 10 mg
	J9306	Injection, pertuzumab, 1 mg
	J9307	Injection, pralatrexate, 1 mg
	J9308	Injection, ramucirumab, 5 mg
	J9309	Injection, polatuzumab vedotin-piiq, 1 mg
	J9311	Injection, rituximab 10 mg and hyaluronidase
	J9312	Injection, rituximab, 10 mg
	J9314	Injection, pemetrexed (teva) not therapeutically equivalent to j9305, 10 mg
	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg
	J9319	Injection, romidepsin, lyophilized, 0.1 mg
	J9321	Injection, epcoritamab-bysp, 0.16 mg
	J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units
	J9328	Injection, temozolomide, 1 mg
	J9330	Injection, temsirolimus, 1 mg
	J9331	Injection, sirolimus protein-bound particles, 1 mg



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SERVICE	CODE	DESCRIPTION
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J9332</b>	Injection, efgartigimod alfa-fcab, 2mg
	<b>J9333</b>	Injection, rozanolixizumab-noli, 1 mg
	<b>J9334</b>	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
	<b>J9340</b>	Injection, thiotepa, 15 mg
	<b>J9345</b>	Injection, retifanlimab-dlwr, 1 mg
	<b>J9347</b>	Injection, tremelimumab-actl, 1 mg
	<b>J9348</b>	Injection, naxitamab-gqgk, 1 mg
	<b>J9349</b>	Injection, tafasitamab-cxix, 2 mg
	<b>J9350</b>	Injection, mosunetuzumab-axgb, 1 mg
	<b>J9351</b>	Injection, topotecan, 0.1 mg
	<b>J9352</b>	Injection, trabectedin, 0.1 mg
	<b>J9353</b>	Injection, margetuximab-cmkb, 5 mg
	<b>J9354</b>	Injection, ado-trastuzumab emtansine, 1 mg
	<b>J9355</b>	Injection, trastuzumab, excludes biosimilar, 10 mg
	<b>J9356</b>	Injection, trastuzumab, 10 mg and hyaluronidase-oysk
	<b>J9357</b>	Injection, valrubicin, intravesical, 200 mg
	<b>J9358</b>	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
	<b>J9359</b>	Injection, loncastuximab tesirine-lpyl, 0.075 mg
	<b>J9360</b>	Injection, vinblastine sulfate, 1 mg
	<b>J9370</b>	Vincristine sulfate, 1 mg
	<b>J9380</b>	Injection, teclistamab-cqyv, 0.5 mg
	<b>J9390</b>	Injection, vinorelbine tartrate, 10 mg
	<b>J9394</b>	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg
	<b>J9395</b>	Injection, fulvestrant, 25 mg
	<b>J9400</b>	Injection, ziv-aflibercept, 1 mg
	<b>J8530</b>	Cyclophosphamide; oral, 25 mg
	<b>J8560</b>	Etoposide; oral, 50 mg
	<b>J8610</b>	Methotrexate; oral, 2.5 mg



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SERVICE	CODE	DESCRIPTION
Medicare Part B Rx and Home Infusion Drugs	<b>J8700</b>	Temozolomide, oral, 5 mg
	<b>J8705</b>	Topotecan, oral, 0.25 mg
	<b>J7177</b>	Injection, human fibrinogen concentrate (fibryga), 1 mg
	<b>J7178</b>	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg
	<b>J7179</b>	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:reo
	<b>J7188</b>	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.
	<b>J7189</b>	Factor viia (antihemophilic factor, recombinant), (novoseven rt), 1 microgram
	<b>J7200</b>	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu
	<b>J7208</b>	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.
	<b>J7209</b>	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.
	<b>J7210</b>	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.
	<b>J7211</b>	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.
	<b>J7212</b>	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram
	<b>J7213</b>	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.
	<b>J7214</b>	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.
	<b>Q9950</b>	Injection, sulfur hexafluoride lipid microspheres, per ml
	<b>Q9956</b>	Injection, octafluoropropane microspheres, per ml
	<b>Q9957</b>	Injection, perflutren lipid microspheres, per ml
	<b>A9589</b>	Instillation, hexaminolevulinate hydrochloride, 100 mg
	<b>A9606</b>	Radium ra-223 dichloride, therapeutic, per microcurie
	<b>J0129</b>	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
	<b>J0131</b>	Injection, acetaminophen, not otherwise specified, 10 mg


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SERVICE	CODE	DESCRIPTION
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J0172</b>	Injection, aducanumab-avwa, 2 mg
	<b>J0174</b>	Injection, lecanemab-irmb, 1 mg
	<b>J0177</b>	Injection, aflibercept hd, 1 mg
	<b>J0178</b>	Injection, aflibercept, 1 mg
	<b>J0179</b>	Injection, brolucizumab-dbl, 1 mg
	<b>J0180</b>	Injection, agalsidase beta, 1 mg
	<b>J0202</b>	Injection, alemtuzumab, 1 mg
	<b>J0218</b>	Injection, olipudase alfa-rpcp, 1 mg
	<b>J0219</b>	Injection, avalglucosidase alfa-ngpt, 4 mg
	<b>J0221</b>	Injection, alglucosidase alfa, (lumizyme), 10 mg
	<b>J0222</b>	Injection, patisiran, 0.1 mg
	<b>J0223</b>	Injection, givosiran, 0.5 mg
	<b>J0224</b>	Injection, lumasiran, 0.5 mg
	<b>J0225</b>	Injection, vutrisiran, 1 mg
	<b>J0256</b>	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg
	<b>J0257</b>	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg
	<b>J0401</b>	Injection, aripiprazole, extended release, 1 mg
	<b>J0402</b>	Injection, aripiprazole (abilify asimtufii), 1 mg
	<b>J0490</b>	Injection, belimumab, 10 mg
	<b>J0491</b>	Injection, anifrolumab-fnia, 1 mg
	<b>J0517</b>	Injection, benralizumab, 1 mg
	<b>J0577</b>	Injection, buprenorphine extended-release (brixadi), less than or equal to 7 days of therapy
	<b>J0578</b>	Injection, buprenorphine extended release (brixadi), greater than 7 days and up to 28 days of therapy
	<b>J0584</b>	Injection, burosumab-twza 1 mg
	<b>J0585</b>	Injection, onabotulinumtoxina, 1 unit
	<b>J0586</b>	Injection, abobotulinumtoxina, 5 units



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SERVICE	CODE	DESCRIPTION
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J0587</b>	Injection, rimabotulinumtoxinb, 100 units
	<b>J0588</b>	Injection, incobotulinumtoxin a, 1 unit
	<b>J0592</b>	Injection, buprenorphine hydrochloride, 0.1 mg
	<b>J0595</b>	Injection, butorphanol tartrate, 1 mg
	<b>J0596</b>	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units
	<b>J0597</b>	Injection, c-1 esterase inhibitor (human), berinert, 10 units
	<b>J0598</b>	Injection, c-1 esterase inhibitor (human), cinryze, 10 units
	<b>J0630</b>	Injection, calcitonin salmon, up to 400 units
	<b>J0638</b>	Injection, canakinumab, 1 mg
	<b>J0714</b>	Injection, ceftazidime and avibactam, 0.5 g/0.125 g
	<b>J0717</b>	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
	<b>J0725</b>	Injection, chorionic gonadotropin, per 1,000 usp units
	<b>J0735</b>	Injection, clonidine hydrochloride, 1 mg
	<b>J0775</b>	Injection, collagenase, clostridium histolyticum, 0.01 mg
	<b>J0791</b>	Injection, crizanlizumab-tmca, 5 mg
	<b>J0801</b>	Injection, corticotropin (acthar gel), up to 40 units
	<b>J0802</b>	Injection, corticotropin (ani), up to 40 units
	<b>J0834</b>	Injection, cosyntropin, 0.25 mg
	<b>J0881</b>	Injection, darbepoetin alfa, 1 microgram (non-esrd use)
	<b>J0882</b>	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)
	<b>J0885</b>	Injection, epoetin alfa, (for non-esrd use), 1000 units
	<b>J0887</b>	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)
	<b>J0888</b>	Injection, epoetin beta, 1 microgram, (for non esrd use)
	<b>J0894</b>	Injection, decitabine, 1 mg
	<b>J0896</b>	Injection, luspatercept-aamt, 0.25 mg
	<b>J0897</b>	Injection, denosumab, 1 mg
	<b>J1265</b>	Injection, dopamine hcl, 40 mg



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SERVICE	CODE	DESCRIPTION
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J1270</b>	Injection, doxercalciferol, 1 mcg
	<b>J1290</b>	Injection, ecallantide, 1 mg
	<b>J1300</b>	Injection, eculizumab, 10 mg
	<b>J1301</b>	Injection, edaravone, 1 mg
	<b>J1302</b>	Injection, sutimlimab-jome, 10 mg
	<b>J1303</b>	Injection, ravulizumab-cwvz, 10 mg
	<b>J1304</b>	Injection, tofersen, 1 mg
	<b>J1305</b>	Injection, evinacumab-dgnb, 5mg
	<b>J1306</b>	Injection, inclisiran, 1 mg
	<b>J1322</b>	Injection, elosulfase alfa, 1 mg
	<b>J1323</b>	Injection, elranatamab-bcmm, 1 mg
	<b>J1325</b>	Injection, epoprostenol, 0.5 mg
	<b>J1440</b>	Fecal microbiota, live - jslm, 1 ml
	<b>J1442</b>	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram
	<b>J1448</b>	Injection, trilaciclib, 1mg
	<b>J1449</b>	Injection, eflapegrastim-xnst, 0.1 mg
	<b>J1458</b>	Injection, galsulfase, 1 mg
	<b>J1460</b>	Injection, gamma globulin, intramuscular, 1 cc
	<b>J1551</b>	Injection, immune globulin (cutaquip), 100 mg
	<b>J1555</b>	Injection, immune globulin (cuvitru), 100 mg
	<b>J1558</b>	Injection, immune globulin (xembify), 100 mg
	<b>J1560</b>	Injection, gamma globulin, intramuscular, over 10 cc
	<b>J1566</b>	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
	<b>J1571</b>	Injection, hepatitis b immune globulin (hepagam b), intramuscular, 0.5 ml
	<b>J1576</b>	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
	<b>J1596</b>	Injection, glycopyrrolate, 0.1 mg
	<b>J1602</b>	Injection, golimumab, 1 mg, for intravenous use



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SERVICE	CODE	DESCRIPTION
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J1640</b>	Injection, hemin, 1 mg
	<b>J1740</b>	Injection, ibandronate sodium, 1 mg
	<b>J1743</b>	Injection, idursulfase, 1 mg
	<b>J1745</b>	Injection, infliximab, excludes biosimilar, 10 mg
	<b>J1746</b>	Injection, ibalizumab-uiyk, 10 mg
	<b>J1747</b>	Injection, spesolimab-sbzo, 1 mg
	<b>J1750</b>	Injection, iron dextran, 50 mg
	<b>J1786</b>	Injection, imiglucerase, 10 units
	<b>J1813</b>	Insulin (lyumjev) for administration through dme (i.e., insulin pump) per 50 units
	<b>J1817</b>	Insulin for administration through dme (i.e., insulin pump) per 50 units
	<b>J1823</b>	Injection, inebilizumab-cdon, 1 mg
	<b>J1931</b>	Injection, laronidase, 0.1 mg
	<b>J1932</b>	Injection, lanreotide, (ciplā), 1 mg
	<b>J1943</b>	Injection, aripiprazole lauroxil, (aristada initio), 1 mg
	<b>J1944</b>	Injection, aripiprazole lauroxil, (aristada), 1 mg
	<b>J1951</b>	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg
	<b>J1952</b>	Leuprolide injectable, camcevi, 1 mg
	<b>J1954</b>	Injection, leuprolide acetate for depot suspension (ciplā), 7.5 mg
	<b>J2182</b>	Injection, mepolizumab, 1 mg
	<b>J2278</b>	Injection, ziconotide, 1 microgram
	<b>J2323</b>	Injection, natalizumab, 1 mg
	<b>J2327</b>	Injection, risankizumab-rzaa, intravenous, 1 mg
	<b>J2329</b>	Injection, ublituximab-xiiy, 1mg
	<b>J2350</b>	Injection, ocrelizumab, 1 mg
	<b>J2356</b>	Injection, tezepelumab-ekko, 1 mg
	<b>J2357</b>	Injection, omalizumab, 5 mg
	<b>J2427</b>	Injection, paliperidone palmitate extended release (invega hafyera, or invega trinzā), 1 mg



