

31 de diciembre de 2024

**Re: Lista de Servicios/Procedimientos que Requerirán Pre-autorización (PA) en 2025 - MA**

Gracias por ser parte del cuidado de la salud de nuestros afiliados. Para garantizar el acceso continuo a los servicios para nuestros afiliados, se adjunta la lista de códigos específicos de procedimientos que requerirán pre-autorización a partir del **1<sup>er</sup> de febrero de 2025** para **Medicare Advantage**, según informado en la **Carta Circular #M24121139<sup>1</sup>**.

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

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



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



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



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<b>Dental</b>	<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<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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<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<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, Gimbalead
	<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<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>T1030</b>	Nursing care, in the home, by registered nurse, per diem
	<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>Q5104</b>	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg
	<b>Q5105</b>	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units
	<b>Q5106</b>	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units
	<b>Q5107</b>	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg
	<b>Q5108</b>	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>Q5110</b>	Injection, filgrastim-aafi, biosimilar, (nivistym), 1 microgram
	<b>Q5111</b>	Injection, pegfilgrastim-cbqv (udenycya), 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
	<b>J7314</b>	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg
	<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>Q5115</b>	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg
	<b>Q5116</b>	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg
	<b>Q5117</b>	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg
	<b>Q5118</b>	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg
	<b>Q5119</b>	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg
	<b>Q5121</b>	Injection, infliximab-axxq, biosimilar, (avsola), 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>



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>Q5125</b>	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram
	<b>Q5126</b>	Injection, bevacizumab-maly, biosimilar, (alymysys), 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 (flyntra), 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
	<b>J9029</b>	Intravesical instillation, nadofaragene firadenovec-vnecg, 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	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Medicare Part B Rx and Home Infusion Drugs	J9049	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg
	J9050	Injection, carmustine, 100 mg
	J9052	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg
	J9055	Injection, cetuximab, 10 mg
	J9060	Injection, cisplatin, powder or solution, 10 mg
	J9061	Injection, amivantamab-vmjw, 2 mg
	J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg
	J9065	Injection, cladribine, per 1 mg
	J9071	Injection, cyclophosphamide (auromedics), 5 mg
	J9073	Injection, cyclophosphamide (ingenus), 5 mg
	J9075	Injection, cyclophosphamide, not otherwise specified, 5 mg
	J9100	Injection, cytarabine, 100 mg
	J9118	Injection, calaspargase pegol-mknl, 10 units
	J9119	Injection, cemiplimab-rwlc, 1 mg
	J9120	Injection, dactinomycin, 0.5 mg
	J9130	Dacarbazine, 100 mg
	J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj
	J9145	Injection, daratumumab, 10 mg
	J9150	Injection, daunorubicin, 10 mg
	J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine
	J9155	Injection, degarelix, 1 mg
	J9171	Injection, docetaxel, 1 mg
	J9173	Injection, durvalumab, 10 mg
J9176	Injection, elotuzumab, 1 mg	
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	
J9178	Injection, epirubicin hcl, 2 mg	
J9179	Injection, eribulin mesylate, 0.1 mg	
J9181	Injection, etoposide, 10 mg	



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<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
	<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	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Medicare Part B Rx and Home Infusion Drugs	J9263	Injection, oxaliplatin, 0.5 mg
	J9264	Injection, paclitaxel protein-bound particles, 1 mg
	J9266	Injection, pegaspargase, per single dose vial
	J9267	Injection, paclitaxel, 1 mg
	J9268	Injection, pentostatin, 10 mg
	J9269	Injection, tagraxofusp-erzs, 10 micrograms
	J9271	Injection, pembrolizumab, 1 mg
	J9272	Injection, dostarlimab-gxly, 10 mg
	J9273	Injection, tisotumab vedotin-tftv, 1 mg
	J9274	Injection, tebentafusp-tebn, 1 microgram
	J9280	Injection, mitomycin, 5 mg
	J9281	Mitomycin pyelocalyceal instillation, 1 mg
	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 (pempfexy), 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	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Medicare Part B Rx and Home Infusion Drugs	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
	J9323	Injection, pemetrexed ditromethamine, 10 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
	J9332	Injection, efgartigimod alfa-fcab, 2mg
	J9333	Injection, rozanolixizumab-noli, 1 mg
	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
	J9340	Injection, thiotepa, 15 mg
	J9345	Injection, retifanlimab-dlwr, 1 mg
	J9347	Injection, tremelimumab-actl, 1 mg
	J9348	Injection, naxitamab-gqgk, 1 mg
	J9349	Injection, tafasitamab-cxix, 2 mg
	J9350	Injection, mosunetuzumab-axgb, 1 mg
	J9351	Injection, topotecan, 0.1 mg
J9352	Injection, trabectedin, 0.1 mg	
J9353	Injection, margetuximab-cmkb, 5 mg	
J9354	Injection, ado-trastuzumab emtansine, 1 mg	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<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>J9381</b>	Injection, teplizumab-mzwv, 5 mcg
	<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>J8501</b>	Aprepitant, oral, 5 mg
	<b>J8530</b>	Cyclophosphamide; oral, 25 mg
	<b>J8540</b>	Dexamethasone, oral, 0.25 mg
	<b>J8560</b>	Etoposide; oral, 50 mg
	<b>J8610</b>	Methotrexate; oral, 2.5 mg
	<b>J8655</b>	Netupitant 300 mg and palonosetron 0.5 mg, oral
	<b>J8670</b>	Rolapitant, oral, 1 mg
	<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	



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J7179</b>	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0
	<b>J7180</b>	Injection, factor xiii (antihemophilic factor, human), 1 i.u.
	<b>J7181</b>	Injection, factor xiii a-subunit, (recombinant), per iu
	<b>J7182</b>	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu
	<b>J7183</b>	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rc0
	<b>J7185</b>	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.
	<b>J7186</b>	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.
	<b>J7187</b>	Injection, von willebrand factor complex (humate-p), per iu vwf:rc0
	<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>J7190</b>	Factor viii (antihemophilic factor, human) per i.u.
	<b>J7192</b>	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified
	<b>J7193</b>	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.
	<b>J7194</b>	Factor ix, complex, per i.u.
	<b>J7195</b>	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified
	<b>J7197</b>	Antithrombin iii (human), per i.u.
	<b>J7198</b>	Anti-inhibitor, per i.u.
	<b>J7200</b>	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu
	<b>J7201</b>	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.
	<b>J7202</b>	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.
<b>J7203</b>	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Medicare Part B Rx and Home Infusion Drugs	J7204	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu
	J7205	Injection, factor viii fc fusion protein (recombinant), per iu
	J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.
	J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.
	J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.
	J7210	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.
	J7211	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.
	J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram
	J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.
	J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.
	Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml
	Q9956	Injection, octafluoropropane microspheres, per ml
	Q9957	Injection, perflutren lipid microspheres, per ml
	Q9958	High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml
	Q9963	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml
	Q9965	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml
	Q9966	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml
	Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml
	A9573	Injection, gadopiclesol, 1 ml
	A9575	Injection, gadoterate meglumine, 0.1 ml
A9576	Injection, gadoteridol, (prohance multipack), per ml	



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>A9577</b>	Injection, gadobenate dimeglumine (multihance), per ml
	<b>A9578</b>	Injection, gadobenate dimeglumine (multihance multipack), per ml
	<b>A9579</b>	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (nos), per ml
	<b>A9581</b>	Injection, gadoxetate disodium, 1 ml
	<b>A9585</b>	Injection, gadobutrol, 0.1 ml
	<b>A9589</b>	Instillation, hexaminolevulinate hydrochloride, 100 mg
	<b>A9606</b>	Radium ra-223 dichloride, therapeutic, per microcurie
	<b>J0121</b>	Injection, omadacycline, 1 mg
	<b>J0122</b>	Injection, eravacycline, 1 mg
	<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
	<b>J0132</b>	Injection, acetylcysteine, 100 mg
	<b>J0133</b>	Injection, acyclovir, 5 mg
	<b>J0134</b>	Injection, acetaminophen (fresenius kabi) not therapeutically equivalent to j0131, 10 mg
	<b>J0136</b>	Injection, acetaminophen (b braun) not therapeutically equivalent to j0131, 10 mg
	<b>J0137</b>	Injection, acetaminophen (hikma) not therapeutically equivalent to j0131, 10 mg
	<b>J0153</b>	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)
	<b>J0171</b>	Injection, adrenalin, epinephrine, 0.1 mg
	<b>J0172</b>	Injection, aducanumab-avwa, 2 mg
	<b>J0173</b>	Injection, epinephrine (belcher) not therapeutically equivalent to j0171, 0.1 mg
<b>J0174</b>	Injection, lecanemab-irmb, 1 mg	
<b>J0177</b>	Injection, aflibercept hd, 1 mg	
<b>J0178</b>	Injection, aflibercept, 1 mg	



