

## CIRCULAR LETTER # M2512113

December 23, 2025

### TO ALL PARTICIPATING TRIPLE-S ADVANTAGE PROVIDERS

#### Re: List of Services/Procedures that will require a Pre-authorization (PA) in 2026

Thank you for being part of our members' health care. As part of our efforts to keep you informed and to ensure continued access to services for our members, we are sharing the list of services and procedures that will require prior authorization (PA) for services rendered on or after January 1, 2026 (see Appendix A). The specific codes with PA requirements are included in Appendix B and are also available in our provider portal at: <https://advantage.grupotriples.com/en/providers/>.

The most significant changes for 2026 are as follows:

1. We are **including** certain magnetic resonance imaging (MRI) codes as part of our list of codes that require a PA. **These requirements do not apply to emergency rooms, urgent care centers, or during an inpatient hospital admission.** Currently, the only MRI that requires pre-authorization is the "Bilateral breast MRI with and without contrast" (77049). The following codes will be added:

Code	Description	Change
70551	A magnetic resonance imaging (MRI) of the <b>brain</b> without contrast material	Require PA
70552	MRI brain brain stem w/contrast material	Require PA
70553	An MRI of the brain performed with and without contrast material	Require PA
72141	An MRI of the cervical spinal canal and its contents without contrast material	Require PA
72142	MRI spinal canal cervical w/contrast matrl	Require PA
72146	MRI spinal canal thoracic w/o contrast matrl	Require PA
72147	MRI spinal canal thoracic w/contrast matrl	Require PA
72148	MRI of the lumbar spinal canal and its contents without contrast material	Require PA
72149	MRI spinal canal lumbar w/contrast material	Require PA
72156	MRI spinal canal cervical w/o & w/contr matrl	Require PA
72157	MRI spinal canal thoracic w/o & w/contr matrl	Require PA
72158	MRI spinal canal lumbar w/o &w/contr matrl	Require PA

2. We are **removing** the following codes from the list of PA requirement:

Code	Description	Change
A9561	Technetium tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries	Removal of PA Requirement
A9562	Technetium tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries	Removal of PA Requirement



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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 qualified professional	Removal of PA Requirement
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All covered services are expected to be provided by providers contracted by Triple-S Advantage. Triple-S Advantage out-of-network services (outside of Puerto Rico) are subject to pre-service evaluation, except when such services are part of an Emergency Service or a post-stabilization process of an emergency.

Please submit completed applications, including documentation supporting medical necessity, to minimize delays in the evaluations.

It is important to receive medical orders with the following information:

1. Patient Name
2. Date on which order was issued
3. ICD-10 Diagnosis
4. CPT or Service Description
5. Physician information (name, license, NPI, and signature).

Below, we share with you some frequently requested services and their minimally necessary clinical requirements for the evaluation and determination of a PA:

Service	Clinical documentation needed for evaluation
CPAP	Polysomnography studies with diagnostic part, type of mask and required parameters.
Oxygen	Medical order that includes the liter, hours of use and routes (e.g. by nasal cannula or mask). In addition, results of no more than 30 days of arterial gas or 6-minute oximetry.
Customized and Motorized Wheelchairs	Face to Face evaluation supporting medical advice and safe use of the equipment.
Enteral Feeding	Medical order that includes corresponding diagnosis (e.g., Gastrostomy Z93.1), route of administration, number of cans, and required equipment (e.g., IV Pump, IV Stand, Bags).
Implant Trays	Results of previous studies such as radiology, CT, MRI and history. It must contain the supplier who will provide the implant, the code and quote.
Genetics Laboratories	Personal and family medical history, laboratories or studies previously performed (e.g., bone scan), and pathology report.
Radiology (MRI)	Previous studies (e.g., X-rays, sonography, CT), treatments, and response to them.
PET Scan <i>Oncology Pet Scans for adults (≥18 years old) are managed by OncoHealth</i>	Study reports (MRI, CT), progress notes, and laboratory tests (biomarkers).
Bariatric Surgery	Consultations with the following specialists: psychologist, nutritionist and internal medicine. Evidence of using a CPAP machine or evidence



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	of sleep study stating that the member does not need one. In addition, body mass index (BMI), patient height, laboratory results and medical documentation that support the recommendation of the procedure.
Blepharoplasty	Eye photos and visual field test.
Entyvio & Infliximab Injection	Progress notes indicating stability in treatment with the drug.
Botox**	Documentation of the response to Botox compared to the pre-treatment level and/or medical justification.
Osteoporosis Treatments: (Prolia**, Reclast, Evenity**)	Results of DEXA Scan study (valid for 2 years) and chemical laboratories.
Hematological Treatments: (Epogen**, Retacrit**, Infed, Ferrlecit)	Recent CBC, iron (TIBC), and ferritin labs are required.

\*\* These drugs will be worked on by Part D starting in January 2026.