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SERVICE	CODE	DESCRIPTION
Medicare Part B Rx and Home Infusion Drugs	J2430	Injection, pamidronate disodium, per 30 mg
	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
	J2507	Injection, pegloticase, 1 mg
	J2597	Injection, desmopressin acetate, per 1 mcg
	J2679	Injection, fluphenazine hcl, 1.25 mg
	J2760	Injection, phentolamine mesylate, up to 5 mg
	J2777	Injection, faricimab-svoa, 0.1 mg
	J2778	Injection, ranibizumab, 0.1 mg
	J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg
	J2781	Injection, pegcetacoplan, intravitreal, 1 mg
	J2782	Injection, avacincaptad pegol, 0.1 mg
	J2786	Injection, reslizumab, 1 mg
	J2799	Injection, risperidone (uzedy), 1 mg
	J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
	J3032	Injection, eptinezumab-jjmr, 1 mg
	J3055	Injection, talquetamab-tgvs, 0.25 mg
	J3060	Injection, taliglucerase alfa, 10 units
	J3111	Injection, romosozumab-aqqg, 1 mg
	J3121	Injection, testosterone enanthate, 1 mg
	J3145	Injection, testosterone undecanoate, 1 mg
	J3241	Injection, teprotumumab-trbw, 10 mg
	J3245	Injection, tildrakizumab, 1 mg
	J3262	Injection, tocilizumab, 1 mg
	J3315	Injection, triptorelin pamoate, 3.75 mg
	J3357	Ustekinumab, for subcutaneous injection, 1 mg
	J3358	Ustekinumab, for intravenous injection, 1 mg
	J3380	Injection, vedolizumab, intravenous, 1 mg



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SERVICE	CODE	DESCRIPTION
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J3385</b>	Injection, velaglucerase alfa, 100 units
	<b>J3396</b>	Injection, verteporfin, 0.1 mg
	<b>J3401</b>	Beremagene geperpavec-svdt for topical administration, containing nominal $5 \times 10^9$ pfu/ml vector genomes, per 0.1 ml
	<b>J3473</b>	Injection, hyaluronidase, recombinant, 1 usp unit
	<b>J3486</b>	Injection, ziprasidone mesylate, 10 mg
	<b>J3489</b>	Injection, zoledronic acid, 1 mg
	<b>J7170</b>	Injection, emicizumab-kxwh, 0.5 mg
	<b>J7175</b>	Injection, factor x, (human), 1 i.u.
	<b>J7639</b>	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram
	<b>J7674</b>	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg
	<b>J7677</b>	Revefenacin inhalation solution, FDA-approved final product, non-compounded, administered through DME, 1 microgram
	<b>J7682</b>	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams
	<b>J7684</b>	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per mg
	<b>J7325</b>	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg
	<b>J7326</b>	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose
	<b>J7327</b>	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose
	<b>J7328</b>	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg
	<b>J7329</b>	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg
	<b>J7331</b>	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg
	<b>J7332</b>	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg
	<b>J7336</b>	Capsaicin 8% patch, per square centimeter



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SERVICE	CODE	DESCRIPTION
Medicare Part B Rx and Home Infusion Drugs	<b>J7340</b>	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml
	<b>J7345</b>	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg
	<b>J7351</b>	Injection, bimatoprost, intracameral implant, 1 microgram
	<b>J7402</b>	Mometasone furoate sinus implant, (sinuva), 10 micrograms
	<b>Q4074</b>	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms
	<b>Q4081</b>	Injection, epoetin alfa, 100 units (for esrd on dialysis)
	<b>Q2041</b>	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
	<b>Q2042</b>	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
	<b>Q2043</b>	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion
	<b>Q2050</b>	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg
	<b>Q2053</b>	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
	<b>Q2054</b>	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
	<b>Q2055</b>	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
	<b>Q2056</b>	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
	<b>Q9991</b>	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg
	<b>Q9992</b>	Injection, buprenorphine extended-release (sublocade), greater than 100 mg



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SERVICE	CODE	DESCRIPTION
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>A4642</b>	Indium in-111 satumomab pendetide, diagnostic, per study dose, up to 6 millicuries
	<b>A9507</b>	Indium in-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries
	<b>A9515</b>	Choline c-11, diagnostic, per study dose up to 20 millicuries
	<b>A9520</b>	Technetium tc-99m tilmanocept, diagnostic, up to 0.5 millicuries
	<b>A9521</b>	Technetium tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries
	<b>A9543</b>	Yttrium y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries
	<b>A9546</b>	Cobalt co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie
	<b>A9547</b>	Indium in-111 oxyquinoline, diagnostic, per 0.5 millicurie
	<b>A9548</b>	Indium in-111 pentetate, diagnostic, per 0.5 millicurie
	<b>A9550</b>	Technetium tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicurie
	<b>A9551</b>	Technetium tc-99m succimer, diagnostic, per study dose, up to 10 millicuries
	<b>A9556</b>	Gallium ga-67 citrate, diagnostic, per millicurie
	<b>A9557</b>	Technetium tc-99m bismate, diagnostic, per study dose, up to 25 millicuries
	<b>A9558</b>	Xenon xe-133 gas, diagnostic, per 10 millicuries
	<b>A9559</b>	Cobalt co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie
	<b>A9561</b>	Technetium tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries
	<b>A9562</b>	Technetium tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries
	<b>A9563</b>	Sodium phosphate p-32, therapeutic, per millicurie
	<b>A9564</b>	Chromic phosphate p-32 suspension, therapeutic, per millicurie
	<b>A9566</b>	Technetium tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries



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SERVICE	CODE	DESCRIPTION
Medicare Part B Rx and Home Infusion Drugs	A9567	Technetium tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries
	A9568	Technetium tc-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries
	A9569	Technetium tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose
	A9570	Indium in-111 labeled autologous white blood cells, diagnostic, per study dose
	A9572	Indium in-111 pentetreotide, diagnostic, per study dose, up to 6 millicuries
	A9580	Sodium fluoride f-18, diagnostic, per study dose, up to 30 millicuries
	A9582	Iodine i-123 iobenguane, diagnostic, per study dose, up to 15 millicuries
	A9584	Iodine 1-123 ioflupane, diagnostic, per study dose, up to 5 millicuries
	A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries
	A9588	Fluciclovine f-18, diagnostic, 1 millicurie
	A9590	Iodine i-131, iobenguane, 1 millicurie
	A9591	Fluoroestradiol f 18, diagnostic, 1 millicurie
	A9592	Copper cu-64, dotatate, diagnostic, 1 millicurie
	A9593	Gallium ga-68 psma-11, diagnostic, (ucsf), 1 millicurie
	A9594	Gallium ga-68 psma-11, diagnostic, (ucla), 1 millicurie
	A9595	Piflufolastat f-18, diagnostic, 1 millicurie
	A9596	Gallium ga-68 gozetotide, diagnostic, (illuccix), 1 millicurie
	A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified
	A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified
	A9600	Strontium sr-89 chloride, therapeutic, per millicurie
	A9601	Flortaucipir f 18 injections, diagnostic, 1 millicurie
	A9602	Fluorodopa f-18, diagnostic, per millicurie
	A9603	Injection, pafolacianine, 0.1 mg



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SERVICE	CODE	DESCRIPTION
Medicare Part B Rx and Home Infusion Drugs	A9604	Samarium sm-153 leixidronam, therapeutic, per treatment dose, up to 150 millicuries
	A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie
	A9697	Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose
	A9698	Non-radioactive contrast imaging material, not otherwise classified, per study
	A9699	Radiopharmaceutical, therapeutic, not otherwise classified
	A9700	Supply of injectable contrast material for use in echocardiography, per study
	A9800	Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie
	Q4101	Apligraf, per square centimeter
	Q4102	Oasis wound matrix, per square centimeter
	Q4103	Oasis burn matrix, per square centimeter
	Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter
	Q4105	Integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix, per square centimeter
	Q4108	Integra matrix, per square centimeter
	Q4111	Gammagraft, per square centimeter
	Q4114	Integra flowable wound matrix, injectable, 1 cc
	Q4118	Matristem micromatrix, 1 mg
	Q4121	Theraskin, per square centimeter
	Q4124	Oasis ultra tri-layer wound matrix, per square centimeter
	Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter
	Q4128	Flex hd, or allopatch hd, per square centimeter
	Q4132	Grafix core and grafixpl core, per square centimeter
	Q4133	Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter
	Q4137	Amnioexcel, amnioexcel plus or biodexcel, per square centimeter
	Q4141	Alloskin ac, per square centimeter



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>Q4143</b>	Repriza, per square centimeter
	<b>Q4147</b>	Architect, architect px, or architect fx, extracellular matrix, per square centimeter
	<b>Q4150</b>	Allowrap ds or dry, per square centimeter
	<b>Q4151</b>	Amnioband or guardian, per square centimeter
	<b>Q4152</b>	Dermapure, per square centimeter
	<b>Q4153</b>	Dermavest and plurivest, per square centimeter
	<b>Q4154</b>	Biovance, per square centimeter
	<b>Q4159</b>	Affinity, per square centimeter
	<b>Q4160</b>	Nushield, per square centimeter
	<b>Q4163</b>	Woundex, bioskin, per square centimeter
	<b>Q4164</b>	Helicoll, per square centimeter
	<b>Q4166</b>	Cytal, per square centimeter
	<b>Q4168</b>	Amnioband, 1 mg
	<b>Q4170</b>	Cygnus, per square centimeter
	<b>Q4171</b>	Interfyl, 1 mg
	<b>Q4173</b>	Palingen or palingen xplus, per square centimeter
	<b>Q4175</b>	Miroderm, per square centimeter
	<b>Q4178</b>	Floweramniopatch, per square centimeter
	<b>Q4180</b>	Revita, per square centimeter
	<b>Q4184</b>	Cellesta or cellesta duo, per square centimeter
	<b>Q4186</b>	Epifix, per square centimeter
	<b>Q4187</b>	Epicord, per square centimeter
	<b>Q4188</b>	Amnioarmor, per square centimeter
	<b>Q4190</b>	Artacent ac, per square centimeter
	<b>Q4191</b>	Restorigin, per square centimeter
	<b>Q4197</b>	Puraply xt, per square centimeter
	<b>Q4199</b>	Cygnus matrix, per square centimeter
	<b>Q4203</b>	Derma-gide, per square centimeter



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SERVICE	CODE	DESCRIPTION
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>Q4205</b>	Membrane graft or membrane wrap, per square centimeter
	<b>Q4217</b>	Woundfix, biowound, woundfix plus, biowound plus, woundfix xplus or biowound xplus, per square centimeter
	<b>Q4221</b>	Amniowrap2, per square centimeter
	<b>Q4222</b>	Progenamatrix, per square centimeter
	<b>Q4231</b>	Corplex p, per cc
	<b>Q4232</b>	Corplex, per square centimeter
	<b>Q4235</b>	Amniorepair or altiply, per square centimeter
	<b>Q4238</b>	Derm-maxx, per square centimeter
	<b>Q4246</b>	Coretext or protext, per cc
	<b>Q4247</b>	Amniotext patch, per square centimeter
	<b>Q4248</b>	Dermacyte amniotic membrane allograft, per square centimeter
	<b>Q4258</b>	Enverse, per square centimeter
	<b>Q4259</b>	Celera dual layer or celera dual membrane, per square centimeter
	<b>Q4262</b>	Dual layer impax membrane, per square centimeter
	<b>Q4263</b>	Surgraft tl, per square centimeter
	<b>Q4267</b>	Neostim dl, per square centimeter
	<b>Q4271</b>	Complete ft, per square centimeter
	<b>Q4278</b>	Epieffect, per square centimeter
	<b>Q4281</b>	Barrera sl or barrera dl, per square centimeter
	<b>Q4282</b>	Cygnus dual, per square centimeter
	<b>Q4283</b>	Biovance tri-layer or biovance 3l, per square centimeter
	<b>Q4310</b>	Procenta, per 100 mg
	<b>Q0139</b>	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)
	<b>Q0138</b>	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)