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J0179</b>	Injection, brolocizumab-dbll, 1 mg
	<b>J0180</b>	Injection, agalsidase beta, 1 mg
	<b>J0185</b>	Injection, aprepitant, 1 mg
	<b>J0202</b>	Injection, alemtuzumab, 1 mg
	<b>J0206</b>	Injection, allopurinol sodium, 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>J0248</b>	Injection, remdesivir, 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>J0278</b>	Injection, amikacin sulfate, 100 mg
	<b>J0280</b>	Injection, aminophyllin, up to 250 mg
	<b>J0283</b>	Injection, amiodarone hydrochloride (nexterone), 30 mg
	<b>J0285</b>	Injection, amphotericin b, 50 mg
	<b>J0289</b>	Injection, amphotericin b liposome, 10 mg
	<b>J0290</b>	Injection, ampicillin sodium, 500 mg
	<b>J0291</b>	Injection, plazomicin, 5 mg
	<b>J0295</b>	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm
	<b>J0348</b>	Injection, anidulafungin, 1 mg
	<b>J0360</b>	Injection, hydralazine hcl, up to 20 mg
	<b>J0401</b>	Injection, aripiprazole, extended release, 1 mg
<b>J0402</b>	Injection, aripiprazole (abilify asimtufii), 1 mg	



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J0456</b>	Injection, azithromycin, 500 mg
	<b>J0457</b>	Injection, aztreonam, 100 mg
	<b>J0461</b>	Injection, atropine sulfate, 0.01 mg
	<b>J0475</b>	Injection, baclofen, 10 mg
	<b>J0476</b>	Injection, baclofen, 50 mcg for intrathecal trial
	<b>J0480</b>	Injection, basiliximab, 20 mg
	<b>J0485</b>	Injection, belatacept, 1 mg
	<b>J0490</b>	Injection, belimumab, 10 mg
	<b>J0491</b>	Injection, anifrolumab-fnia, 1 mg
	<b>J0500</b>	Injection, dicyclomine hcl, up to 20 mg
	<b>J0515</b>	Injection, benzotropine mesylate, per 1 mg
	<b>J0517</b>	Injection, benralizumab, 1 mg
	<b>J0558</b>	Injection, penicillin g benzathine and penicillin g procaine, 100,000 units
	<b>J0561</b>	Injection, penicillin g benzathine, 100,000 units
	<b>J0565</b>	Injection, bezlotoxumab, 10 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>J0583</b>	Injection, bivalirudin, 1 mg
	<b>J0584</b>	Injection, burosumab-twza 1 mg
	<b>J0585</b>	Injection, onabotulinumtoxina, 1 unit
	<b>J0586</b>	Injection, abobotulinumtoxina, 5 units
	<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>J0594</b>	injection, busulfan, 1 mg	
<b>J0595</b>	Injection, butorphanol tartrate, 1 mg	



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<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>J0612</b>	Injection, calcium gluconate, not otherwise specified, 10 mg
	<b>J0613</b>	Injection, calcium gluconate (wg critical care), not therapeutically equivalent to j0612, 10 mg
	<b>J0630</b>	Injection, calcitonin salmon, up to 400 units
	<b>J0637</b>	Injection, caspofungin acetate, 5 mg
	<b>J0638</b>	Injection, canakinumab, 1 mg
	<b>J0640</b>	Injection, leucovorin calcium, per 50 mg
	<b>J0641</b>	Injection, levoleucovorin, not otherwise specified, 0.5 mg
	<b>J0642</b>	Injection, levoleucovorin (khapzory), 0.5 mg
	<b>J0665</b>	Injection, bupivacaine, not otherwise specified, 0.5 mg
	<b>J0670</b>	Injection, mepivacaine hydrochloride, per 10 ml
	<b>J0689</b>	Injection, cefazolin sodium (baxter), not therapeutically equivalent to j0690, 500 mg
	<b>J0690</b>	Injection, cefazolin sodium, 500 mg
	<b>J0692</b>	Injection, cefepime hydrochloride, 500 mg
	<b>J0694</b>	Injection, cefoxitin sodium, 1 gm
	<b>J0695</b>	Injection, ceftolozane 50 mg and tazobactam 25 mg
	<b>J0696</b>	Injection, ceftriaxone sodium, per 250 mg
	<b>J0697</b>	Injection, sterile cefuroxime sodium, per 750 mg
<b>J0699</b>	Injection, cefiderocol, 10 mg	
<b>J0701</b>	Injection, cefepime hydrochloride (baxter), not therapeutically equivalent to maxipime, 500 mg	
<b>J0702</b>	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	
<b>J0703</b>	Injection, cefepime hydrochloride (b braun), not therapeutically equivalent to maxipime, 500 mg	



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J0712</b>	Injection, ceftaroline fosamil, 10 mg
	<b>J0713</b>	Injection, ceftazidime, per 500 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>J0736</b>	Injection, clindamycin phosphate, 300 mg
	<b>J0737</b>	Injection, clindamycin phosphate (baxter), not therapeutically equivalent to j0736, 300 mg
	<b>J0740</b>	Injection, cidofovir, 375 mg
	<b>J0741</b>	Injection, cabotegravir and rilpivirine, 2mg/3mg
	<b>J0742</b>	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg
	<b>J0743</b>	Injection, cilastatin sodium; imipenem, per 250 mg
	<b>J0744</b>	Injection, ciprofloxacin for intravenous infusion, 200 mg
	<b>J0770</b>	Injection, colistimethate sodium, up to 150 mg
	<b>J0775</b>	Injection, collagenase, clostridium histolyticum, 0.01 mg
	<b>J0780</b>	Injection, prochlorperazine, up to 10 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>J0840</b>	Injection, crotalidae polyvalent immune fab (ovine), up to 1 gram	
<b>J0841</b>	Injection, crotalidae immune f(ab') <sub>2</sub> (equine), 120 mg	
<b>J0850</b>	Injection, cytomegalovirus immune globulin intravenous (human), per vial	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J0874</b>	Injection, daptomycin (baxter), not therapeutically equivalent to j0878, 1 mg
	<b>J0875</b>	Injection, dalbavancin, 5 mg
	<b>J0877</b>	Injection, daptomycin (hospira), not therapeutically equivalent to j0878, 1 mg
	<b>J0878</b>	Injection, daptomycin, 1 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>J0891</b>	Injection, argatroban (accord), not therapeutically equivalent to j0883, 1 mg (for non-esrd use)
	<b>J0892</b>	Injection, argatroban (accord), not therapeutically equivalent to j0884, 1 mg (for esrd on dialysis)
	<b>J0894</b>	Injection, decitabine, 1 mg
	<b>J0895</b>	Injection, deferoxamine mesylate, 500 mg
	<b>J0896</b>	Injection, luspaterecept-aamt, 0.25 mg
	<b>J0897</b>	Injection, denosumab, 1 mg
	<b>J1000</b>	Injection, depo-estradiol cypionate, up to 5 mg
	<b>J1010</b>	Injection, methylprednisolone acetate, 1 mg
	<b>J1071</b>	Injection, testosterone cypionate, 1 mg
	<b>J1100</b>	Injection, dexamethasone sodium phosphate, 1 mg
	<b>J1110</b>	Injection, dihydroergotamine mesylate, per 1 mg
	<b>J1120</b>	Injection, acetazolamide sodium, up to 500 mg
	<b>J1160</b>	Injection, digoxin, up to 0.5 mg
	<b>J1162</b>	Injection, digoxin immune fab (ovine), per vial
<b>J1165</b>	Injection, phenytoin sodium, per 50 mg	
<b>J1190</b>	Injection, dexrazoxane hydrochloride, per 250 mg	