We take this opportunity to remind you of the following:

1. **It is important that the "Expedited" category only be used in truly urgent cases, where there is a real and imminent risk to the health of the member.** This classification should be reserved for situations where:
  - o The patient's clinical condition may deteriorate significantly if the request is not evaluated immediately.
  - o There is the possibility of hospital admission or readmission in the next 24 hours if the requested service is not attended urgently.

The correct use of the "Expedited" category allows us to effectively prioritize critical cases and ensure a rapid response to patients who truly need it. Therefore, we ask you to carefully review each case before submitting it as urgent, ensuring that it meets these criteria.

2. We have the following **delegated entities**, and we ask that you send requests for the following services directly to them:

Company	Services	Fax
<b>Clinical Medical Services (CMS)</b>	<b>Durable medical equipment (DME) – For HMO-covered members only.</b>	787-474-2800
	For members with PPO coverage, please send requests to Triple-S, Medicare Advantage faxes.	787-620-0925 787-620-0926
<b>Onco Health</b>	Oncology services for adult patients ( $\geq 18$ years old) are managed by OncoHealth with cancer diagnoses: chemotherapies, radiation therapies, PET CT, and molecular & genetic laboratories.	1-844-964-7707
<b>Therapy Network (TNPR)</b>	Ambulatory therapies.	1-800-615-0148

3. The **initial visit coordination** of the following Home Care services, **physical therapy (PT)**, **occupational therapy (OT)**, and **speech therapy (TS)**, can be coordinated directly with our providers based on geographic region:

Region	Company Name	Telephone	Fax
North	Corporación Las Vegas Home Care	787-854-1426	787-884-3757



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Region	Company Name	Telephone	Fax
North	Clinical Medical Services	787-626-1861	787-544-0057
West	Clinical Medical Services	787-833-2899	787-833-2855
East	Advanced Home Care	787-783-2245	787-781-8384
South	Metro Pavia @Home	787-466-0224	787-395-7837

4. We have suppliers of **Prosthetics and Orthotics** also by region. Please submit the request directly to the designated providers; the details of the supplier by municipality can be obtained in Annex C.

Region	Company Name	Telephone	Fax
Metro	RPS Medical #6924	787-854-1479	787-854-1124
East	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
West	Diabetic Solutions Corp. #3444	787-854-6700 787-854-8040 787-854-8045	787-854-2000 787-854-4936
South	Clinical Medical Services #1844	787-620-2900	787-622-3449 787-474-2800

Triple-S Advantage applies CMS medical criteria as defined in the National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs) applicable to PR. In the absence of NCD or LCD, Triple-S Advantage applies Medical Policies (available on the Triple-S Medicare Advantage Provider Portal at the following address: <https://advantage.grupotriples.com/en/providers/>), or InterQual Clinical Criteria. ©

We appreciate your commitment and dedication to the well-being of our population. If you need additional information or have any questions, please contact your Provider Relations Executive or the Provider Service Center at 1-855-886-7474 Monday through Friday from 8:00 a.m. to 5:00 p.m. and Saturdays from 8:00 a.m. to 2:00 p.m.—AST (Atlantic Standard Time).

Cordially,

Griselle Bigio González  
Senior Director  
Utilization Management



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**Annex A:** Category services/procedures that will require prior authorization in 2026 for Triple-S Medicare Advantage.

Service Category	Service / Procedure
DME	<ul style="list-style-type: none"> <li>▪ Automated external defibrillators and supplies</li> <li>▪ Hospital beds mattress or accessories</li> <li>▪ Infusion pumps and supplies</li> <li>▪ Certain medical and surgical supplies <ul style="list-style-type: none"> <li>○ Composite Dressing, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing</li> <li>○ Face Mask Interface, Replacement For Full Face Mask, Each</li> <li>○ Full Face Mask Used With Positive Airway Pressure Device, Each</li> <li>○ "Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, With</li> <li>○ Any Size Adhesive Border, Each Dressing"</li> <li>○ "High Frequency Chest Wall Oscillation System Vest, Replacement For</li> <li>○ Use With Patient Owned Equipment, Each"</li> <li>○ Hydrogel Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing</li> <li>○ Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each</li> <li>○ Skin Barrier; Solid, 6 X 6 Or Equivalent, Each</li> </ul> </li> <li>▪ Certain Monitoring Equipment <ul style="list-style-type: none"> <li>○ External Defibrillator with Integrated Electrocardiogram Analysis</li> <li>○ Skin Piercing Device for Collection Of Capillary Blood, Laser, Each</li> </ul> </li> <li>▪ Oxygen and Related equipment and/or respiratory assist device</li> <li>▪ Patient lifts and support system</li> <li>▪ Pneumatic compressors and appliances</li> <li>▪ Certain pumps and monitors <ul style="list-style-type: none"> <li>○ Blood Glucose Monitor with Integrated Voice Synthesizer</li> <li>○ Gastric Suction Pump, Home Model, Portable or Stationary, Electric</li> <li>○ Infusion Pump Used For Uninterrupted Parenteral Administration Of Medication, (For example, Epoprostenol or Treprostinol)</li> </ul> </li> <li>▪ Certain stimulation devices <ul style="list-style-type: none"> <li>○ Electrical Stimulation Device Used for Cancer Treatment, Includes All Accessories, Any Type</li> </ul> </li> </ul>