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SERVICE	CODE	DESCRIPTION
<b>Occupational Therapy Services / Physical Therapy and Speech-language Pathology</b>	<b>92507</b>	Speech/hearing therapy
	<b>92508</b>	Speech/hearing therapy
	<b>92521</b>	Evaluation of speech fluency
	<b>92522</b>	Evaluate speech production
	<b>92523</b>	Speech sound lang comprehen
	<b>92524</b>	Behavral qualit analys voice
	<b>92597</b>	Oral speech device eval
	<b>92607</b>	Ex for speech device rx 1hr
	<b>92609</b>	Use of speech device service
	<b>97012</b>	Mechanical traction therapy
	<b>97016</b>	Vasopneumatic device therapy
	<b>97018</b>	Paraffin bath therapy
	<b>97022</b>	Whirlpool therapy
	<b>97024</b>	Diathermy eg microwave
	<b>97026</b>	Infrared therapy
	<b>97028</b>	Ultraviolet therapy
	<b>97032</b>	Electrical stimulation
	<b>97033</b>	Electric current therapy
	<b>97034</b>	Contrast bath therapy
	<b>97035</b>	Ultrasound therapy
	<b>97036</b>	Hydrotherapy
	<b>97110</b>	Therapeutic exercises
	<b>97112</b>	Neuromuscular reeducation
	<b>97113</b>	Aquatic therapy/exercises
	<b>97116</b>	Gait training therapy
	<b>97124</b>	Massage therapy
	<b>97140</b>	Manual therapy
	<b>97150</b>	Group therapeutic procedures



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SERVICE	CODE	DESCRIPTION
<b>Occupational Therapy Services / Physical Therapy and Speech-language Pathology</b>	<b>97161</b>	PT EVAL LOW COMPLEX 20 MIN
	<b>97162</b>	PT EVAL MOD COMPLEX 30 MIN
	<b>97163</b>	PT EVAL HIGH COMPLEX 45 MIN
	<b>97164</b>	PT RE-EVAL EST PLAN CARE
	<b>97165</b>	OT EVAL LOW COMPLEX 30 MIN
	<b>97166</b>	OT EVAL MOD COMPLEX 45 MIN
	<b>97167</b>	OT EVAL HIGH COMPLEX 60 MIN
	<b>97168</b>	OT RE-EVAL EST PLAN CARE
	<b>97530</b>	Therapeutic activities
	<b>97533</b>	Sensory integration
	<b>97535</b>	Self care mngment training
	<b>97537</b>	Community/work reintegration
	<b>97542</b>	Wheelchair mngment training
	<b>97750</b>	Physical performance test
	<b>97755</b>	Assistive technology assess
	<b>97760</b>	Orthotic mgmt and training
	<b>97761</b>	Prosthetic training
	<b>97763</b>	C/o for orthotic/prosth use
	<b>G0281</b>	Elec stim unattend for press
	<b>G0283</b>	Elec stim other than wound
	<b>G0329</b>	Electromagntic tx for ulcers
<b>Outpatient Diagnostic Procedures / Tests and Lab</b>	<b>43644</b>	Lap gastric bypass/roux-en-y
	<b>43645</b>	Lap gastr bypass incl smll i
	<b>43770</b>	Lap place gastr adj device
	<b>43771</b>	Lap revise gastr adj device
	<b>43772</b>	Lap rmvl gastr adj device
	<b>43773</b>	Lap replace gastr adj device
	<b>43774</b>	Lap rmvl gastr adj all parts



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SERVICE	CODE	DESCRIPTION
<b>Outpatient Diagnostic Procedures / Tests and Lab</b>	<b>43775</b>	Lap sleeve gastrectomy
	<b>43843</b>	Gastroplasty w/o v-band
	<b>43845</b>	Gastroplasty duodenal switch
	<b>43846</b>	Gastric bypass for obesity
	<b>43847</b>	Gastric bypass incl small i
	<b>43848</b>	Revision gastroplasty
	<b>43880</b>	Repair stomach-bowel fistula
	<b>43886</b>	Revise gastric port open
	<b>43887</b>	Remove gastric port open
	<b>43888</b>	Change gastric port open
	<b>93319</b>	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)
	<b>G0166</b>	External counterpulsation, per treatment session
	<b>92960</b>	Cardioversion, elective, electrical conversion of arrhythmia; external
	<b>K0606</b>	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type
	<b>K0607</b>	Replacement battery for automated external defibrillator, garment type only, each
	<b>K0608</b>	Replacement garment for use with automated external defibrillator, each
	<b>K0609</b>	Replacement Electrodes For Use With Automated External Defibrillator, Garment Type Only, Each
	<b>33285</b>	Insertion, subcutaneous cardiac rhythm monitor, including programming
	<b>93285</b>	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system


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SERVICE	CODE	DESCRIPTION
Outpatient Diagnostic Procedures / Tests and Lab	93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis
	93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional
	0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphism
	0006M	hepatic carcinoma tumor tissue mopath assay
	0007M	oncology gastro 51 genes nomogram disease index
	0047U	Oncology (prostate)
	0340U	ONC PAN CA ALYS MRD PLASMA
	81105	Human platelet Antigen Genotyping (HPA 1), gene analysis, co
	81106	Human platelet Antigen 2 Genotyping gene analysis, common va
	81107	Human Platelet Antigen 3 Genotyping gene analysis, common va
	81108	Human platelet Antigen 4 genotyping gene analysis, common v
	81109	Human platelet Antigen 5 genotyping, gen analysis
	81110	Human platelet Antigen 6 genotyping, gen analysis
	81111	Human platelet Antigen 9 genotyping, gen analysis
	81112	Human platelet Antigen 15 genotyping gen analysis common var
	81120	IDH1, common variants
	81121	IDH2, Commons variants
	81161	dmd duplication/deletion analysis
	81162	brca1&brca2 full seq analys/full dup/del analys
	81163	Tier 1 BRCA1 and BRCA2
	81164	Tier 1 BRCA1 and BRCA3
	81165	Tier 1 BRCA1 and BRCA4
	81166	Tier 1 BRCA1 and BRCA5
	81167	Tier 1 BRCA1 and BRCA6


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SERVICE	CODE	DESCRIPTION
Outpatient Diagnostic Procedures / Tests and Lab	81168	CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL - QUAN
	81170	abl1 gene analysis kinase domain variants
	81171	AFF2 Gene
	81172	AFF2 Gene
	81173	AR Gene Series
	81175	ASXL1, Gene Analysis, full gene sequence
	81176	ASXL 1, Targeted sequence analysisG4:G4:H32
	81177	ATN1 Gene
	81178	ATXN Gene Series
	81179	ATXN Gene Series
	81180	ATXN Gene Series
	81181	ATXN Gene Series
	81182	ATXN Gene Series
	81183	ATXN Gene Series
	81184	CACNA1A Gene Series
	81185	CACNA1A Gene Series
	81186	CACNA1A Gene Series
	81187	CNPB Gene
	81188	CSTB Gene Series
	81189	CSTB Gene Series
	81190	CSTB Gene Series
	81191	NTRK1 TRANSLOCATION ANALYSIS
	81192	NTRK2 TRANSLOCATION ANALYSIS
	81193	NTRK3 TRANSLOCATION ANALYSIS
	81194	NTRK TRANSLOCATION ANALYSIS
	81200	aspa gene analysis common variants
	81201	apc gene analysis full gene sequence
	81202	apc gene analysis known familial variants



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SERVICE	CODE	DESCRIPTION
Outpatient Diagnostic Procedures / Tests and Lab	81203	apc gene analysis duplication/deletion variants
	81204	AR Gene Series
	81205	bckdhh gene analysis common variants
	81206	bcr/abl1 major breakpnt qualitative/quantitative
	81207	bcr/abl1 minor breakpnt qualitative/quantitative
	81208	bcr/abl1 other breakpnt qualitative/quantitative
	81209	blm gene analysis 2281del6ins7 variant
	81210	braf gene analysis v600e variant
	81212	brca1&brca2 anal 185delag5385insc/6174delt
	81215	brca1 gene analysis known familial variant
	81216	brca2 gene analysis full sequence analysis
	81217	brca2 gene analysis known familial variant
	81218	cebpa gene analysis full gene sequence
	81219	calr gene analysis common variants in exon 9
	81220	cftr gene analysis common variants
	81221	cftr gene analysis known familial variants
	81222	cftr gene analysis duplication/deletion variants
	81223	cftr gene analysis full gene sequence
	81224	cftr gene analysis intron 8 poly-t analysis
	81225	cyp2c19 gene analysis common variants
	81226	cyp2d6 gene analysis common variants
	81227	cyp2c9 gene analysis common variants
	81228	cytogenom const microarray copy number variants
	81229	cytogenom const microarray copy number&snp var
	81230	CYP3A4, gene analysis, common variants
	81231	CYP3A5 gene anlysis, common variants
	81232	DPYD, gene anlysis , common variants
	81233	BTK Gene
	81234	DMPK Gene Series



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SERVICE	CODE	DESCRIPTION
Outpatient Diagnostic Procedures / Tests and Lab	81235	egfr gene analysis common variants
	81236	EZH2 Gene Series
	81237	EZH2 Gene Series
	81238	F9 full gene sequence
	81239	DMPK Gene Series
	81240	f2 gene analysis 20210g >a variant
	81241	f5 coagulation factor v anal leiden variant
	81242	fancc gene analysis common variant
	81243	fmr1 analysis eval to detect abnormal alleles
	81244	fmr1 gene analysis characterization of alleles
	81245	flt3 gene analysis internal tandem dup variants
	81246	FLT3 GENE ANALYSIS TYROSINE KINASE DOMAIN VARIANTS
	81247	G6PD gene analysis
	81248	G6PD known familiar variants
	81249	G6PD full gene analysisG6PD full gene analysis
	81250	g6pc gene analysis common variants
	81251	gba glucosidase/beta/acid anal comm variants
	81252	gjb2 gene analysis full gene sequence
	81253	gjb2 gene analysis known familial variants
	81254	gjb6 gene analysis common variants
	81255	hexa gene analysis common variants
	81256	hfe hemochromatosis gene anal common variants
	81257	hba1/hba2 analysis for common deletions/variant
	81258	HBA1/HBA2 gene analysis, common deletions
	81259	HBA1/HBA2, full gene sequence
	81260	ikbkap gene analysis common variants
	81261	igh@ rearrange abnormal clonal pop amplified
	81262	igh@ rearrange abnormal clonal pop direct probe
	81263	igh@ variable region somatic mutation analysis


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SERVICE	CODE	DESCRIPTION
Outpatient Diagnostic Procedures / Tests and Lab	81264	igk@ gene rearrange detect abnormal clonal pop
	81265	comparative anal str markers patient&comp spec
	81266	comparative anal str markers ea addl specimen
	81267	chimerism w/comp to baseline w/o cell selection
	81268	chimerism w/comp to baseline w/cell selection ea
	81270	jak2 gene analysis p.val617phe variant
	81271	HTT Gene
	81272	kit gene analysis targeted sequence analysis
	81273	kit gene analysis d816 variant(s)
	81274	HTT Gene
	81275	kras gene analysis variants in codons 12 and 13
	81276	kras gene analysis additional variant(s)
	81277	Cytogenomic Neoplasia
	81278	IGH /BCL2 TLCJ ALYS MBR - MCR BP QUAL/QUAN
	81279	JAK2 TARGETED SEQUENCE ANALYSIS
	81283	IFNL 3 gene analysis
	81284	FXN Gene Series
	81286	FXN Gene Series
	81287	MGMT METHYLATION ANALYSIS
	81288	MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS
	81289	FXN Gene Series
	81290	mcoln1 mucolipin1 gene analysis common variants
	81291	methfr gene analysis common variants
	81292	mlh1 gene analysis full sequence analysis
	81293	mlh1 gene analysis known familial variants
	81294	mlh1 gene analysis duplication/deletion variants
	81295	msh2 gene analysis full sequence analysis



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SERVICE	CODE	DESCRIPTION
Outpatient Diagnostic Procedures / Tests and Lab	81296	msh2 gene analysis known familial variants
	81297	msh2 gene analysis duplication/deletion variants
	81298	msh6 gene analysis full sequence analysis
	81299	msh6 gene analysis known familial variants
	81300	msh6 gene analysis duplication/deletion varia
	81301	microsatellite instab anal mismatch repair def
	81302	mecp2 gene analysis full sequence
	81303	mecp2 gene analysis known familial variant
	81304	mecp2 gene analysis duplication/deletion variant
	81305	MYD88 Gene
	81306	NUDT15 Gene
	81307	PALB2 (Partner and localizer of BRCA2)
	81308	PALB2 (Partner and localizer of BRCA2)
	81309	PK3CA (phosphatidylinositol - 4, 5 -biphosphate 3 kinase, ca
	81310	npm1 nucleophosmin gene anal exon 12 variants
	81311	nras gene analysis variants in exon 2&3
	81312	PABPN1
	81313	PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO
	81314	pdgfra gene analys targeted sequence analys
	81315	pml/raralpha common breakpoints qual/quant
	81316	pml/raralpha single breakpoint qual/quan
	81317	pms2 gene analysis full sequence
	81318	pms2 gene analysis known familial variants
	81319	pms2 gene analysis duplication/deletion variants
	81320	PLCG2
	81321	pten gene analysis full sequence analysis
	81322	pten gene analysis known familial variant
	81323	pten gene analysis duplication/deletion variant