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J1200</b>	Injection, diphenhydramine hcl, up to 50 mg
	<b>J1201</b>	Injection, cetirizine hydrochloride, 0.5 mg
	<b>J1205</b>	Injection, chlorothiazide sodium, per 500 mg
	<b>J1212</b>	Injection, dmsso, dimethyl sulfoxide, 50%, 50 ml
	<b>J1230</b>	Injection, methadone hcl, up to 10 mg
	<b>J1240</b>	Injection, dimenhydrinate, up to 50 mg
	<b>J1245</b>	Injection, dipyridamole, per 10 mg
	<b>J1250</b>	Injection, dobutamine hydrochloride, per 250 mg
	<b>J1265</b>	Injection, dopamine hcl, 40 mg
	<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>J1335</b>	Injection, ertapenem sodium, 500 mg
	<b>J1364</b>	Injection, erythromycin lactobionate, per 500 mg
<b>J1380</b>	Injection, estradiol valerate, up to 10 mg	
<b>J1410</b>	Injection, estrogen conjugated, per 25 mg	
<b>J1430</b>	Injection, ethanolamine oleate, 100 mg	
<b>J1437</b>	Injection, ferric derisomaltose, 10 mg	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J1439</b>	Injection, ferric carboxymaltose, 1 mg
	<b>J1440</b>	Fecal microbiota, live - jslm, 1 ml
	<b>J1442</b>	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram
	<b>J1447</b>	Injection, tbo-filgrastim, 1 microgram
	<b>J1448</b>	Injection, trilaciclib, 1mg
	<b>J1449</b>	Injection, eflapegrastim-xnst, 0.1 mg
	<b>J1450</b>	Injection fluconazole, 200 mg
	<b>J1453</b>	Injection, fosaprepitant, 1 mg
	<b>J1454</b>	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg
	<b>J1456</b>	Injection, fosaprepitant (teva), not therapeutically equivalent to j1453, 1 mg
	<b>J1458</b>	Injection, galsulfase, 1 mg
	<b>J1459</b>	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg
	<b>J1460</b>	Injection, gamma globulin, intramuscular, 1 cc
	<b>J1551</b>	Injection, immune globulin (cutaquig), 100 mg
	<b>J1554</b>	Injection, immune globulin (asceniv), 500 mg
	<b>J1555</b>	Injection, immune globulin (cuvitru), 100 mg
	<b>J1556</b>	Injection, immune globulin (bivigam), 500 mg
	<b>J1557</b>	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg
	<b>J1558</b>	Injection, immune globulin (xembify), 100 mg
	<b>J1559</b>	Injection, immune globulin (hizentra), 100 mg
	<b>J1560</b>	Injection, gamma globulin, intramuscular, over 10 cc
	<b>J1561</b>	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg
<b>J1566</b>	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	
<b>J1568</b>	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Medicare Part B Rx and Home Infusion Drugs	J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg
	J1570	Injection, ganciclovir sodium, 500 mg
	J1571	Injection, hepatitis b immune globulin (hepagam b), intramuscular, 0.5 ml
	J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin
	J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
	J1580	Injection, garamycin, gentamicin, up to 80 mg
	J1596	Injection, glycopyrrolate, 0.1 mg
	J1602	Injection, golimumab, 1 mg, for intravenous use
	J1610	Injection, glucagon hydrochloride, per 1 mg
	J1611	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg
	J1626	Injection, granisetron hydrochloride, 100 mcg
	J1627	Injection, granisetron, extended-release, 0.1 mg
	J1630	Injection, haloperidol, up to 5 mg
	J1631	Injection, haloperidol decanoate, per 50 mg
	J1640	Injection, hemin, 1 mg
	J1642	Injection, heparin sodium, (heparin lock flush), per 10 units
	J1643	Injection, heparin sodium (pfizer), not therapeutically equivalent to j1644, per 1000 units
	J1644	Injection, heparin sodium, per 1000 units
	J1645	Injection, dalteparin sodium, per 2500 iu
	J1650	Injection, enoxaparin sodium, 10 mg
	J1652	Injection, fondaparinux sodium, 0.5 mg
	J1670	Injection, tetanus immune globulin, human, up to 250 units
	J1720	Injection, hydrocortisone sodium succinate, up to 100 mg
J1740	Injection, ibandronate sodium, 1 mg	
J1743	Injection, idursulfase, 1 mg	



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<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>J1756</b>	Injection, iron sucrose, 1 mg
	<b>J1786</b>	Injection, imiglucerase, 10 units
	<b>J1805</b>	Injection, esmolol hydrochloride, 10 mg
	<b>J1806</b>	Injection, esmolol hydrochloride (wg critical care) not therapeutically equivalent to j1805, 10 mg
	<b>J1811</b>	Insulin (fiasp) for administration through dme (i.e., insulin pump) per 50 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>J1836</b>	Injection, metronidazole, 10 mg
	<b>J1885</b>	Injection, ketorolac tromethamine, per 15 mg
	<b>J1920</b>	Injection, labetalol hydrochloride, 5 mg
	<b>J1921</b>	Injection, labetalol hydrochloride (hikma) not therapeutically equivalent to j1920, 5 mg
	<b>J1930</b>	Injection, lanreotide, 1 mg
	<b>J1931</b>	Injection, laronidase, 0.1 mg
	<b>J1932</b>	Injection, lanreotide, (ciplá), 1 mg
	<b>J1940</b>	Injection, furosemide, up to 20 mg
	<b>J1943</b>	Injection, aripiprazole lauroxil, (aristada inicio), 1 mg
	<b>J1944</b>	Injection, aripiprazole lauroxil, (aristada), 1 mg
	<b>J1950</b>	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
<b>J1951</b>	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J1952</b>	Leuprolide injectable, camcevi, 1 mg
	<b>J1953</b>	Injection, levetiracetam, 10 mg
	<b>J1954</b>	Injection, leuprolide acetate for depot suspension (ciplá), 7.5 mg
	<b>J1955</b>	Injection, levocarnitine, per 1 gm
	<b>J1956</b>	Injection, levofloxacin, 250 mg
	<b>J1961</b>	Injection, lenacapavir, 1 mg
	<b>J2010</b>	Injection, lincomycin hcl, up to 300 mg
	<b>J2020</b>	Injection, linezolid, 200 mg
	<b>J2021</b>	Injection, linezolid (hospira) not therapeutically equivalent to j2020, 200 mg
	<b>J2060</b>	Injection, lorazepam, 2 mg
	<b>J2150</b>	Injection, mannitol, 25% in 50 ml
	<b>J2175</b>	Injection, meperidine hydrochloride, per 100 mg
	<b>J2182</b>	Injection, mepolizumab, 1 mg
	<b>J2184</b>	Injection, meropenem (b. braun) not therapeutically equivalent to j2185, 100 mg
	<b>J2185</b>	Injection, meropenem, 100 mg
	<b>J2210</b>	Injection, methylergonovine maleate, up to 0.2 mg
	<b>J2247</b>	Injection, micafungin sodium (par pharm) not thereapeutically equivalent to j2248, 1 mg
	<b>J2248</b>	Injection, micafungin sodium, 1 mg
	<b>J2250</b>	Injection, midazolam hydrochloride, per 1 mg
	<b>J2251</b>	Injection, midazolam hydrochloride (wg critical care) not therapeutically equivalent to j2250, per 1 mg
	<b>J2260</b>	Injection, milrinone lactate, 5 mg
	<b>J2270</b>	Injection, morphine sulfate, up to 10 mg
<b>J2272</b>	Injection, morphine sulfate (fresenius kabi) not therapeutically equivalent to j2270, up to 10 mg	
<b>J2274</b>	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg	



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J2278</b>	Injection, ziconotide, 1 microgram
	<b>J2280</b>	Injection, moxifloxacin, 100 mg
	<b>J2281</b>	Injection, moxifloxacin (fresenius kabi) not therapeutically equivalent to j2280, 100 mg
	<b>J2300</b>	Injection, nalbuphine hydrochloride, per 10 mg
	<b>J2305</b>	Injection, nitroglycerin, 5 mg
	<b>J2310</b>	Injection, naloxone hydrochloride, per 1 mg
	<b>J2311</b>	Injection, naloxone hydrochloride (zimhi), 1 mg
	<b>J2315</b>	Injection, naltrexone, depot form, 1 mg
	<b>J2323</b>	Injection, natalizumab, 1 mg
	<b>J2327</b>	Injection, risankizumab-rzaa, intravenous, 1 mg
	<b>J2329</b>	Injection, ublituximab-xiyy, 1mg
	<b>J2350</b>	Injection, ocrelizumab, 1 mg
	<b>J2353</b>	Injection, octreotide, depot form for intramuscular injection, 1 mg
	<b>J2354</b>	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg
	<b>J2356</b>	Injection, tezepelumab-ekko, 1 mg
	<b>J2357</b>	Injection, omalizumab, 5 mg
	<b>J2358</b>	Injection, olanzapine, long-acting, 1 mg
	<b>J2359</b>	Injection, olanzapine, 0.5 mg
	<b>J2360</b>	Injection, orphenadrine citrate, up to 60 mg
	<b>J2372</b>	Injection, phenylephrine hydrochloride (biorphen), 20 micrograms
<b>J2401</b>	Injection, chlorprocaine hydrochloride, per 1 mg	
<b>J2403</b>	Chlorprocaine hcl ophthalmic, 3% gel, 1 mg	
<b>J2405</b>	Injection, ondansetron hydrochloride, per 1 mg	
<b>J2406</b>	Injection, oritavancin (kimyrza), 10 mg	
<b>J2407</b>	Injection, oritavancin (orbactiv), 10 mg	