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SERVICE	CODE	DESCRIPTION
Outpatient Diagnostic Procedures / Tests and Lab	81324	pmp22 gene anal duplication/deletion analysis
	81325	pmp22 gene analysis full sequence analysis
	81326	pmp22 gene analysis known familial variant
	81328	SLCO1B1 GENE ANALYSIS COMMON VARIANT
	81329	Tier 1 SMN1-SMN2
	81330	smpd1 gene analysis common variants
	81331	snrpn/ube3a methylation analysis
	81332	serpina1 gene analysis common variants
	81333	TGFB1
	81334	RUNX1 gene nalysis targeted sequence analysis
	81335	TMPT gene analysis common variants
	81336	Tier 1 SMN1-SMN3
	81337	Tier 1 SMN1-SMN4
	81338	MPL GENE ANALYSIS COMMON VARIANTS
	81339	MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10
	81340	trb@ rearrangement anal amplification method
	81341	trb@ rearrangement anal direct probe methodology
	81342	trg@ gene rearrangement analysis
	81343	PPP2R2B Gene
	81344	TBP
	81345	Tier 1 TERT
	81346	TYMS gene analysis
	81349	CYTOG ALYS CHRML ABNR LW-PS
	81350	ugt1a1 gene analysis common variants
	81351	TP53 GENE ANALYSIS FULL GENE SEQUENCE
	81352	TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS
	81353	TP53 GENE ANALYSIS KNOWN FAMILIAL VARIANT
	81355	vkorc1 gene analysis common variants



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SERVICE	CODE	DESCRIPTION
Outpatient Diagnostic Procedures / Tests and Lab	81361	HBB,common variants
	81362	HBB,known familiar variants
	81364	HBB, full gene sequence
	81370	hla class i&ii low hla-a -b -c -drb1/3/4/5&dqb
	81371	HLA I&LI LOW RESOLUTION HLA-A -B&-DRB1
	81372	hla class i typing low resolution complete
	81373	hla class i typing low resolution one locus each
	81374	hla i low resolution one antigen equivalent each
	81375	hla ii low resolution hla-drb1/3/4/5 and -dqb1
	81376	hla class ii typing low resolution one locus ea
	81377	hla ii low resolution one antigen equivalent ea
	81378	hla i&ii high resolution hla-a -b -c and -drb1
	81379	hla class i typing high resolution complete
	81380	hla class i typing high resolution one locus ea
	81381	hla i typing high resolution 1 allele/allele grp
	81382	hla class ii typing high resolution one locus ea
	81383	hla ii high resolution 1 allele/allele group
	81400	molecular pathology procedure level 1
	81401	molecular pathology procedure level 2
	81402	molecular pathology procedure level 3
	81403	molecular pathology procedure level 4
	81404	molecular pathology procedure level 5
	81405	molecular pathology procedure level 6
	81406	molecular pathology procedure level 7
	81407	molecular pathology procedure level 8
	81408	molecular pathology procedure level 9
	81435	HEREDITARY COLON CA GENOMIC SEQ ANALYS 7 GENES
	81443	Panethnic genetic screen for severe conditions



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SERVICE	CODE	DESCRIPTION
Outpatient Diagnostic Procedures / Tests and Lab	81445	TARGETED GENOMIC SEQ ANALYS DNA ANALYS 5-50 GENE
	81448	Hereditary peripheral neuropathies,related genes
	81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM
	81513	NFCT DS BACTERAL VAGINOSIS RNA VAGINAL-FLUID ALG
	81514	NFCT DS BCT VAGINOSIS -VAGINITIS DNA VAG FLU ALG
	81518	Oncology Breast mRNA gene expressions
	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES
	81520	Oncology breast,utiling formalin- fixed embedded tissue, alg
	81521	Oncology breast,utilizing fresh frozen or formalin- fixed pa
	81522	Oncology breast
	81523	ONC BRST MRNA 70 CNT 31 GENE
	81528	oncology colorectal screening quan 10 dna markrs
	81529	ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG
	81541	Oncology (prostate), utilizing formalin- fixed parafin- emb
	81542	Oncology breast
	81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG
	81551	Oncology (prostate) as a likelihood of prostate cancer detect
	81552	Oncology (uveal melanoma)
	81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG
	87631	iadna respiratry probe & rev trnsr 3-5 targets
	87632	iadna respiratry probe & rev trnsr 6-11 targets
	87633	iadna respiratry probe & rev trnsr 12-25 target
	87634	Respiratory syncytial virus
	88245	chrmsm breakage baseline sister 20-25 cll
	88248	chrmsm breakage baseline breakage 50-100 cll



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SERVICE	CODE	DESCRIPTION
<b>Outpatient Diagnostic Procedures / Tests and Lab</b>	<b>88249</b>	chrmsm breakage synds score 100 cll
	<b>88261</b>	chrmsm count 5 cell 1karyotype banding
	<b>88262</b>	chrmsm count 15-20 cll 2karyotyp banding
	<b>88263</b>	chrmsm count 45 cell mosaicism 2karyotype
	<b>88264</b>	chrmsm analyze 20-25 cells
	<b>88267</b>	chrmsm alys amniotic/villus 15 cell 1karyotype
	<b>88269</b>	chrmsm situ amniotic cll 6-12 colonies 1karyotyp
	<b>88271</b>	molecular cytogenetics dna probe each
	<b>88272</b>	molecular cytogenetics chrmmoml ish 3-5 cells
	<b>88273</b>	molecular cytogenetics chrmmoml ish 10-30 cll
	<b>88274</b>	molecular cytogenetics interphase ish 25-99 cll
	<b>88275</b>	molec cytg interphase ish analyze 100-300 cll
	<b>88280</b>	chrmsm analysis addl karyotyp each study
	<b>88283</b>	chrmsm analysis addl specialized banding
	<b>88285</b>	chrmsm analysis addl cells counted each study
	<b>88289</b>	chrmsm analysis addl high resolution study
	<b>88291</b>	cytogenetics&molec cytogenetics interp&rep
	<b>88299</b>	unlisted cytogenetic study
	<b>22551</b>	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2
	<b>22552</b>	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace
	<b>63650</b>	Percutaneous implantation of neurostimulator electrode array, epidural
	<b>64490</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level



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SERVICE	CODE	DESCRIPTION
<b>Outpatient Diagnostic Procedures / Tests and Lab</b>	<b>64491</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level
	<b>64492</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s)
	<b>64493</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
	<b>64494</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level
	<b>64495</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)
	<b>64633</b>	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
	<b>64634</b>	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint
	<b>64635</b>	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
	<b>64636</b>	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint
	<b>99183</b>	phys/qhp attn&supvj hyperbaric oxygen tx /session
	<b>G0277</b>	HBOT, FULL BODY CHAMBER, 30 MINUTE INTERVAL
<b>Outpatient Diagnostic/ Radiological</b>	<b>0559T</b>	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure



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SERVICE	CODE	DESCRIPTION
<b>Outpatient Diagnostic/ Radiological</b>	<b>0560T</b>	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)
	<b>0561T</b>	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide
	<b>0562T</b>	Anatomic guide 3D-printed and designed from image data set(s); each additional
	<b>78429</b>	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan
	<b>78430</b>	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
	<b>78431</b>	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
	<b>78432</b>	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability)
	<b>78433</b>	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan
	<b>78434</b>	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)
	<b>78459</b>	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study



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SERVICE	CODE	DESCRIPTION
<b>Outpatient Diagnostic/ Radiological</b>	<b>78491</b>	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)
	<b>78492</b>	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)
	<b>78608</b>	Brain imaging, positron emission tomography (PET); metabolic evaluation
	<b>78811</b>	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
	<b>78812</b>	Positron emission tomography (PET) imaging; skull base to mid-thigh
	<b>78813</b>	Positron emission tomography (PET) imaging; whole body
	<b>78814</b>	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
	<b>78815</b>	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
	<b>78816</b>	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
<b>Physician Specialist</b>	<b>20932</b>	Allograft
	<b>20933</b>	Allograft
	<b>20934</b>	Allograft
	<b>67900</b>	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
	<b>67914</b>	Repair eyelid defect
	<b>67915</b>	Repair eyelid defect
	<b>67916</b>	Repair eyelid defect
	<b>67917</b>	Repair eyelid defect



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SERVICE	CODE	DESCRIPTION
Physician Specialist	67921	Repair eyelid defect
	67922	Repair eyelid defect
	67923	Repair eyelid defect
	67924	Repair eyelid defect
	15820	blepharoplasty lower eyelid
	15821	blepharoplasty lower eyelid herniated fat pad
	15822	Blepharoplasty, upper eyelid
	15823	blepharoplasty upper eyelid w/excessive skin
	67901	rpr blepharoptosis frontalis musc sutr/oth matr
	67902	rpr blepharopt frontalis musc autol fascial sling
	67903	rpr blepharoptosis levator rescj/advmnt internal
	67904	rpr blepharoptosis levator rescj/advmnt xtrnl
	67906	rpr blepharoptosis superior rectus fascial sling
	67908	rpr blpos conjunctivo-tarso-musc-levator rescj
	67909	reduction overcorrection ptosis
	67911	correction lid retraction
	67912	corrj lagophthalmos impltj upr eyelid lid load
	67930	sutr wnd eyelid/margin/tarsus/conjunc prtl thick
	67935	sutr wnd eyelid/margin/tarsus/conjunc full thick
	67950	Canthoplasty
	67961	Excision & repair eyelid > one-fourth lid margin
	67966	Excision & repair eyelid one-fourth lid margin
	67971	rcnstj eyelid full thickness </two-thirds 1 stg
	67973	rcnstj eyelid full thickness lower eyelid 1 stg
	67974	rcnstj eyelid full thickness upper eyelid 1 stg
	67975	rcnstj eyelid full thickness second stage
	64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)



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SERVICE	CODE	DESCRIPTION
Physician Specialist	64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
	17360	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)
	15788	Chemical peel facial epidermal
	15789	chemical peel facial dermal
	15792	Chemical peel nonfacial epidermal
	15793	chemical peel nonfacial dermal
	17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE
	15780	dermabrasion total face
	15781	dermabrasion segmental face
	15782	dermabrasion regional other than face
	15783	dermabrasion superficial any site
	15786	abrasion 1 lesion
	15787	abrasion each additional 4 lesions or less
	11950	subcutaneous injection filling material 1 cc/<
	11951	subcutaneous injection filling matrl 1.1-5.0 cc
	11952	subcutaneous injection filling matrl 5.1-10.0cc
	11954	subcutaneous injection filling matrl > 10.0 cc
	G0429	Dermal filler injections(s) for treatment of LDS
	17106	DESTRUCTION CUTANEOUS VASC PROLIFERATIVE <10CM
	17107	DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM
	17108	DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM
	69300	otoplasty protruding ear w/wo size rdctj
	69320	renstj xtrnl aud canal congenital atresia 1 stg
	17380	electrolysis epilation each 30 minutes
	19300	MASTECTOMY GYNECOMASTIA
	15830	Excision skin abd infraumbilical panniculectomy



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SERVICE	CODE	DESCRIPTION
Physician Specialist	15832	excision excessive skin&subq tissue thigh
	15833	excision excessive skin&subq tissue leg
	15834	excision excessive skin&subq tissue hip
	15835	Excision excessive skin&subq tissue buttock
	15837	exc excessive skin&subq tissue forearm/hand
	15838	exc excsv skin&subq tissue submental fat pad
	15839	Excision excessive skin&subq tissue other area
	15847	excision excessive skin & subq tissue abdomen
	15876	suction assisted lipectomy head&neck
	15877	suction assisted lipectomy trunk
	15878	suction assisted lipectomy upper extremity
	15879	suction assisted lipectomy lower extremity
	15775	punch graft hair transplant 1-15 punch grafts
	15776	punch graft hair transplant >15 punch grafts
	19318	reduction mammoplasty
	19330	REMOVAL OF RUPTURED BREAST IMPLANT, INCLUDING IMPLANT CONTENTS (EG, SALINE, SILICONE GEL)
	19355	CORRECTION OF INVERTED NIPPLES
	19316	Mastopexy
	19325	mammoplasty augmentation w/prosthetic implant
	19328	removal intact mammary implant
	19340	Insj breast implt sm d mast
	19342	Insj/rplcmt brst implt sep d
	19350	NIPPLE/AREOLA RECONSTRUCTION
	19357	Tiss xpndr plmt brst renstj
	19361	Brst renstj latsms drsi flap
	19364	Brst renstj free flap
	19367	Brst renstj 1 pdcl tram flap



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SERVICE	CODE	DESCRIPTION
Physician Specialist	19368	Brst renstj 1pdcl tram anast
	19369	Brst renstj 2 pdcl tram flap
	19370	Revj peri-implt capsule brst
	19371	Peri-implt capsle brst compl
	19380	Revj reconstructed breast
	19396	Design custom breast implant
	20912	Cartilage graft; nasal septum
	21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
	30400	rhinp prim lat&alar crtlgs&/elvt n nasal ti
	30410	rhinp prim complete xtrnl parts
	30420	rhinoplasty primary w/major septal repair
	30430	rhinoplasty secondary minor revision
	30435	rhinoplasty secondary intermediate revision
	30450	rhinoplasty secondary major revision
	30460	rhinp dfrm w/colum lngth tip only
	30462	rhinp dfrm colum lngth tip septum osteot
	30465	repair nasal vestibular stenosis
	30520	septoplasty/submucous resecj w/wo cartilage grf
	30540	repair choanal atresia intranasal
	30545	repair choanal atresia transpalatine
	30560	lysis intranasal synechia
	30620	septal/other intranasal dermatoplasty
	30630	repair nasal septal perforations
	15824	rhytidectomy forehead
	15825	rhytidectomy neck w/platysmal tightening
	15826	rhytidectomy glabellar frown lines
	15828	rhytidectomy cheek chin&neck
	15829	rhytidectomy smas flap



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SERVICE	CODE	DESCRIPTION
Physician Specialist	11920	tattooing incl micropigmentation 6.0 cm/<
	11921	tattooing incl micropigmentation 6.1-20.0 cm
	11922	tattooing incl micropigmentation ea 20.0 cm
	33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
	33928	Removal and replacement of total replacement heart system (artificial heart)
	33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to...
	33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of a...
	33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy
	33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allogr...
	32852	Lung transplant, single with cardiopulmonary bypass
	32854	Lung transplant, double (bilateral sequential or en bloc) with cardiopulmo
	33945	Heart transplant, with or without recipient cardiectomy
	44137	Removal of transplanted intestinal allograft, complete
	44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobili...
	44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation venous anastomosis, ea...
	44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation arterial anastomosis, ...
	48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of all...
	48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each
	48554	Transplantation of pancreatic allograft
	48556	Removal of transplanted pancreatic allograft
	50547	Laparoscopy, surgical donor nephrectomy (including cold preservation), from living donor
	50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, includin...


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SERVICE	CODE	DESCRIPTION
<b>Physician Specialist</b>	<b>50380</b>	Renal autotransplantation, reimplantation of kidney
	<b>47135</b>	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age
	<b>47140</b>	Donor hepatectomy (including cold preservation), from living donor left lateral segment only (segments II and III)
	<b>47141</b>	Donor hepatectomy (including cold preservation), from living donor total left lobectomy (segments II, III and IV)
	<b>47142</b>	Donor hepatectomy (including cold preservation), from living donor total right lobectomy (segments V, VI, VII and VIII)
	<b>47143</b>	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy...
	<b>47144</b>	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy...
	<b>47145</b>	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy...
	<b>47147</b>	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation arterial anastomosis, each
<b>Prosthetic and/or Orthotic devices / procedures</b>	<b>L2350</b>	Addition To Lower Extremity, Prosthetic Type, (Bk) Socket, Molded to Patient Model, (Used For Ptb Afo Orthoses)
	<b>L2570</b>	Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis Type Two Position Joint, Each
	<b>L2580</b>	Addition to Lower Extremity, Pelvic Control, Pelvic Sling
	<b>L2624</b>	Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Extension, Abduction Control, Each
	<b>L2627</b>	Addition To Lower Extremity, Pelvic Control, Plastic, Molded To Patient Model, Reciprocating Hip Joint And Cables
	<b>L2628</b>	Addition To Lower Extremity, Pelvic Control, Metal Frame, Reciprocating Hip Joint and Cables
	<b>L2510</b>	Addition To Lower Extremity, Thigh/Weight Bearing, Quadri-Lateral Brim, Molded to Patient Model
	<b>L2525</b>	Addition To Lower Extremity, Thigh/Weight Bearing, Ischial Containment/Narrow M-L Brim Molded to Patient Model
	<b>L2526</b>	Addition To Lower Extremity, Thigh/Weight Bearing, Ischial Containment/Narrow M-L Brim, Custom Fitted



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SERVICE	CODE	DESCRIPTION
<b>Prosthetic and/or Orthotic devices / procedures</b>	<b>L1906</b>	Ankle Foot Orthosis, Multiligamentous Ankle Support, Prefabricated, Off-The-Shelf
	<b>L1907</b>	Ankle Orthosis, Supramalleolar with Straps, With or Without Interface/Pads, Custom Fabricated
	<b>L1932</b>	Afo, Rigid Anterior Tibial Section, Total Carbon Fiber or Equal Material, Prefabricated, Includes Fitting and Adjustment
	<b>L1940</b>	Ankle Foot Orthosis, Plastic or Other Material, Custom-Fabricated
	<b>L1945</b>	Ankle Foot Orthosis, Plastic, Rigid Anterior Tibial Section (Floor Reaction), Custom-Fabricated
	<b>L1950</b>	Ankle Foot Orthosis, Spiral, (Institute of Rehabilitative Medicine Type), Plastic, Custom-Fabricated
	<b>L1951</b>	Ankle Foot Orthosis, Spiral, (Institute of Rehabilitative Medicine Type), Plastic or Other Material, Prefabricated, Includes Fitting and Adjustment
	<b>L1960</b>	Ankle Foot Orthosis, Posterior Solid Ankle, Plastic, Custom-Fabricated
	<b>L1970</b>	Ankle Foot Orthosis, Plastic with Ankle Joint, Custom-Fabricated
	<b>L2106</b>	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Thermoplastic Type Casting Material, Custom-Fabricated
	<b>L2108</b>	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Custom-Fabricated
	<b>L2114</b>	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Semi- Rigid, Prefabricated, Includes Fitting and Adjustment
	<b>L2116</b>	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Rigid, Prefabricated, Includes Fitting and Adjustment
	<b>L0830</b>	Halo Procedure, Cervical Halo Incorporated into Milwaukee Type Orthosis
	<b>L3763</b>	Elbow Wrist Hand Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3764</b>	Elbow Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3765</b>	Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment


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SERVICE	CODE	DESCRIPTION
<b>Prosthetic and/or Orthotic devices / procedures</b>	<b>L3766</b>	Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3900</b>	Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion, Finger Flexion/Extension, Wrist or Finger Driven, Custom-Fabricated
	<b>L3901</b>	Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion, Finger Flexion/Extension, Cable Driven, Custom- Fabricated
	<b>L3904</b>	Wrist Hand Finger Orthosis, External Powered, Electric, Custom- Fabricated
	<b>L3905</b>	Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3975</b>	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3976</b>	Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3977</b>	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3978</b>	Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment
	<b>L3720</b>	Elbow Orthosis, Double Upright with Forearm/Arm Cuffs, Free Motion, Custom-Fabricated
	<b>L3730</b>	Elbow Orthosis, Double Upright with Forearm/Arm Cuffs, Extension/ Flexion Assist, Custom-Fabricated
	<b>L3740</b>	Elbow Orthosis, Double Upright with Forearm/Arm Cuffs, Adjustable Position Lock with Active Control, Custom-Fabricated
	<b>L3981</b>	Upper Extremity Fracture Orthosis, Humeral, Prefabricated, Includes Shoulder Cap Design, With or Without Joints, Forearm Section, May Include Soft Interface, Straps, Includes Fitting And Adjustments


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SERVICE	CODE	DESCRIPTION
<b>Prosthetic and/or Orthotic devices / procedures</b>	<b>L2050</b>	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Hip Joint, Pelvic Band/Belt, Custom-Fabricated
	<b>L2060</b>	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Ball Bearing Hip Joint, Pelvic Band/ Belt, Custom-Fabricated
	<b>L2126</b>	Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Thermoplastic Type Casting Material, Custom-Fabricated
	<b>L2128</b>	Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Custom-Fabricated
	<b>L2132</b>	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Soft, Prefabricated, Includes Fitting and Adjustment
	<b>L2134</b>	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Semi-Rigid, Prefabricated, Includes Fitting and Adjustment
	<b>L2136</b>	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Rigid, Prefabricated, Includes Fitting and Adjustment
	<b>L1832</b>	Knee Orthosis, Adjustable Knee Joints (Unicentric or Polycentric), Positional Orthosis, Rigid Support, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized to Fit a Specific Patient By An Individual With Expertise
	<b>L1833</b>	Knee Orthosis, Adjustable Knee Joints (Unicentric or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Off-The Shelf
	<b>L1834</b>	Knee Orthosis, Without Knee Joint, Rigid, Custom-Fabricated
	<b>L1840</b>	Knee Orthosis, Derotation, Medial-Lateral, Anterior Cruciate Ligament, Custom Fabricated
	<b>L1843</b>	Knee Orthosis, Single Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial-Lateral and Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise
	<b>L1844</b>	Knee Orthosis, Single Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial-Lateral and Rotation Control, With Or Without Varus/Valgus Adjustment, Custom Fabricated



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SERVICE	CODE	DESCRIPTION
<b>Prosthetic and/or Orthotic devices / procedures</b>	<b>L1845</b>	Knee Orthosis, Double Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric Or Polycentric), Medial- Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise
	<b>L1846</b>	Knee Orthosis, Double Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial- Lateral and Rotation Control, With Or Without Varus/Valgus Adjustment, Custom Fabricated
	<b>L1847</b>	Knee Orthosis, Double Upright with Adjustable Joint, With Inflatable Air Support Chamber(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized to Fit A Specific Patient By An Individual With Expertise
	<b>L1848</b>	Knee Orthosis, Double Upright with Adjustable Joint, With Inflatable Air Support Chamber(S), Prefabricated, Off-The-Shelf
	<b>L1851</b>	Knee Orthosis (Ko), Single Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric Or Polycentric), Medial- Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf
	<b>L1852</b>	Knee Orthosis (Ko), Double Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric Or Polycentric), Medial- Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf
	<b>L1860</b>	Knee Orthosis, Modification of Supracondylar Prosthetic Socket, Custom-Fabricated (Sk)
	<b>L2000</b>	Knee Ankle Foot Orthosis, Single Upright, Free Knee, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Single Bar Ak Orthosis), Custom-Fabricated
	<b>L2005</b>	Knee Ankle Foot Orthosis, Any Material, Single Or Double Upright, Stance Control, Automatic Lock And Swing Phase Release, Any Type Activation, Includes Ankle Joint, Any Type, Custom Fabricated
	<b>L2010</b>	Knee Ankle Foot Orthosis, Single Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Single Bar Ak Orthosis), Without Knee Joint, Custom-Fabricated



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SERVICE	CODE	DESCRIPTION
Prosthetic and/or Orthotic devices / procedures	<b>L2020</b>	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Double Bar Ak Orthosis), Custom- Fabricated
	<b>L2030</b>	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs, (Double Bar Ak Orthosis), Without Knee Joint, Custom Fabricated
	<b>L2034</b>	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With or Without Free Motion Knee, Medial Lateral Rotation Control, With or Without Free Motion Ankle, Custom Fabricated
	<b>L2036</b>	Knee Ankle Foot Orthosis, Full Plastic, Double Upright, With or Without Free Motion Knee, With or Without Free Motion Ankle, Custom Fabricated
	<b>L2037</b>	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With or Without Free Motion Knee, With or Without Free Motion Ankle, Custom Fabricated
	<b>L2038</b>	Knee Ankle Foot Orthosis, Full Plastic, With or Without Free Motion Knee, Multi-Axis Ankle, Custom Fabricated
	<b>L1700</b>	Legg Perthes Orthosis, (Toronto Type), Custom-Fabricated
	<b>L1710</b>	Legg Perthes Orthosis, (Newington Type), Custom Fabricated
	<b>L1720</b>	Legg Perthes Orthosis, Trilateral, (Tachdijan Type), Custom-Fabricated
	<b>L1730</b>	Legg Perthes Orthosis, (Scottish Rite Type), Custom-Fabricated
	<b>L1755</b>	Legg Perthes Orthosis, (Patten Bottom Type), Custom-Fabricated
	<b>L0648</b>	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior and Posterior Panels, Posterior Extends from Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf
	<b>L0650</b>	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior and Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panel(S), Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf