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Medicare Part B Rx and Home Infusion Drugs	J2426	Injection, paliperidone palmitate extended release (invega sustenna), 1 mg
	J2427	Injection, paliperidone palmitate extended release (invega hafyera, or invega trinza), 1 mg
	J2430	Injection, pamidronate disodium, per 30 mg
	J2469	Injection, palonosetron hcl, 25 mcg
	J2501	Injection, paricalcitol, 1 mcg
	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
	J2507	Injection, pegloticase, 1 mg
	J2540	Injection, penicillin g potassium, up to 600,000 units
	J2543	Injection, piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams)
	J2545	Pentamidine isethionate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 300 mg
	J2550	Injection, promethazine hcl, up to 50 mg
	J2560	Injection, phenobarbital sodium, up to 120 mg
	J2562	Injection, plerixafor, 1 mg
	J2597	Injection, desmopressin acetate, per 1 mcg
	J2598	Injection, vasopressin, 1 unit
	J2599	Injection, vasopressin (american reagent) not therapeutically equivalent to j2598, 1 unit
	J2675	Injection, progesterone, per 50 mg
	J2679	Injection, fluphenazine hcl, 1.25 mg
	J2680	Injection, fluphenazine decanoate, up to 25 mg
	J2690	Injection, procainamide hcl, up to 1 gm
	J2700	Injection, oxacillin sodium, up to 250 mg
	J2704	Injection, propofol, 10 mg
	J2720	Injection, protamine sulfate, per 10 mg
J2724	Injection, protein c concentrate, intravenous, human, 10 iu	
J2760	Injection, phentolamine mesylate, up to 5 mg	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Medicare Part B Rx and Home Infusion Drugs	J2765	Injection, metoclopramide hcl, up to 10 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
	J2783	Injection, rasburicase, 0.5 mg
	J2785	Injection, regadenoson, 0.1 mg
	J2786	Injection, reslizumab, 1 mg
	J2788	Injection, rho d immune globulin, human, minidose, 50 micrograms (250 i.u.)
	J2790	Injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.)
	J2791	Injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu
	J2792	Injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu
	J2794	Injection, risperidone (risperdal consta), 0.5 mg
	J2795	Injection, ropivacaine hydrochloride, 1 mg
	J2798	Injection, risperidone, (perseris), 0.5 mg
	J2799	Injection, risperidone (uzedy), 1 mg
	J2800	Injection, methocarbamol, up to 10 ml
	J2805	Injection, sincalide, 5 micrograms
	J2820	Injection, sargramostim (gm-csf), 50 mcg
	J2860	Injection, siltuximab, 10 mg
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	
J2919	Injection, methylprednisolone sodium succinate, 5 mg	
J2997	Injection, alteplase recombinant, 1 mg	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J3000</b>	Injection, streptomycin, up to 1 gm
	<b>J3010</b>	Injection, fentanyl citrate, 0.1 mg
	<b>J3032</b>	Injection, eptinezumab-jjmr, 1 mg
	<b>J3055</b>	Injection, talquetamab-tgvs, 0.25 mg
	<b>J3060</b>	Injection, taliglucerase alfa, 10 units
	<b>J3090</b>	Injection, tedizolid phosphate, 1 mg
	<b>J3095</b>	Injection, telavancin, 10 mg
	<b>J3101</b>	Injection, tenecteplase, 1 mg
	<b>J3105</b>	Injection, terbutaline sulfate, up to 1 mg
	<b>J3111</b>	Injection, romosozumab-aqqg, 1 mg
	<b>J3121</b>	Injection, testosterone enanthate, 1 mg
	<b>J3145</b>	Injection, testosterone undecanoate, 1 mg
	<b>J3230</b>	Injection, chlorpromazine hcl, up to 50 mg
	<b>J3240</b>	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial
	<b>J3241</b>	Injection, teprotumumab-trbw, 10 mg
	<b>J3243</b>	Injection, tigecycline, 1 mg
	<b>J3245</b>	Injection, tildrakizumab, 1 mg
	<b>J3246</b>	Injection, tirofiban hcl, 0.25 mg
	<b>J3250</b>	Injection, trimethobenzamide hcl, up to 200 mg
	<b>J3260</b>	Injection, tobramycin sulfate, up to 80 mg
	<b>J3262</b>	Injection, tocilizumab, 1 mg
	<b>J3285</b>	Injection, treprostinil, 1 mg
	<b>J3299</b>	Injection, triamcinolone acetonide (xipere), 1 mg
<b>J3301</b>	Injection, triamcinolone acetonide, not otherwise specified, 10 mg	
<b>J3304</b>	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	
<b>J3315</b>	Injection, triptorelin pamoate, 3.75 mg	



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J3357</b>	Ustekinumab, for subcutaneous injection, 1 mg
	<b>J3358</b>	Ustekinumab, for intravenous injection, 1 mg
	<b>J3360</b>	Injection, diazepam, up to 5 mg
	<b>J3370</b>	Injection, vancomycin hcl, 500 mg
	<b>J3371</b>	Injection, vancomycin hcl (mylan) not therapeutically equivalent to j3370, 500 mg
	<b>J3372</b>	Injection, vancomycin hcl (xellia) not therapeutically equivalent to j3370, 500 mg
	<b>J3380</b>	Injection, vedolizumab, intravenous, 1 mg
	<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>J3410</b>	Injection, hydroxyzine hcl, up to 25 mg
	<b>J3411</b>	Injection, thiamine hcl, 100 mg
	<b>J3415</b>	Injection, pyridoxine hcl, 100 mg
	<b>J3420</b>	Injection, vitamin b-12 cyanocobalamin, up to 1000 mcg
	<b>J3430</b>	Injection, phytonadione (vitamin k), per 1 mg
	<b>J3465</b>	Injection, voriconazole, 10 mg
	<b>J3473</b>	Injection, hyaluronidase, recombinant, 1 usp unit
	<b>J3475</b>	Injection, magnesium sulfate, per 500 mg
	<b>J3480</b>	Injection, potassium chloride, per 2 meq
	<b>J3485</b>	Injection, zidovudine, 10 mg
	<b>J3486</b>	Injection, ziprasidone mesylate, 10 mg
	<b>J3489</b>	Injection, zoledronic acid, 1 mg
	<b>J7030</b>	Infusion, normal saline solution, 1000 cc
	<b>J7040</b>	Infusion, normal saline solution, sterile (500 ml = 1 unit)
<b>J7042</b>	5% dextrose/normal saline (500 ml = 1 unit)	



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J7050</b>	Infusion, normal saline solution, 250 cc
	<b>J7060</b>	5% dextrose/water (500 ml = 1 unit)
	<b>J7070</b>	Infusion, d5w, 1000 cc
	<b>J7120</b>	Ringers lactate infusion, up to 1000 cc
	<b>J7170</b>	Injection, emicizumab-kxwh, 0.5 mg
	<b>J7175</b>	Injection, factor x, (human), 1 i.u.
	<b>J7500</b>	Azathioprine, oral, 50 mg
	<b>J7502</b>	Cyclosporine, oral, 100 mg
	<b>J7503</b>	Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg
	<b>J7504</b>	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg
	<b>J7507</b>	Tacrolimus, immediate release, oral, 1 mg
	<b>J7508</b>	Tacrolimus, extended release, (astagraf xl), oral, 0.1 mg
	<b>J7509</b>	Methylprednisolone oral, per 4 mg
	<b>J7510</b>	Prednisolone oral, per 5 mg
	<b>J7511</b>	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg
	<b>J7512</b>	Prednisone, immediate release or delayed release, oral, 1 mg
	<b>J7515</b>	Cyclosporine, oral, 25 mg
	<b>J7517</b>	Mycophenolate mofetil, oral, 250 mg
	<b>J7518</b>	Mycophenolic acid, oral, 180 mg
	<b>J7519</b>	Injection, mycophenolate mofetil, 10 mg
	<b>J7520</b>	Sirolimus, oral, 1 mg
	<b>J7525</b>	Tacrolimus, parenteral, 5 mg
	<b>J7527</b>	Everolimus, oral, 0.25 mg
<b>P9041</b>	Infusion, albumin (human), 5%, 50 ml	
<b>P9045</b>	Infusion, albumin (human), 5%, 250 ml	
<b>P9046</b>	Infusion, albumin (human), 25%, 20 ml	



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Medicare Part B Rx and Home Infusion Drugs	<b>P9047</b>	Infusion, albumin (human), 25%, 50 ml
	<b>J7605</b>	Arformoterol, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms
	<b>J7606</b>	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms
	<b>J7608</b>	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per gram
	<b>J7611</b>	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 1 mg
	<b>J7612</b>	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5 mg
	<b>J7613</b>	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg
	<b>J7614</b>	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg
	<b>J7620</b>	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME
	<b>J7626</b>	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.5 mg
	<b>J7631</b>	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams
	<b>J7639</b>	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram
	<b>J7644</b>	Ipratropium bromide, 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



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<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>J7686</b>	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg
	<b>Q0162</b>	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
	<b>Q0167</b>	Dronabinol, 2.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
	<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
	<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	



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<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>Q5101</b>	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram
	<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>Q3027</b>	Injection, interferon beta-1a, 1 mcg for intramuscular use
<b>Q9991</b>	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg	



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>Q9992</b>	Injection, buprenorphine extended-release (sublocade), greater than 100 mg
	<b>A4642</b>	Indium in-111 satumomab pendetide, diagnostic, per study dose, up to 6 millicuries
	<b>A9500</b>	Technetium tc-99m sestamibi, diagnostic, per study dose
	<b>A9501</b>	Technetium tc-99m teboroxime, diagnostic, per study dose
	<b>A9502</b>	Technetium tc-99m tetrofosmin, diagnostic, per study dose
	<b>A9503</b>	Technetium tc-99m medronate, diagnostic, per study dose, up to 30 millicuries
	<b>A9504</b>	Technetium tc-99m apcitide, diagnostic, per study dose, up to 20 millicuries
	<b>A9505</b>	Thallium tl-201 thallos chloride, diagnostic, per millicurie
	<b>A9507</b>	Indium in-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries
	<b>A9508</b>	Iodine i-131 iobenguane sulfate, diagnostic, per 0.5 millicurie
	<b>A9509</b>	Iodine i-123 sodium iodide, diagnostic, per millicurie
	<b>A9510</b>	Technetium tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries
	<b>A9512</b>	Technetium tc-99m pertechnetate, diagnostic, per millicurie
	<b>A9513</b>	Lutetium lu 177, dotatate, therapeutic, 1 millicurie
	<b>A9515</b>	Choline c-11, diagnostic, per study dose up to 20 millicuries
	<b>A9516</b>	Iodine i-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 microcuries
	<b>A9517</b>	Iodine i-131 sodium iodide capsule(s), therapeutic, per millicurie
	<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>A9524</b>	Iodine i-131 iodinated serum albumin, diagnostic, per 5 microcuries
<b>A9526</b>	Nitrogen n-13 ammonia, diagnostic, per study dose, up to 40 millicuries	
<b>A9527</b>	Iodine i-125, sodium iodide solution, therapeutic, per millicurie	
<b>A9528</b>	Iodine i-131 sodium iodide capsule(s), diagnostic, per millicurie	
<b>A9529</b>	Iodine i-131 sodium iodide solution, diagnostic, per millicurie	



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>A9530</b>	Iodine i-131 sodium iodide solution, therapeutic, per millicurie
	<b>A9531</b>	Iodine i-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)
	<b>A9532</b>	Iodine i-125 serum albumin, diagnostic, per 5 microcuries
	<b>A9536</b>	Technetium tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries
	<b>A9537</b>	Technetium tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries
	<b>A9538</b>	Technetium tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries
	<b>A9539</b>	Technetium tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries
	<b>A9540</b>	Technetium tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries
	<b>A9541</b>	Technetium tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries
	<b>A9542</b>	Indium in-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 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>A9552</b>	Fluorodeoxyglucose f-18 fdg, diagnostic, per study dose, up to 45 millicuries
	<b>A9553</b>	Chromium cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries
	<b>A9554</b>	Iodine i-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries
	<b>A9555</b>	Rubidium rb-82, diagnostic, per study dose, up to 60 millicuries
<b>A9556</b>	Gallium ga-67 citrate, diagnostic, per millicurie	



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>A9557</b>	Technetium tc-99m bicisate, 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>A9560</b>	Technetium tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries
	<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
	<b>A9567</b>	Technetium tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries
	<b>A9568</b>	Technetium tc-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries
	<b>A9569</b>	Technetium tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose
	<b>A9570</b>	Indium in-111 labeled autologous white blood cells, diagnostic, per study dose
	<b>A9571</b>	Indium in-111 labeled autologous platelets, diagnostic, per study dose
	<b>A9572</b>	Indium in-111 pentetretotide, diagnostic, per study dose, up to 6 millicuries
	<b>A9580</b>	Sodium fluoride f-18, diagnostic, per study dose, up to 30 millicuries
	<b>A9582</b>	Iodine i-123 iobenguane, diagnostic, per study dose, up to 15 millicuries
	<b>A9583</b>	Injection, gadofosveset trisodium, 1 ml
	<b>A9584</b>	Iodine 1-123 ioflupane, diagnostic, per study dose, up to 5 millicuries
	<b>A9586</b>	Florbetapir fl8, diagnostic, per study dose, up to 10 millicuries
<b>A9587</b>	Gallium ga-68, dotatate, diagnostic, 0.1 millicurie	
<b>A9588</b>	Fluciclovine f-18, diagnostic, 1 millicurie	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>A9590</b>	Iodine i-131, iobenguane, 1 millicurie
	<b>A9591</b>	Fluoroestradiol f 18, diagnostic, 1 millicurie
	<b>A9592</b>	Copper cu-64, dotatate, diagnostic, 1 millicurie
	<b>A9593</b>	Gallium ga-68 psma-11, diagnostic, (ucsf), 1 millicurie
	<b>A9594</b>	Gallium ga-68 psma-11, diagnostic, (ucla), 1 millicurie
	<b>A9595</b>	Piflufolastat f-18, diagnostic, 1 millicurie
	<b>A9596</b>	Gallium ga-68 gozetotide, diagnostic, (illuccix), 1 millicurie
	<b>A9597</b>	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified
	<b>A9598</b>	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified
	<b>A9600</b>	Strontium sr-89 chloride, therapeutic, per millicurie
	<b>A9601</b>	Flortaucipir f 18 injections, diagnostic, 1 millicurie
	<b>A9602</b>	Fluorodopa f-18, diagnostic, per millicurie
	<b>A9603</b>	Injection, pafolacianine, 0.1 mg
	<b>A9604</b>	Samarium sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries
	<b>A9607</b>	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie
	<b>A9697</b>	Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose
	<b>A9698</b>	Non-radioactive contrast imaging material, not otherwise classified, per study
	<b>A9699</b>	Radiopharmaceutical, therapeutic, not otherwise classified
	<b>A9700</b>	Supply of injectable contrast material for use in echocardiography, per study
	<b>A9800</b>	Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie
<b>Q4101</b>	Apligraf, per square centimeter	
<b>Q4102</b>	Oasis wound matrix, per square centimeter	
<b>Q4103</b>	Oasis burn matrix, per square centimeter	



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>Q4104</b>	Integra bilayer matrix wound dressing (bmwd), per square centimeter
	<b>Q4105</b>	Integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix, per square centimeter
	<b>Q4108</b>	Integra matrix, per square centimeter
	<b>Q4111</b>	Gammagraft, per square centimeter
	<b>Q4114</b>	Integra flowable wound matrix, injectable, 1 cc
	<b>Q4118</b>	Matristem micromatrix, 1 mg
	<b>Q4121</b>	Theraskin, per square centimeter
	<b>Q4124</b>	Oasis ultra tri-layer wound matrix, per square centimeter
	<b>Q4126</b>	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter
	<b>Q4128</b>	Flex hd, or allopatch hd, per square centimeter
	<b>Q4132</b>	Grafix core and grafixpl core, per square centimeter
	<b>Q4133</b>	Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter
	<b>Q4137</b>	Amnioexcel, amnioexcel plus or biodexcel, per square centimeter
	<b>Q4141</b>	Alloskin ac, per square centimeter
	<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	



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Medicare Part B Rx and Home Infusion Drugs	Q4168	Amnioband, 1 mg
	Q4170	Cygnus, per square centimeter
	Q4171	Interfyl, 1 mg
	Q4173	Palingen or palingen xplus, per square centimeter
	Q4175	Miroderm, per square centimeter
	Q4178	Floweramniopatch, per square centimeter
	Q4180	Revita, per square centimeter
	Q4184	Cellesta or cellesta duo, per square centimeter
	Q4186	Epifix, per square centimeter
	Q4187	Epicord, per square centimeter
	Q4188	Amnioarmor, per square centimeter
	Q4190	Artacent ac, per square centimeter
	Q4191	Restorigin, per square centimeter
	Q4197	Puraply xt, per square centimeter
	Q4199	Cygnus matrix, per square centimeter
	Q4203	Derma-gide, per square centimeter
	Q4205	Membrane graft or membrane wrap, per square centimeter
	Q4217	Woundfix, biowound, woundfix plus, biowound plus, woundfix xplus or biowound xplus, per square centimeter
	Q4221	Amniowrap2, per square centimeter
	Q4222	Progenamatrix, per square centimeter
	Q4231	Corplex p, per cc
	Q4232	Corplex, per square centimeter
	Q4235	Amniorepair or altipty, per square centimeter
	Q4236	Carepatch, per square centimeter
	Q4238	Derm-maxx, per square centimeter
	Q4246	Coretext or protext, per cc



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<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)
<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>92526</b>	Oral function therapy
	<b>92597</b>	Oral speech device eval
	<b>92607</b>	Ex for speech device rx 1hr
<b>92609</b>	Use of speech device service	



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<b>Occupational Therapy Services / Physical Therapy and Speech-language Pathology</b>	<b>96125</b>	Cognitive test by hc pro
	<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
	<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	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<b>Occupational Therapy Services / Physical Therapy and Speech-language Pathology</b>	<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
	<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	