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SERVICE	CODE	DESCRIPTION
<b>Prosthetic and/or Orthotic devices / procedures</b>	<b>L0651</b>	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Overall Strength Is Provided By Overlapping Rigid Material And Stabilizing Closures, Includes Straps, Closures, May Include Soft Interface, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf
	<b>L0631</b>	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise
	<b>L0635</b>	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior Frame/Panel(S), Lateral Articulating Design To Flex The Lumbar Spine, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panel(S), Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Anterior Panel, Pendulous Abdomen Design, Prefabricated, Includes Fitting And Adjustment
	<b>L0636</b>	Lumbar Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior Frame/Panels, Lateral Articulating Design to Flex The Lumbar Spine, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Anterior Panel, Pendulous Abdomen Design, Custom Fabricated



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<b>Prosthetic and/or Orthotic devices / procedures</b>	<b>L0637</b>	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise
	<b>L0638</b>	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior and Posterior Frame/Panels, Posterior Extends from Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Custom Fabricated
	<b>L0639</b>	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Overall Strength Is Provided By Overlapping Rigid Material And Stabilizing Closures, Includes Straps, Closures, May Include Soft Interface, Pendulous Abdomen Design, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise
	<b>L0640</b>	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends from Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Overall Strength Is Provided By Overlapping Rigid Material And Stabilizing Closures, Includes Straps, Closures, May Include Soft Interface, Pendulous Abdomen Design, Custom Fabricated
	<b>L4010</b>	Replace Trilateral Socket Brim
	<b>L4020</b>	Replace Quadrilateral Socket Brim, Molded To Patient Model
	<b>L4030</b>	Replace Quadrilateral Socket Brim, Custom Fitted
	<b>L4130</b>	Replace Pretibial Shell



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SERVICE	CODE	DESCRIPTION
<b>Prosthetic and/or Orthotic devices / procedures</b>	<b>L4631</b>	Ankle Foot Orthosis, Walking Boot Type, Varus/Valgus Correction, Rocker Bottom, Anterior Tibial Shell, Soft Interface, Custom Arch Support, Plastic or Other Material, Includes Straps And Closures, Custom Fabricated
	<b>L5000</b>	Partial Foot, Shoe Insert with Longitudinal Arch, Toe Filler
	<b>L5010</b>	Partial foot, molded socket, ankle height, with toe filler
	<b>L5020</b>	Partial foot, molded socket, tibial tubercle height, with toe filler
	<b>L5050</b>	Ankle, symes, molded socket, sach foot
	<b>L5060</b>	Ankle, symes, metal frame, molded leather socket, articulated ankle/foot
	<b>L5100</b>	Below knee, molded socket, shin, sach foot
	<b>L5105</b>	Below knee, plastic socket, joints and thigh lacer, sach foot
	<b>L5150</b>	Knee disarticulation (or through knee), molded socket, external knee joints, shin, sach foot
	<b>L5160</b>	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, sach foot
	<b>L5200</b>	Above knee, molded socket, single axis constant friction knee, shin, sach foot
	<b>L5210</b>	Above knee, short prosthesis, no knee joint ('stubbies'), with foot blocks, no ankle joints, each
	<b>L5220</b>	Above knee, short prosthesis, no knee joint ('stubbies'), with articulated ankle/foot, dynamically aligned, each
	<b>L5230</b>	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot
	<b>L5250</b>	Hip disarticulation, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot
	<b>L5270</b>	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, sach foot
	<b>L5280</b>	Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot
	<b>L5301</b>	Below knee, molded socket, shin, sach foot, endoskeletal system
	<b>L5312</b>	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system
	<b>L5321</b>	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee



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<b>Prosthetic and/or Orthotic devices / procedures</b>	<b>L5331</b>	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot
	<b>L5341</b>	Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot
	<b>L5400</b>	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee
	<b>L5420</b>	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'ak' or knee disarticulation
	<b>L5430</b>	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Incl. Fitting, Alignment And Suspension, Ak Or Knee Disarticulation, Each Additional Cast Change And Realignment
	<b>L5460</b>	Immediate Post Surgical Or Early Fitting, Application Of Non-Weight Bearing Rigid Dressing, Above Knee
	<b>L5500</b>	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed
	<b>L5505</b>	Initial, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed
	<b>L5510</b>	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model
	<b>L5520</b>	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed
	<b>L5530</b>	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model
	<b>L5535</b>	Preparatory, below knee 'ptb' type socket, non-alignable system, no cover, sach foot, prefabricated, adjustable open end socket
	<b>L5540</b>	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model
	<b>L5560</b>	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model
	<b>L5570</b>	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed



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SERVICE	CODE	DESCRIPTION
<b>Prosthetic and/or Orthotic devices / procedures</b>	<b>L5580</b>	Preparatory, above knee - knee disarticulation ischial level socket, non- alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model
	<b>L5585</b>	Preparatory, above knee - knee disarticulation, ischial level socket, non- alignable system, pylon, no cover, sach foot, prefabricated adjustable open end socket
	<b>L5590</b>	Preparatory, above knee - knee disarticulation ischial level socket, non- alignable system, pylon no cover, sach foot, laminated socket, molded to model
	<b>L5595</b>	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, thermoplastic or equal, molded to patient model
	<b>L5600</b>	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model
	<b>L5610</b>	Addition to lower extremity, endoskeletal system, above knee, hydracandence system
	<b>L5611</b>	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control
	<b>L5613</b>	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with hydraulic swing phase control
	<b>L5614</b>	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control
	<b>L5616</b>	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control
	<b>L5617</b>	Addition To Lower Extremity, Quick Change Self-Aligning Unit, Above Knee Or Below Knee, Each
	<b>L5626</b>	Addition To Lower Extremity, Test Socket, Hip Disarticulation
	<b>L5628</b>	Addition To Lower Extremity, Test Socket, Hemipelvectomy
	<b>L5638</b>	Addition To Lower Extremity, Below Knee, Leather Socket
	<b>L5639</b>	Addition to lower extremity, below knee, wood socket
	<b>L5640</b>	Addition To Lower Extremity, Knee Disarticulation, Leather Socket
	<b>L5642</b>	Addition To Lower Extremity, Above Knee, Leather Socket
	<b>L5643</b>	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
	<b>L5644</b>	Addition To Lower Extremity, Above Knee, Wood Socket


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SERVICE	CODE	DESCRIPTION
<b>Prosthetic and/or Orthotic devices / procedures</b>	<b>L5645</b>	Addition To Lower Extremity, Below Knee, Flexible Inner Socket, External Frame
	<b>L5646</b>	Addition To Lower Extremity, Below Knee, Air, Fluid, Gel or Equal, Cushion Socket
	<b>L5647</b>	Addition To Lower Extremity, Below Knee Suction Socket
	<b>L5648</b>	Addition To Lower Extremity, Above Knee, Air, Fluid, Gel or Equal, Cushion Socket
	<b>L5649</b>	Addition to lower extremity, ischial containment/narrow m-l socket
	<b>L5650</b>	Additions To Lower Extremity, Total Contact, Above Knee or Knee Disarticulation Socket
	<b>L5651</b>	Addition to lower extremity, above knee, flexible inner socket, external frame
	<b>L5653</b>	Addition To Lower Extremity, Knee Disarticulation, Expandable Wall Socket
	<b>L5661</b>	Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes
	<b>L5665</b>	Addition To Lower Extremity, Socket Insert, Multi-Durometer, Below Knee
	<b>L5671</b>	Addition To Lower Extremity, Below Knee / Above Knee Suspension Locking Mechanism (Shuttle, Lanyard or Equal), Excludes Socket Insert
	<b>L5673</b>	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated from Existing Mold or Prefabricated, Socket Insert, Silicone Gel, Elastomeric or Equal, For Use with Locking Mechanism
	<b>L5677</b>	Additions To Lower Extremity, Below Knee, Knee Joints, Polycentric, Pair
	<b>L5679</b>	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated from Existing Mold or Prefabricated, Socket Insert, Silicone Gel, Elastomeric or Equal, Not For Use With Locking Mechanism
	<b>L5681</b>	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code l5673 or l5679)



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SERVICE	CODE	DESCRIPTION
<b>Prosthetic and/or Orthotic devices / procedures</b>	<b>L5682</b>	Addition To Lower Extremity, Below Knee, Thigh Lacer, Gluteal/Ischial, Molded
	<b>L5683</b>	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code l5673 or l5679)
	<b>L5700</b>	Replacement, socket, below knee, molded to patient model
	<b>L5701</b>	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model
	<b>L5702</b>	Replacement, socket, hip disarticulation, including hip joint, molded to patient model
	<b>L5703</b>	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only
	<b>L5704</b>	Custom Shaped Protective Cover, Below Knee
	<b>L5705</b>	Custom Shaped Protective Cover, Above Knee
	<b>L5706</b>	Custom Shaped Protective Cover, Knee Disarticulation
	<b>L5707</b>	Custom shaped protective cover, hip disarticulation
	<b>L5711</b>	Additions Exoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material
	<b>L5716</b>	Addition, Exoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock
	<b>L5718</b>	Addition, Exoskeletal Knee-Shin System, Polycentric, Friction Swing And Stance Phase Control
	<b>L5722</b>	Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, Friction Stance Phase Control
	<b>L5724</b>	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control
	<b>L5726</b>	Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control
	<b>L5728</b>	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control
	<b>L5780</b>	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control
	<b>L5781</b>	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system



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SERVICE	CODE	DESCRIPTION
<b>Prosthetic and/or Orthotic devices / procedures</b>	<b>L5782</b>	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty
	<b>L5785</b>	Addition, Exoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)
	<b>L5790</b>	Addition, Exoskeletal System, Above Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)
	<b>L5795</b>	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
	<b>L5810</b>	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock
	<b>L5811</b>	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material
	<b>L5812</b>	Addition, Endoskeletal Knee-Shin System, Single Axis, Friction Swing And Stance Phase Control (Safety Knee)
	<b>L5814</b>	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock
	<b>L5816</b>	Addition, Endoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock
	<b>L5818</b>	Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control
	<b>L5822</b>	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
	<b>L5824</b>	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control
	<b>L5826</b>	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame
	<b>L5828</b>	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control
	<b>L5830</b>	Addition, endoskeletal knee-shin system, single axis, pneumatic/ swing phase control
	<b>L5840</b>	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control
	<b>L5845</b>	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable
	<b>L5848</b>	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability



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SERVICE	CODE	DESCRIPTION
<b>Prosthetic and/or Orthotic devices / procedures</b>	<b>L5856</b>	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type
	<b>L5857</b>	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type
	<b>L5858</b>	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type
	<b>L5859</b>	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Powered and Programmable Flexion/Extension Assist Control, Includes Any Type Motor(S)
	<b>L5920</b>	Addition, Endoskeletal System, Above Knee or Hip Disarticulation, Alignable System
	<b>L5930</b>	Addition, endoskeletal system, high activity knee control frame
	<b>L5940</b>	Addition, Endoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber or Equal)
	<b>L5950</b>	Addition, Endoskeletal System, Above Knee, Ultra-Light Material (Titanium, Carbon Fiber or Equal)
	<b>L5960</b>	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
	<b>L5961</b>	Addition, Endoskeletal System, Polycentric Hip Joint, Pneumatic or Hydraulic Control, Rotation Control, With or Without Flexion And/Or Extension Control
	<b>L5962</b>	Addition, Endoskeletal System, Below Knee, Flexible Protective Outer Surface Covering System
	<b>L5964</b>	Addition, endoskeletal system, above knee, flexible protective outer surface covering system
	<b>L5966</b>	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system
	<b>L5968</b>	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature
	<b>L5973</b>	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source
	<b>L5976</b>	All Lower Extremity Prostheses, Energy Storing Foot (Seattle Carbon Copy Ii Or Equal)
	<b>L5979</b>	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system