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Outpatient Diagnostic Procedures / Tests and Lab	43880	Repair stomach-bowel fistula
	43886	Revise gastric port open
	43887	Remove gastric port open
	43888	Change gastric port open
	93319	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)
	G0166	External counterpulsation, per treatment session
	92960	Cardioversion, elective, electrical conversion of arrhythmia; external
	K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type
	K0607	Replacement battery for automated external defibrillator, garment type only, each
	K0608	Replacement garment for use with automated external defibrillator, each
	K0609	Replacement Electrodes For Use With Automated External Defibrillator, Garment Type Only, Each
	33285	Insertion, subcutaneous cardiac rhythm monitor, including programming
	93285	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
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	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Outpatient Diagnostic Procedures / Tests and Lab	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
81168	CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL - QUAN	
81170	abl1 gene analysis kinase domain variants	
81171	AFF2 Gene	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Outpatient Diagnostic Procedures / Tests and Lab	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
81203	apc gene analysis duplication/deletion variants	
81204	AR Gene Series	
81205	bckdhb gene analysis common variants	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Outpatient Diagnostic Procedures / Tests and Lab	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	
81235	egfr gene analysis common variants	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Outpatient Diagnostic Procedures / Tests and Lab	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	fance 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 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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
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	mthfr 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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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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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	TGFBI
	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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
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	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<b>Outpatient Diagnostic Procedures / Tests and Lab</b>	<b>81435</b>	HEREDITARY COLON CA GENOMIC SEQ ANALYS 7 GENES
	<b>81443</b>	Panethnic genetic screen for severe conditions
	<b>81445</b>	TARGETED GENOMIC SEQ ANALYS DNA ANALYS 5-50 GENE
	<b>81448</b>	Hereditary peripheral neuropathies,related genes
	<b>81479</b>	unlisted moleclular pathology procedure
	<b>81504</b>	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM
	<b>81513</b>	NFCT DS BACTERAL VAGINOSIS RNA VAGINAL-FLUID ALG
	<b>81514</b>	NFCT DS BCT VAGINOSIS -VAGINITIS DNA VAG FLU ALG
	<b>81518</b>	Oncology Breast mRNA gene expressions
	<b>81519</b>	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES
	<b>81520</b>	Oncology breast,utiling formalin- fixed embedded tissue, alg
	<b>81521</b>	Oncology breast,utilizing fresh frozen or formalin- fixed pa
	<b>81522</b>	Oncology breast
	<b>81523</b>	ONC BRST MRNA 70 CNT 31 GENE
	<b>81528</b>	oncology colorectal screening quan 10 dna markrs
	<b>81529</b>	ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG
	<b>81541</b>	Oncology (prostate), utilizing formalin- fixed parafin- emb
<b>81542</b>	Oncology breast	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<b>Outpatient Diagnostic Procedures / Tests and Lab</b>	<b>81546</b>	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG
	<b>81551</b>	Oncology (prostate) as a likelihood of prostate cancer detect
	<b>81552</b>	Oncology (uveal melanoma)
	<b>81554</b>	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG
	<b>87471</b>	iadna bartonella amplified probe technique
	<b>87472</b>	iadna bartonella henselae&quintana quantj
	<b>87475</b>	iadna borrelia burgdorferi direct probe tq
	<b>87476</b>	iadna borrelia burgdorferi amplified probe tq
	<b>87480</b>	iadna candida species direct probe tq
	<b>87481</b>	iadna candida species amplified probe tq
	<b>87482</b>	iadna candida species quantification
	<b>87485</b>	iadna chlamydia pneumoniae direct probe tq
	<b>87486</b>	iadna chlamydia pneumoniae amplified probe tq
	<b>87487</b>	iadna chlamydia pneumoniae quantification
	<b>87490</b>	iadna chlamydia trachomatis direct probe tq
	<b>87491</b>	iadna chlamydia trachomatis amplified probe tq
	<b>87492</b>	iadna chlamydia trachomatis quantification
	<b>87493</b>	inf agent det nucleic acid clostridium amp probe
	<b>87495</b>	iadna cytomegalovirus direct probe tq
	<b>87496</b>	iadna cytomegalovirus amplified probe tq
	<b>87497</b>	iadna cytomegalovirus quantification
	<b>87498</b>	iadna enterovirus amplif probe & revrse trnscrip
	<b>87500</b>	infectious agent dna/rna vancomycin resistance
	<b>87501</b>	infectious agent dna/rna influenza ea type
<b>87502</b>	infectious agent dna/rna influenza 1st 2 types	
<b>87503</b>	nfct agent dna/rna influenza 1/>types ea addl	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Outpatient Diagnostic Procedures / Tests and Lab	87505	NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN
	87506	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 6-11
	87507	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25
	87510	iadna gardnerella vaginalis direct probe tq
	87511	iadna gardnerella vaginalis amplified probe tq
	87512	iadna gardnerella vaginalis quantification
	87516	iadna hepatitis b virus amplified probe tq
	87517	iadna hepatitis b virus quantification
	87520	iadna hepatitis c direct probe technique
	87521	iadna hepatitis c amplified probe&revrse transcr
	87522	iadna hepatitis c quant & reverse transcription
	87525	iadna hepatitis g direct probe technique
	87526	iadna hepatitis g amplified probe technique
	87527	iadna hepatitis g quantification
	87528	iadna herpes simplx virus direct probe tq
	87529	iadna herpes somplx virus amplified probe tq
	87530	iadna herpes somplx virus quantification
	87531	iadna herpes virus-6 direct probe tq
	87532	iadna herpes virus-6 amplified probe tq
	87533	iadna herpes virus-6 quantification
	87534	iadna hiv-1 direct probe technique
	87535	iadna hiv-1 amplified probe & reverse transcrpj
	87536	iadna hiv-1 quant & reverse transcription
	87537	iadna hiv-2 direct probe technique
87538	iadna hiv-2 amplified probe & reverse transcripj	
87539	iadna hiv-2 quant & reverse transcription	
87540	iadna legionella pneumophila direct probe tq	
87541	iadna legionella pneumophila amplified probe tq	



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Outpatient Diagnostic Procedures / Tests and Lab	87542	iadna legionella pneumophila quantification
	87550	iadna mycobacteria species direct probe tq
	87551	iadna mycobacteria species amplified probe tq
	87552	iadna mycobacteria species quantification
	87555	iadna mycobacteria tuberculosis dir prb
	87556	iadna mycobacteria tuberculosis amp prb
	87557	iadna mycobacteria tuberculosis quantification
	87560	iadna mycobacteria avium-intraclre dir prb
	87561	iadna mycobacteria avium-intraclre amp prb
	87562	iadna mycobacteria avium-intracellulare quant
	87563	Mycoplasma Genitalium
	87580	iadna mycoplsm pneumoniae direct probe tq
	87581	iadna mycoplsm pneumoniae amplified probe tq
	87582	iadna mycoplsm pneumoniae quantification
	87590	iadna neisseria gonorrhoeae direct probe tq
	87591	iadna neisseria gonorrhoeae amplified probe tq
	87592	iadna neisseria gonorrhoeae quantification
	87623	IADNA HUMAN PAPILLOMAVIRUS LOW-RISK TYPES
	87624	IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES
	87625	IADNA HUMAN PAPILLOMAVIRUS TYPES 16 & 18 ONLY
	87631	iadna respiratory probe & rev trnscr 3-5 targets
	87632	iadna respiratory probe & rev trnscr 6-11 targets
	87633	iadna respiratory probe & rev trnscr 12-25 target
	87634	Respiratory syncytial virus
	87640	iadna s aureus amplified probe tq
	87641	iadna s aureus methicillin resist amp probe tq
87650	iadna streptococcus group a direct probe tq	
87651	iadna streptococcus group a amplified probe tq	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Outpatient Diagnostic Procedures / Tests and Lab	87652	iadna streptococcus group a quantification
	87653	iadna streptococcus group b amplified probe tq
	87660	iadna trichomonas vaginalis direct probe tq
	87661	IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH
	87662	Zika
	87797	iadna nos direct probe tq each organism
	87798	iadna nos amplified probe tq each organism
	87799	iadna nos quantification each organism
	87801	iadna multiple organisms amplified probe tq
	87900	nfct agt drug suscept phenotype prediction
	87901	nfct gexyp nucleic acid hiv rev tnscr&proteas
	87902	nfct agnt genotyp nucleic acid hepatitis c virus
	87903	nfct phexyp resist tiss cul hiv first 1-10 drugs
	87904	nfct phexyp resist tiss cul hiv ea addl drug
	87905	infectious agent enzymatic actv oth/thn virus
	87906	nfct gexyp dna/rna hiv 1 other region
	87910	nfct agt genotype nucleic acid cytomegalovirus
	87912	nfct agent genotype hepatitis b virus
	88240	cryoprsrv frzing&storage cells ea cell line
	88241	thawing&expansion frozen cells each aliquot
	88245	chrmsm breakage baseline sister 20-25 cll
	88248	chrmsm breakage baseline breakage 50-100 cll
	88249	chrmsm breakage synds score 100 cll
	88261	chrmsm count 5 cell 1karyotype banding
	88262	chrmsm count 15-20 cll 2karyotyp banding
	88263	chrmsm count 45 cell mosaicism 2karyotype
	88264	chrmsm analyze 20-25 cells
88267	chrmsm alys amniotic/villus 15 cell 1karyotype	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Outpatient Diagnostic Procedures / Tests and Lab	88269	chrmsm situ amniotic cll 6-12 colonies 1karyotyp
	88271	molecular cytogenetics dna probe each
	88272	molecular cytogenetics chrmmoml ish 3-5 cells
	88273	molecular cytogenetics chrmmoml ish 10-30 cll
	88274	molecular cytogenetics interphase ish 25-99 cll
	88275	molec cytg interphase ish analyze 100-300 cll
	88280	chrmsm analysis addl karyotyp each study
	88283	chrmsm analysis addl specialized banding
	88285	chrmsm analysis addl cells counted each study
	88289	chrmsm analysis addl high resolution study
	88291	cytogenetics&molec cytogenetics interp&rep
	88299	unlisted cytogenetic study
	88362	nerve teasing preparations
	88363	exam & select archive tissue molecular analysi
	88364	IN SITU HYBRIDIZATION EA ADDL PROBE STAIN
	88365	IN SITU HYBRIDIZATION 1ST PROBE STAIN
	88366	IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN
	89290	BX OOCYTE MICROTQ <=/= 5 EMBRY
	G0452	Molecular pathology, interpretation & report
	G0476	Hpv combo assay ca screening
	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	
64490	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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Outpatient Diagnostic Procedures / Tests and Lab	64491	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
	64492	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)
	64493	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
	64494	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
	64495	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)
	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint
	64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint
		99183
	G0277	HBOT, FULL BODY CHAMBER, 30 MINUTE INTERVAL
Outpatient Diagnostic/Radiological	0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Outpatient Diagnostic/ Radiological	78491	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)
	78492	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)
	78608	Brain imaging, positron emission tomography (PET); metabolic evaluation
	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
	78813	Positron emission tomography (PET) imaging; whole body
	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Physician Specialist	20932	Allograft
	20933	Allograft
	20934	Allograft
	67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
	67914	Repair eyelid defect
	67915	Repair eyelid defect
	67916	Repair eyelid defect
	67917	Repair eyelid defect