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SERVICE	CODE	DESCRIPTION
<b>Prosthetic and/or Orthotic devices / procedures</b>	<b>L5980</b>	All lower extremity prostheses, flex foot system
	<b>L5981</b>	All lower extremity prostheses, flex-walk system or equal
	<b>L5982</b>	All Exoskeletal Lower Extremity Prostheses, Axial Rotation Unit
	<b>L5984</b>	All Endoskeletal Lower Extremity Prosthesis, Axial Rotation Unit, With Or Without Adjustability
	<b>L5986</b>	All Lower Extremity Prostheses, Multi-Axial Rotation Unit (Mcp Or Equal)
	<b>L5987</b>	All lower extremity prosthesis, shank foot system with vertical loading pylon
	<b>L5988</b>	Addition to lower limb prosthesis, vertical shock reducing pylon feature
	<b>L5990</b>	Addition to lower extremity prosthesis, user adjustable heel height
	<b>L7368</b>	Lithium-Ion Battery Charger, Replacement Only
	<b>L8035</b>	Custom Breast Prosthesis, Post Mastectomy, Molded to Patient Model
	<b>L1005</b>	Tension Based Scoliosis Orthosis and Accessory Pads, Includes Fitting and Adjustment
	<b>L3330</b>	Lift, Elevation, Metal Extension (Skate)
	<b>L3671</b>	Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3674</b>	Shoulder Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, With or Without Nontorsion Joint/Turnbuckle, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment
	<b>L1680</b>	Hip Orthosis, Abduction Control of Hip Joints, Dynamic, Pelvic Control, Adjustable Hip Motion Control, Thigh Cuffs (Rancho Hip Action Type), Custom Fabricated



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SERVICE	CODE	DESCRIPTION
<b>Prosthetic and/or Orthotic devices / procedures</b>	<b>L1685</b>	Hip Orthosis, Abduction Control of Hip Joint, Postoperative Hip Abduction Type, Custom Fabricated
	<b>L1686</b>	Hip Orthosis, Abduction Control of Hip Joint, Postoperative Hip Abduction Type, Custom Fabricated
	<b>L1690</b>	Combination, Bilateral, Lumbo-Sacral, Hip, Femur Orthosis Providing Adduction and Internal Rotation Control, Prefabricated, Includes Fitting And Adjustment
	<b>L3960</b>	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Airplane Design, Prefabricated, Includes Fitting and Adjustment
	<b>L3961</b>	Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3962</b>	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Erbs Palsey Design, Prefabricated, Includes Fitting and Adjustment
	<b>L3967</b>	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3971</b>	Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3973</b>	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
<b>Prosthetics / Medical Supplies</b>	<b>L0639</b>	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Overall Strength Is Provided By Overlapping Rigid Material And Stabilizing Closures, Includes Straps, Closures, May Include Soft Interface, Pendulous Abdomen Design, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise



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SERVICE	CODE	DESCRIPTION
<b>Prosthetics / Medical Supplies</b>	<b>L0640</b>	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends from Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends from Symphysis Pubis to Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Overall Strength Is Provided By Overlapping Rigid Material And Stabilizing Closures, Includes Straps, Closures, May Include Soft Interface, Pendulous Abdomen Design, Custom Fabricated
	<b>L0648</b>	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior and Posterior Panels, Posterior Extends from Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure to Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The- Shelf
	<b>L0650</b>	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior and Posterior Frame/Panel(S), Posterior Extends from Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided by Rigid Lateral Frame/Panel(S), Produces Intracavitary Pressure to Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf
	<b>L0651</b>	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Overall Strength Is Provided By Overlapping Rigid Material And Stabilizing Closures, Includes Straps, Closures, May Include Soft Interface, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf
	<b>L0830</b>	Halo Procedure, Cervical Halo Incorporated into Milwaukee Type Orthosis
	<b>L1005</b>	Tension Based Scoliosis Orthosis and Accessory Pads, Includes Fitting and Adjustment
	<b>L1680</b>	Hip Orthosis, Abduction Control of Hip Joints, Dynamic, Pelvic Control, Adjustable Hip Motion Control, Thigh Cuffs (Rancho Hip Action Type), Custom Fabricated
	<b>L1685</b>	Hip Orthosis, Abduction Control of Hip Joint, Postoperative Hip Abduction Type, Custom Fabricated



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SERVICE	CODE	DESCRIPTION
Prosthetics / Medical Supplies	<b>L1686</b>	Hip Orthosis, Abduction Control of Hip Joint, Postoperative Hip Abduction Type, Custom Fabricated
	<b>L1690</b>	Combination, Bilateral, Lumbo-Sacral, Hip, Femur Orthosis Providing Adduction and Internal Rotation Control, Prefabricated, Includes Fitting and Adjustment
	<b>L1700</b>	Legg Perthes Orthosis, (Toronto Type), Custom-Fabricated
	<b>L1710</b>	Legg Perthes Orthosis, (Newington Type), Custom Fabricated
	<b>L1720</b>	Legg Perthes Orthosis, Trilateral, (Tachdijan Type), Custom-Fabricated
	<b>L1730</b>	Legg Perthes Orthosis, (Scottish Rite Type), Custom-Fabricated
	<b>L1755</b>	Legg Perthes Orthosis, (Patten Bottom Type), Custom-Fabricated
	<b>L1832</b>	Knee Orthosis, Adjustable Knee Joints (Unicentric or Polycentric), Positional Orthosis, Rigid Support, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized to Fit a Specific Patient by An Individual with Expertise
	<b>L1833</b>	Knee Orthosis, Adjustable Knee Joints (Unicentric or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Off-The Shelf
	<b>L1834</b>	Knee Orthosis, Without Knee Joint, Rigid, Custom-Fabricated
	<b>L1840</b>	Knee Orthosis, Derotation, Medial-Lateral, Anterior Cruciate Ligament, Custom Fabricated
	<b>L1843</b>	Knee Orthosis, Single Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial-Lateral and Rotation Control, With or Without Varus/Valgus Adjustment, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized to Fit a Specific Patient By An Individual With Expertise
	<b>L1844</b>	Knee Orthosis, Single Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial-Lateral and Rotation Control, With or Without Varus/Valgus Adjustment, Custom Fabricated



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SERVICE	CODE	DESCRIPTION
Prosthetics / Medical Supplies	L1845	Knee Orthosis, Double Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial-Lateral and Rotation Control, With or Without Varus/Valgus Adjustment, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized to Fit a Specific Patient By An Individual With Expertise
	L1846	Knee Orthosis, Double Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial-Lateral and Rotation Control, With or Without Varus/Valgus Adjustment, Custom Fabricated
	L1847	Knee Orthosis, Double Upright with Adjustable Joint, With Inflatable Air Support Chamber(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized to Fit a Specific Patient by An Individual with Expertise
	L1848	Knee Orthosis, Double Upright with Adjustable Joint, With Inflatable Air Support Chamber(S), Prefabricated, Off-The-Shelf
	L1851	Knee Orthosis (Ko), Single Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial- Lateral and Rotation Control, With or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf
	L1852	Knee Orthosis (Ko), Double Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial- Lateral and Rotation Control with Or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf
	L1860	Knee Orthosis, Modification of Supracondylar Prosthetic Socket, Custom-Fabricated (Sk)
	L1906	Ankle Foot Orthosis, Multiligamentous Ankle Support, Prefabricated, Off-The-Shelf
	L1907	Ankle Orthosis, Supramalleolar with Straps, With or Without Interface/Pads, Custom Fabricated
	L1932	Afo, Rigid Anterior Tibial Section, Total Carbon Fiber or Equal Material, Prefabricated, Includes Fitting and Adjustment
	L1940	Ankle Foot Orthosis, Plastic or Other Material, Custom-Fabricated
	L1945	Ankle Foot Orthosis, Plastic, Rigid Anterior Tibial Section (Floor Reaction), Custom-Fabricated
	L1950	Ankle Foot Orthosis, Spiral, (Institute of Rehabilitative Medicine Type), Plastic, Custom-Fabricated



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SERVICE	CODE	DESCRIPTION
Prosthetics / Medical Supplies	<b>L1951</b>	Ankle Foot Orthosis, Spiral, (Institute of Rehabilitative Medicine Type), Plastic or Other Material, Prefabricated, Includes Fitting and Adjustment
	<b>L1960</b>	Ankle Foot Orthosis, Posterior Solid Ankle, Plastic, Custom-Fabricated
	<b>L1970</b>	Ankle Foot Orthosis, Plastic with Ankle Joint, Custom-Fabricated
	<b>L2000</b>	Knee Ankle Foot Orthosis, Single Upright, Free Knee, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Single Bar Ak Orthosis), Custom-Fabricated
	<b>L2005</b>	Knee Ankle Foot Orthosis, Any Material, Single or Double Upright, Stance Control, Automatic Lock and Swing Phase Release, Any Type Activation, Includes Ankle Joint, Any Type, Custom Fabricated
	<b>L2010</b>	Knee Ankle Foot Orthosis, Single Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Single Bar Ak Orthosis), Without Knee Joint, Custom-Fabricated
	<b>L2020</b>	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Double Bar Ak Orthosis), Custom- Fabricated
	<b>L2030</b>	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs, (Double Bar Ak Orthosis), Without Knee Joint, Custom Fabricated
	<b>L2034</b>	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With or Without Free Motion Knee, Medial Lateral Rotation Control, With or Without Free Motion Ankle, Custom Fabricated
	<b>L2036</b>	Knee Ankle Foot Orthosis, Full Plastic, Double Upright, With or Without Free Motion Knee, With or Without Free Motion Ankle, Custom Fabricated
	<b>L2037</b>	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With or Without Free Motion Knee, With or Without Free Motion Ankle, Custom Fabricated
	<b>L2038</b>	Knee Ankle Foot Orthosis, Full Plastic, With or Without Free Motion Knee, Multi-Axis Ankle, Custom Fabricated
	<b>L2050</b>	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Hip Joint, Pelvic Band/Belt, Custom-Fabricated
	<b>L2060</b>	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Ball Bearing Hip Joint, Pelvic Band/ Belt, Custom-Fabricated



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SERVICE	CODE	DESCRIPTION
<b>Prosthetics / Medical Supplies</b>	<b>L2106</b>	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Thermoplastic Type Casting Material, Custom-Fabricated
	<b>L2108</b>	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Custom-Fabricated
	<b>L2114</b>	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Semi-Rigid, Prefabricated, Includes Fitting and Adjustment
	<b>L2116</b>	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Rigid, Prefabricated, Includes Fitting and Adjustment
	<b>L2128</b>	Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Custom-Fabricated
	<b>L2132</b>	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Soft, Prefabricated, Includes Fitting and Adjustment
	<b>L2134</b>	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Semi-Rigid, Prefabricated, Includes Fitting and Adjustment
	<b>L2136</b>	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Rigid, Prefabricated, Includes Fitting and Adjustment
	<b>L2350</b>	Addition To Lower Extremity, Prosthetic Type, (Bk) Socket, Molded to Patient Model, (Used for Ptb Afo Orthoses)
	<b>L2510</b>	Addition To Lower Extremity, Thigh/Weight Bearing, Quadri-Lateral Brim, Molded to Patient Model
	<b>L2525</b>	Addition To Lower Extremity, Thigh/Weight Bearing, Ischial Containment/Narrow M-L Brim Molded to Patient Model
	<b>L2526</b>	Addition To Lower Extremity, Thigh/Weight Bearing, Ischial Containment/Narrow M-L Brim, Custom Fitted
	<b>L2570</b>	Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis Type Two Position Joint, Each
	<b>L2580</b>	Addition to Lower Extremity, Pelvic Control, Pelvic Sling
	<b>L2624</b>	Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Extension, Abduction Control, Each
	<b>L2627</b>	Addition To Lower Extremity, Pelvic Control, Plastic, Molded to Patient Model, Reciprocating Hip Joint And Cables
	<b>L2628</b>	Addition To Lower Extremity, Pelvic Control, Metal Frame, Reciprocating Hip Joint and Cables
	<b>L3330</b>	Lift, Elevation, Metal Extension (Skate)
	<b>L3671</b>	Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment



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SERVICE	CODE	DESCRIPTION
<b>Prosthetics / Medical Supplies</b>	<b>L3674</b>	Shoulder Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, With Or Without Nontorsion Joint/Turnbuckle, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment
	<b>L3720</b>	Elbow Orthosis, Double Upright with Forearm/Arm Cuffs, Free Motion, Custom-Fabricated
	<b>L3730</b>	Elbow Orthosis, Double Upright with Forearm/Arm Cuffs, Extension/ Flexion Assist, Custom-Fabricated
	<b>L3740</b>	Elbow Orthosis, Double Upright with Forearm/Arm Cuffs, Adjustable Position Lock with Active Control, Custom-Fabricated
	<b>L3763</b>	Elbow Wrist Hand Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3764</b>	Elbow Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3765</b>	Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3766</b>	Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3900</b>	Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion, Finger Flexion/Extension, Wrist or Finger Driven, Custom-Fabricated
	<b>L3901</b>	Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion, Finger Flexion/Extension, Cable Driven, Custom- Fabricated
	<b>L3904</b>	Wrist Hand Finger Orthosis, External Powered, Electric, Custom- Fabricated
	<b>L3905</b>	Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3960</b>	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Airplane Design, Prefabricated, Includes Fitting and Adjustment