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
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 matrl
	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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
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
	Q2026	INJECTION, RADIESSE, 0.1 ML
	Q2028	INJECTION, SCULPTRA, 0.5 MG
	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	rcnstj xtrnl aud canal congenital atresia 1 stg	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Physician Specialist	17380	electrolysis epilation each 30 minutes
	19300	MASTECTOMY GYNECOMASTIA
	15830	Excision skin abd infraumbilical panniculectomy
	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



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Physician Specialist	19357	Tiss xpndr plmt brst renstj
	19361	Brst renstj latsms drsi flap
	19364	Brst renstj free flap
	19367	Brst renstj 1 pdcl tram flap
	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&/elvtn 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	rhytectomy forehead	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Physician Specialist	15825	rhytidencectomy neck w/platysmal tightening
	15826	rhytidencectomy glabellar frown lines
	15828	rhytidencectomy cheek chin&neck
	15829	rhytidencectomy smas flap
	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	



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



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<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Prosthetic and/or Orthotic devices / procedures	L3766	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
	L3900	Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion, Finger Flexion/Extension, Wrist or Finger Driven, Custom-Fabricated
	L3901	Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion, Finger Flexion/Extension, Cable Driven, Custom- Fabricated
	L3904	Wrist Hand Finger Orthosis, External Powered, Electric, Custom- Fabricated
	L3905	Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3975	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3976	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
	L3977	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
	L3978	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
	L3720	Elbow Orthosis, Double Upright with Forearm/Arm Cuffs, Free Motion, Custom-Fabricated
	L3730	Elbow Orthosis, Double Upright with Forearm/Arm Cuffs, Extension/ Flexion Assist, Custom-Fabricated
	L3740	Elbow Orthosis, Double Upright with Forearm/Arm Cuffs, Adjustable Position Lock with Active Control, Custom-Fabricated
	L3981	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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Prosthetic and/or Orthotic devices / procedures	L2050	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Hip Joint, Pelvic Band/Belt, Custom-Fabricated
	L2060	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Ball Bearing Hip Joint, Pelvic Band/ Belt, Custom-Fabricated
	L2126	Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Thermoplastic Type Casting Material, Custom-Fabricated
	L2128	Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Custom-Fabricated
	L2132	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Soft, Prefabricated, Includes Fitting and Adjustment
	L2134	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Semi-Rigid, Prefabricated, Includes Fitting and Adjustment
	L2136	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Rigid, Prefabricated, Includes Fitting and Adjustment
	L1832	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
	L1833	Knee Orthosis, Adjustable Knee Joints (Unicentric or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Off-The Shelf
	L1834	Knee Orthosis, Without Knee Joint, Rigid, Custom-Fabricated
	L1840	Knee Orthosis, Derotation, Medial-Lateral, Anterior Cruciate Ligament, Custom Fabricated
	L1843	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
	L1844	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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Prosthetic and/or Orthotic devices / procedures	L2020	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Double Bar Ak Orthosis), Custom- Fabricated
	L2030	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs, (Double Bar Ak Orthosis), Without Knee Joint, Custom Fabricated
	L2034	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
	L2036	Knee Ankle Foot Orthosis, Full Plastic, Double Upright, With or Without Free Motion Knee, With or Without Free Motion Ankle, Custom Fabricated
	L2037	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With or Without Free Motion Knee, With or Without Free Motion Ankle, Custom Fabricated
	L2038	Knee Ankle Foot Orthosis, Full Plastic, With or Without Free Motion Knee, Multi-Axis Ankle, Custom Fabricated
	L1700	Legg Perthes Orthosis, (Toronto Type), Custom-Fabricated
	L1710	Legg Perthes Orthosis, (Newington Type), Custom Fabricated
	L1720	Legg Perthes Orthosis, Trilateral, (Tachdijan Type), Custom-Fabricated
	L1730	Legg Perthes Orthosis, (Scottish Rite Type), Custom-Fabricated
	L1755	Legg Perthes Orthosis, (Patten Bottom Type), Custom-Fabricated
	L0648	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
	L0650	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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<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Prosthetic and/or Orthotic devices / procedures	L0637	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
	L0638	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
	L0639	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
	L0640	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
	L4010	Replace Trilateral Socket Brim
	L4020	Replace Quadrilateral Socket Brim, Molded To Patient Model
	L4030	Replace Quadrilateral Socket Brim, Custom Fitted
	L4130	Replace Pretibial Shell



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Prosthetic and/or Orthotic devices / procedures	L5331	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot
	L5341	Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot
	L5400	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee
	L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'ak' or knee disarticulation
	L5430	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
	L5460	Immediate Post Surgical Or Early Fitting, Application Of Non-Weight Bearing Rigid Dressing, Above Knee
	L5500	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed
	L5505	Initial, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed
	L5510	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model
	L5520	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed
	L5530	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model
	L5535	Preparatory, below knee 'ptb' type socket, non-alignable system, no cover, sach foot, prefabricated, adjustable open end socket
	L5540	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model
	L5560	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model
L5570	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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Prosthetic and/or Orthotic devices / procedures	L5580	Preparatory, above knee - knee disarticulation ischial level socket, non- alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model
	L5585	Preparatory, above knee - knee disarticulation, ischial level socket, non- alignable system, pylon, no cover, sach foot, prefabricated adjustable open end socket
	L5590	Preparatory, above knee - knee disarticulation ischial level socket, non- alignable system, pylon no cover, sach foot, laminated socket, molded to model
	L5595	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, thermoplastic or equal, molded to patient model
	L5600	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model
	L5610	Addition to lower extremity, endoskeletal system, above knee, hydracandence system
	L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control
	L5613	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with hydraulic swing phase control
	L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control
	L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control
	L5617	Addition To Lower Extremity, Quick Change Self-Aligning Unit, Above Knee Or Below Knee, Each
	L5626	Addition To Lower Extremity, Test Socket, Hip Disarticulation
	L5628	Addition To Lower Extremity, Test Socket, Hemipelvectomy
	L5638	Addition To Lower Extremity, Below Knee, Leather Socket
	L5639	Addition to lower extremity, below knee, wood socket
	L5640	Addition To Lower Extremity, Knee Disarticulation, Leather Socket
L5642	Addition To Lower Extremity, Above Knee, Leather Socket	
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	
L5644	Addition To Lower Extremity, Above Knee, Wood Socket	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Prosthetic and/or Orthotic devices / procedures	L5645	Addition To Lower Extremity, Below Knee, Flexible Inner Socket, External Frame
	L5646	Addition To Lower Extremity, Below Knee, Air, Fluid, Gel or Equal, Cushion Socket
	L5647	Addition To Lower Extremity, Below Knee Suction Socket
	L5648	Addition To Lower Extremity, Above Knee, Air, Fluid, Gel or Equal, Cushion Socket
	L5649	Addition to lower extremity, ischial containment/narrow m-l socket
	L5650	Additions To Lower Extremity, Total Contact, Above Knee or Knee Disarticulation Socket
	L5651	Addition to lower extremity, above knee, flexible inner socket, external frame
	L5653	Addition To Lower Extremity, Knee Disarticulation, Expandable Wall Socket
	L5661	Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes
	L5665	Addition To Lower Extremity, Socket Insert, Multi-Durometer, Below Knee
	L5671	Addition To Lower Extremity, Below Knee / Above Knee Suspension Locking Mechanism (Shuttle, Lanyard or Equal), Excludes Socket Insert
	L5673	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
	L5677	Additions To Lower Extremity, Below Knee, Knee Joints, Polycentric, Pair
	L5679	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
L5681	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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Prosthetic and/or Orthotic devices / procedures	L5980	All lower extremity prostheses, flex foot system
	L5981	All lower extremity prostheses, flex-walk system or equal
	L5982	All Exoskeletal Lower Extremity Prostheses, Axial Rotation Unit
	L5984	All Endoskeletal Lower Extremity Prosthesis, Axial Rotation Unit, With Or Without Adjustability
	L5986	All Lower Extremity Prostheses, Multi-Axial Rotation Unit (Mcp Or Equal)
	L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon
	L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature
	L5990	Addition to lower extremity prosthesis, user adjustable heel height
	L7368	Lithium-Ion Battery Charger, Replacement Only
	L8035	Custom Breast Prosthesis, Post Mastectomy, Molded to Patient Model
	L1005	Tension Based Scoliosis Orthosis and Accessory Pads, Includes Fitting and Adjustment
	L3330	Lift, Elevation, Metal Extension (Skate)
	L3671	Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3674	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
L1680	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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Prosthetics / Medical Supplies	L0640	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
	L0648	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
	L0650	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
	L0651	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
	L0830	Halo Procedure, Cervical Halo Incorporated into Milwaukee Type Orthosis
	L1005	Tension Based Scoliosis Orthosis and Accessory Pads, Includes Fitting and Adjustment
	L1680	Hip Orthosis, Abduction Control of Hip Joints, Dynamic, Pelvic Control, Adjustable Hip Motion Control, Thigh Cuffs (Rancho Hip Action Type), Custom Fabricated
	L1685	Hip Orthosis, Abduction Control of Hip Joint, Postoperative Hip Abduction Type, Custom Fabricated



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Prosthetics / Medical Supplies	L1686	Hip Orthosis, Abduction Control of Hip Joint, Postoperative Hip Abduction Type, Custom Fabricated
	L1690	Combination, Bilateral, Lumbo-Sacral, Hip, Femur Orthosis Providing Adduction and Internal Rotation Control, Prefabricated, Includes Fitting and Adjustment
	L1700	Legg Perthes Orthosis, (Toronto Type), Custom-Fabricated
	L1710	Legg Perthes Orthosis, (Newington Type), Custom Fabricated
	L1720	Legg Perthes Orthosis, Trilateral, (Tachdijan Type), Custom-Fabricated
	L1730	Legg Perthes Orthosis, (Scottish Rite Type), Custom-Fabricated
	L1755	Legg Perthes Orthosis, (Patten Bottom Type), Custom-Fabricated
	L1832	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
	L1833	Knee Orthosis, Adjustable Knee Joints (Unicentric or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Off-The Shelf
	L1834	Knee Orthosis, Without Knee Joint, Rigid, Custom-Fabricated
	L1840	Knee Orthosis, Derotation, Medial-Lateral, Anterior Cruciate Ligament, Custom Fabricated
	L1843	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
	L1844	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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Prosthetics / Medical Supplies	L1951	Ankle Foot Orthosis, Spiral, (Institute of Rehabilitative Medicine Type), Plastic or Other Material, Prefabricated, Includes Fitting and Adjustment
	L1960	Ankle Foot Orthosis, Posterior Solid Ankle, Plastic, Custom-Fabricated
	L1970	Ankle Foot Orthosis, Plastic with Ankle Joint, Custom-Fabricated
	L2000	Knee Ankle Foot Orthosis, Single Upright, Free Knee, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Single Bar Ak Orthosis), Custom-Fabricated
	L2005	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
	L2010	Knee Ankle Foot Orthosis, Single Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Single Bar Ak Orthosis), Without Knee Joint, Custom-Fabricated
	L2020	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Double Bar Ak Orthosis), Custom- Fabricated
	L2030	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs, (Double Bar Ak Orthosis), Without Knee Joint, Custom Fabricated
	L2034	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
	L2036	Knee Ankle Foot Orthosis, Full Plastic, Double Upright, With or Without Free Motion Knee, With or Without Free Motion Ankle, Custom Fabricated
	L2037	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With or Without Free Motion Knee, With or Without Free Motion Ankle, Custom Fabricated
	L2038	Knee Ankle Foot Orthosis, Full Plastic, With or Without Free Motion Knee, Multi-Axis Ankle, Custom Fabricated
	L2050	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Hip Joint, Pelvic Band/Belt, Custom-Fabricated
	L2060	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Ball Bearing Hip Joint, Pelvic Band/ Belt, Custom-Fabricated



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<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
<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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Prosthetics / Medical Supplies	L3961	Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3962	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Erbs Palsey Design, Prefabricated, Includes Fitting and Adjustment
	L3967	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
	L3971	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
	L3973	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
	L3975	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3976	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
	L3977	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
	L3978	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
	L3981	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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Prosthetics / Medical Supplies	L4010	Replace Trilateral Socket Brim
	L4020	Replace Quadrilateral Socket Brim, Molded to Patient Model
	L4030	Replace Quadrilateral Socket Brim, Custom Fitted
	L4130	Replace Pretibial Shell
	L4631	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
	L5000	Partial Foot, Shoe Insert with Longitudinal Arch, Toe Filler
	L5010	Partial foot, molded socket, ankle height, with toe filler
	L5020	Partial foot, molded socket, tibial tubercle height, with toe filler
	L5050	Ankle, symes, molded socket, sach foot
	L5060	Ankle, symes, metal frame, molded leather socket, articulated ankle/foot
	L5100	Below knee, molded socket, shin, sach foot
	L5105	Below knee, plastic socket, joints and thigh lacer, sach foot
	L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, sach foot
	L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, sach foot
	L5200	Above knee, molded socket, single axis constant friction knee, shin, sach foot
	L5210	Above knee, short prosthesis, no knee joint ('stubbies'), with foot blocks, no ankle joints, each
	L5220	Above knee, short prosthesis, no knee joint ('stubbies'), with articulated ankle/foot, dynamically aligned, each
	L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot
	L5250	Hip disarticulation, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot
	L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, sach foot
L5280	Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot	
L5301	Below knee, molded socket, shin, sach foot, endoskeletal system	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Prosthetics / Medical Supplies	L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system
	L5321	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee
	L5331	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot
	L5341	Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot
	L5400	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee
	L5420	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'ak' or knee disarticulation
	L5430	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
	L5460	Immediate Post Surgical or Early Fitting, Application of Non-Weight Bearing Rigid Dressing, Above Knee
	L5500	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed
	L5505	Initial, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed
	L5510	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model
	L5520	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed
	L5530	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model
	L5535	Preparatory, below knee 'ptb' type socket, non-alignable system, no cover, sach foot, prefabricated, adjustable open end socket
	L5540	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model
L5560	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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Prosthetics / Medical Supplies	L5570	Preparatory, above knee - knee disarticulation, ischial level socket, non- alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed
	L5580	Preparatory, above knee - knee disarticulation ischial level socket, non- alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model
	L5585	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, prefabricated adjustable open end socket
	L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model
	L5595	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, thermoplastic or equal, molded to patient model
	L5600	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model
	L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system
	L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control
	L5613	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with hydraulic swing phase control
	L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control
	L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control
	L5617	Addition To Lower Extremity, Quick Change Self-Aligning Unit, Above Knee or Below Knee, Each
	L5626	Addition To Lower Extremity, Test Socket, Hip Disarticulation
	L5628	Addition To Lower Extremity, Test Socket, Hemipelvectomy
	L5638	Addition To Lower Extremity, Below Knee, Leather Socket
L5639	Addition to lower extremity, below knee, wood socket	
L5640	Addition To Lower Extremity, Knee Disarticulation, Leather Socket	



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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Prosthetics / Medical Supplies	L5642	Addition To Lower Extremity, Above Knee, Leather Socket
	L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
	L5644	Addition To Lower Extremity, Above Knee, Wood Socket
	L5645	Addition To Lower Extremity, Below Knee, Flexible Inner Socket, External Frame
	L5646	Addition To Lower Extremity, Below Knee, Air, Fluid, Gel Or Equal, Cushion Socket
	L5647	Addition To Lower Extremity, Below Knee Suction Socket
	L5648	Addition To Lower Extremity, Above Knee, Air, Fluid, Gel or Equal, Cushion Socket
	L5649	Addition to lower extremity, ischial containment/narrow m-l socket
	L5650	Additions To Lower Extremity, Total Contact, Above Knee or Knee Disarticulation Socket
	L5651	Addition to lower extremity, above knee, flexible inner socket, external frame
	L5653	Addition To Lower Extremity, Knee Disarticulation, Expandable Wall Socket
	L5661	Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes
	L5665	Addition To Lower Extremity, Socket Insert, Multi-Durometer, Below Knee
	L5671	Addition To Lower Extremity, Below Knee / Above Knee Suspension Locking Mechanism (Shuttle, Lanyard or Equal), Excludes Socket Insert
	L5673	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
L5677	Additions To Lower Extremity, Below Knee, Knee Joints, Polycentric, Pair	
L5679	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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SERVICIO	CÓDIGOS	DESCRIPCIÓN
Prosthetics / Medical Supplies	L5681	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 15673 or 15679)
	L5682	Addition To Lower Extremity, Below Knee, Thigh Lacer, Gluteal/Ischial, Molded
	L5683	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 15673 or 15679)
	L5700	Replacement, socket, below knee, molded to patient model
	L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model
	L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model
	L5703	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only
	L5704	Custom Shaped Protective Cover, Below Knee
	L5705	Custom Shaped Protective Cover, Above Knee
	L5706	Custom Shaped Protective Cover, Knee Disarticulation
	L5707	Custom shaped protective cover, hip disarticulation
	L5711	Additions Exoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material
	L5716	Addition, Exoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock
	L5718	Addition, Exoskeletal Knee-Shin System, Polycentric, Friction Swing And Stance Phase Control
	L5722	Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, Friction Stance Phase Control
	L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control
L5726	Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control	
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	



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



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<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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