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SERVICE	CODE	DESCRIPTION
<b>Prosthetics / Medical Supplies</b>	<b>L3961</b>	Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3962</b>	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Erbs Palsey Design, Prefabricated, Includes Fitting and Adjustment
	<b>L3967</b>	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3971</b>	Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3973</b>	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3975</b>	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3976</b>	Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3977</b>	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3978</b>	Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3981</b>	Upper Extremity Fracture Orthosis, Humeral, Prefabricated, Includes Shoulder Cap Design, With or Without Joints, Forearm Section, May Include Soft Interface, Straps, Includes Fitting and Adjustments



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SERVICE	CODE	DESCRIPTION
Prosthetics / Medical Supplies	<b>L4010</b>	Replace Trilateral Socket Brim
	<b>L4020</b>	Replace Quadrilateral Socket Brim, Molded to Patient Model
	<b>L4030</b>	Replace Quadrilateral Socket Brim, Custom Fitted
	<b>L4130</b>	Replace Pretibial Shell
	<b>L4631</b>	Ankle Foot Orthosis, Walking Boot Type, Varus/Valgus Correction, Rocker Bottom, Anterior Tibial Shell, Soft Interface, Custom Arch Support, Plastic or Other Material, Includes Straps and Closures, Custom Fabricated
	<b>L5000</b>	Partial Foot, Shoe Insert with Longitudinal Arch, Toe Filler
	<b>L5010</b>	Partial foot, molded socket, ankle height, with toe filler
	<b>L5020</b>	Partial foot, molded socket, tibial tubercle height, with toe filler
	<b>L5050</b>	Ankle, symes, molded socket, sach foot
	<b>L5060</b>	Ankle, symes, metal frame, molded leather socket, articulated ankle/foot
	<b>L5100</b>	Below knee, molded socket, shin, sach foot
	<b>L5105</b>	Below knee, plastic socket, joints and thigh lacer, sach foot
	<b>L5150</b>	Knee disarticulation (or through knee), molded socket, external knee joints, shin, sach foot
	<b>L5160</b>	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, sach foot
	<b>L5200</b>	Above knee, molded socket, single axis constant friction knee, shin, sach foot
	<b>L5210</b>	Above knee, short prosthesis, no knee joint ('stubbies'), with foot blocks, no ankle joints, each
	<b>L5220</b>	Above knee, short prosthesis, no knee joint ('stubbies'), with articulated ankle/foot, dynamically aligned, each
	<b>L5230</b>	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot
	<b>L5250</b>	Hip disarticulation, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot
	<b>L5270</b>	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, sach foot
	<b>L5280</b>	Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot
	<b>L5301</b>	Below knee, molded socket, shin, sach foot, endoskeletal system


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SERVICE	CODE	DESCRIPTION
<b>Prosthetics / Medical Supplies</b>	<b>L5312</b>	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system
	<b>L5321</b>	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee
	<b>L5331</b>	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot
	<b>L5341</b>	Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot
	<b>L5400</b>	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee
	<b>L5420</b>	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'ak' or knee disarticulation
	<b>L5430</b>	Immediate Post Surgical or Early Fitting, Application of Initial Rigid Dressing, Incl. Fitting, Alignment and Suspension, Ak or Knee Disarticulation, Each Additional Cast Change and Realignment
	<b>L5460</b>	Immediate Post Surgical or Early Fitting, Application of Non-Weight Bearing Rigid Dressing, Above Knee
	<b>L5500</b>	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed
	<b>L5505</b>	Initial, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed
	<b>L5510</b>	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model
	<b>L5520</b>	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed
	<b>L5530</b>	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model
	<b>L5535</b>	Preparatory, below knee 'ptb' type socket, non-alignable system, no cover, sach foot, prefabricated, adjustable open end socket
	<b>L5540</b>	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model
	<b>L5560</b>	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model


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SERVICE	CODE	DESCRIPTION
<b>Prosthetics / Medical Supplies</b>	<b>L5570</b>	Preparatory, above knee - knee disarticulation, ischial level socket, non- alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed
	<b>L5580</b>	Preparatory, above knee - knee disarticulation ischial level socket, non- alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model
	<b>L5585</b>	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, prefabricated adjustable open end socket
	<b>L5590</b>	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model
	<b>L5595</b>	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, thermoplastic or equal, molded to patient model
	<b>L5600</b>	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model
	<b>L5610</b>	Addition to lower extremity, endoskeletal system, above knee, hydracadence system
	<b>L5611</b>	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control
	<b>L5613</b>	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with hydraulic swing phase control
	<b>L5614</b>	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control
	<b>L5616</b>	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control
	<b>L5617</b>	Addition To Lower Extremity, Quick Change Self-Aligning Unit, Above Knee or Below Knee, Each
	<b>L5626</b>	Addition To Lower Extremity, Test Socket, Hip Disarticulation
	<b>L5628</b>	Addition To Lower Extremity, Test Socket, Hemipelvectomy
	<b>L5638</b>	Addition To Lower Extremity, Below Knee, Leather Socket
	<b>L5639</b>	Addition to lower extremity, below knee, wood socket
	<b>L5640</b>	Addition To Lower Extremity, Knee Disarticulation, Leather Socket



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SERVICE	CODE	DESCRIPTION
<b>Prosthetics / Medical Supplies</b>	<b>L5642</b>	Addition To Lower Extremity, Above Knee, Leather Socket
	<b>L5643</b>	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
	<b>L5644</b>	Addition To Lower Extremity, Above Knee, Wood Socket
	<b>L5645</b>	Addition To Lower Extremity, Below Knee, Flexible Inner Socket, External Frame
	<b>L5646</b>	Addition To Lower Extremity, Below Knee, Air, Fluid, Gel Or Equal, Cushion Socket
	<b>L5647</b>	Addition To Lower Extremity, Below Knee Suction Socket
	<b>L5648</b>	Addition To Lower Extremity, Above Knee, Air, Fluid, Gel or Equal, Cushion Socket
	<b>L5649</b>	Addition to lower extremity, ischial containment/narrow m-l socket
	<b>L5650</b>	Additions To Lower Extremity, Total Contact, Above Knee or Knee Disarticulation Socket
	<b>L5651</b>	Addition to lower extremity, above knee, flexible inner socket, external frame
	<b>L5653</b>	Addition To Lower Extremity, Knee Disarticulation, Expandable Wall Socket
	<b>L5661</b>	Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes
	<b>L5665</b>	Addition To Lower Extremity, Socket Insert, Multi-Durometer, Below Knee
	<b>L5671</b>	Addition To Lower Extremity, Below Knee / Above Knee Suspension Locking Mechanism (Shuttle, Lanyard or Equal), Excludes Socket Insert
	<b>L5673</b>	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated from Existing Mold or Prefabricated, Socket Insert, Silicone Gel, Elastomeric or Equal, For Use with Locking Mechanism
	<b>L5677</b>	Additions To Lower Extremity, Below Knee, Knee Joints, Polycentric, Pair
	<b>L5679</b>	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated from Existing Mold or Prefabricated, Socket Insert, Silicone Gel, Elastomeric or Equal, Not for Use with Locking Mechanism



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SERVICE	CODE	DESCRIPTION
<b>Prosthetics / Medical Supplies</b>	<b>L5681</b>	Addition to lower extremity, below knee/above knee, custom fabricated socket inserts for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)
	<b>L5682</b>	Addition To Lower Extremity, Below Knee, Thigh Lacer, Gluteal/Ischial, Molded
	<b>L5683</b>	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)
	<b>L5700</b>	Replacement, socket, below knee, molded to patient model
	<b>L5701</b>	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model
	<b>L5702</b>	Replacement, socket, hip disarticulation, including hip joint, molded to patient model
	<b>L5703</b>	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only
	<b>L5704</b>	Custom Shaped Protective Cover, Below Knee
	<b>L5705</b>	Custom Shaped Protective Cover, Above Knee
	<b>L5706</b>	Custom Shaped Protective Cover, Knee Disarticulation
	<b>L5707</b>	Custom shaped protective cover, hip disarticulation
	<b>L5711</b>	Additions Exoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material
	<b>L5716</b>	Addition, Exoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock
	<b>L5718</b>	Addition, Exoskeletal Knee-Shin System, Polycentric, Friction Swing And Stance Phase Control
	<b>L5722</b>	Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, Friction Stance Phase Control
	<b>L5724</b>	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control
	<b>L5726</b>	Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control
	<b>L5728</b>	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control


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SERVICE	CODE	DESCRIPTION
<b>Prosthetics / Medical Supplies</b>	<b>L5780</b>	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control
	<b>L5781</b>	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system
	<b>L5782</b>	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty
	<b>L5785</b>	Addition, Exoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)
	<b>L5790</b>	Addition, Exoskeletal System, Above Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)
	<b>L5795</b>	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
	<b>L5810</b>	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock
	<b>L5811</b>	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material
	<b>L5812</b>	Addition, Endoskeletal Knee-Shin System, Single Axis, Friction Swing And Stance Phase Control (Safety Knee)
	<b>L5814</b>	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock
	<b>L5816</b>	Addition, Endoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock
	<b>L5818</b>	Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control
	<b>L5822</b>	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
	<b>L5824</b>	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control
	<b>L5826</b>	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame
	<b>L5828</b>	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control
	<b>L5830</b>	Addition, endoskeletal knee-shin system, single axis, pneumatic/ swing phase control
	<b>L5840</b>	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control
	<b>L5845</b>	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable



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SERVICE	CODE	DESCRIPTION
<b>Prosthetics / Medical Supplies</b>	<b>L5848</b>	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability
	<b>L5856</b>	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type
	<b>L5857</b>	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type
	<b>L5858</b>	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type
	<b>L5859</b>	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Powered and Programmable Flexion/Extension Assist Control, Includes Any Type Motor(S)
	<b>L5920</b>	Addition, Endoskeletal System, Above Knee or Hip Disarticulation, Alignable System
	<b>L5930</b>	Addition, endoskeletal system, high activity knee control frame
	<b>L5940</b>	Addition, Endoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)
	<b>L5950</b>	Addition, Endoskeletal System, Above Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)
	<b>L5960</b>	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
	<b>L5961</b>	Addition, Endoskeletal System, Polycentric Hip Joint, Pneumatic Or Hydraulic Control, Rotation Control, With Or Without Flexion And/Or Extension Control
	<b>L5962</b>	Addition, Endoskeletal System, Below Knee, Flexible Protective Outer Surface Covering System
	<b>L5964</b>	Addition, endoskeletal system, above knee, flexible protective outer surface covering system
	<b>L5966</b>	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system
	<b>L5968</b>	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature
	<b>L5973</b>	Endoskeletal ankle foot system, microprocessor-controlled feature, dorsiflexion and/or plantar flexion control, includes power source
	<b>L5976</b>	All Lower Extremity Prostheses, Energy Storing Foot (Seattle Carbon Copy Ii Or Equal)



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SERVICE	CODE	DESCRIPTION
<b>Prosthetics / Medical Supplies</b>	<b>L5979</b>	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system
	<b>L5980</b>	All lower extremity prostheses, flex foot system
	<b>L5981</b>	All lower extremity prostheses, flex-walk system or equal
	<b>L5982</b>	All Exoskeletal Lower Extremity Prostheses, Axial Rotation Unit
	<b>L5984</b>	All Endoskeletal Lower Extremity Prosthesis, Axial Rotation Unit, With Or Without Adjustability
	<b>L5986</b>	All Lower Extremity Prostheses, Multi-Axial Rotation Unit (Mcp or Equal)
	<b>L5987</b>	All lower extremity prosthesis, shank foot system with vertical loading pylon
	<b>L5988</b>	Addition to lower limb prosthesis, vertical shock reducing pylon feature
	<b>L5990</b>	Addition to lower extremity prosthesis, user adjustable heel height
	<b>L7368</b>	Lithium-Ion Battery Charger, Replacement Only
	<b>L8035</b>	Custom Breast Prosthesis, Post Mastectomy, Molded to Patient Model
<b>Skilled Nursing Facilities</b>	<b>RC - 0022</b>	Skilled Nursing Facility PPS



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