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Service Category	Service / Procedure
	<ul style="list-style-type: none"> <li>○ "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"</li> <li>○ Neuromuscular Stimulator for Scoliosis</li> <li>○ Neuromuscular Stimulator, Electronic Shock Unit</li> <li>○ Non-Implanted Pelvic Floor Electrical Stimulator, Complete System</li> <li>○ Osteogenesis Stimulator, Electrical, Non-Invasive, Other Than Spinal Applications</li> <li>○ Osteogenesis Stimulator, Electrical, Non-Invasive, Spinal Applications</li> <li>○ Osteogenesis Stimulator, Low Intensity Ultrasound, Non-Invasive</li> <li>▪ Certain traction and other orthopedic supplies <ul style="list-style-type: none"> <li>○ Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete with Grab Bar</li> </ul> </li> <li>▪ Wheelchairs and accessories <ul style="list-style-type: none"> <li>○ Nonstandard wheelchairs: heavy or extra heavy wheelchairs and accessories; lightweight wheelchairs and accessories; pediatric sizes wheelchairs and accessories</li> <li>○ Power Wheelchairs and accessories</li> <li>○ Power operated vehicles</li> </ul> </li> </ul>
Services at Home	<ul style="list-style-type: none"> <li>▪ Any services through a Home Health Agency including Wound Care and Therapies (physical, occupational, speech)</li> <li>▪ Home Infusion Services</li> <li>▪ Other Services rendered at home</li> </ul>
Therapy Services	<ul style="list-style-type: none"> <li>▪ Outpatient Therapy Services may require prior Authorization</li> <li>▪ Physical Therapies and Modalities</li> <li>▪ Speech Therapies</li> <li>▪ Comprehensive Rehabilitation Therapy Services (CORF) require PA</li> </ul>
Transition of Care Facilities / Services	<ul style="list-style-type: none"> <li>▪ Skill Nursing Facilities</li> <li>▪ Inpatient Rehab Facilities</li> </ul>
Cardiac Rehabilitation Services	<ul style="list-style-type: none"> <li>▪ Cardiac Rehabilitation Services</li> </ul>
Ambulance Services	<ul style="list-style-type: none"> <li>▪ Non-Emergency ambulance transportation</li> </ul>
Medical Part B Drugs and Home Infusion Drugs	<ul style="list-style-type: none"> <li>▪ Certain contrast material (Radiopharmaceutical Drugs)</li> <li>▪ Certain treatments for Cancer (chemotherapies)</li> <li>▪ Certain drugs that are infused (administered intravenous)</li> <li>▪ Certain drugs may be subject for evaluation to determine its benefit coverage (through Pharmacy Benefit or through Medical Benefit) (for example, nebulized medications)</li> <li>▪ Vision associated drugs</li> <li>▪ Clotting Factors Drugs</li> </ul>



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Service Category	Service / Procedure
	<ul style="list-style-type: none"> <li>Immunosuppressive Drugs</li> <li>Infusion Albumin Human</li> <li>Inhalation Solutions</li> <li>Skin Substitutes and biological</li> <li>Anemia treatments</li> </ul>
Treatments	<ul style="list-style-type: none"> <li>Certain injections and infusions (including those for cancer treatments) may require prior authorization.</li> <li>Hyperbaric Oxygen</li> <li>Wound Care services</li> </ul>
Cardiac Procedures	<ul style="list-style-type: none"> <li>EECP (Enhanced External Counter Pulsation)</li> <li>External defibrillators</li> <li>Implantable loop recording (ILR))</li> </ul>
Musculoskeletal Procedures (MSK)	<ul style="list-style-type: none"> <li>Cervical fusion with disc removal</li> <li>Face joints interventions</li> <li>Implanted neurostimulators</li> </ul>
Prosthetics and Orthotics	<ul style="list-style-type: none"> <li>Prosthetics and Orthotics require Prior Authorization</li> </ul>
Imaging	<ul style="list-style-type: none"> <li>Anatomic Model 3D</li> <li>PET Scans</li> <li>Only the following MRIs require a PA: <ul style="list-style-type: none"> <li>Breast (77049), Brain (70551, 70552, 70553), Spinal canal lumbar (72148, 72149, 72158), Spinal canal cervical (72141, 72142, 72156), and Spinal canal thoracic (72146, 72147, 72157).</li> </ul> </li> </ul>
Laboratory Services	<ul style="list-style-type: none"> <li>Certain molecular/genetic laboratory tests may require prior authorization</li> <li>Gene therapies</li> </ul>
Behavioral (Mental Health)	Partial Hospitalization
Reconstructive/ Cosmetic Procedures (these services are usually non-covered services; medical necessity is limited)	<ul style="list-style-type: none"> <li>Allografts</li> <li>All types of procedures in eye lids</li> <li>Botox Injections</li> <li>Chemical Peel, dermabrasion</li> <li>Dermal filler and Injections</li> <li>Destructions Skin Lesion</li> <li>Ear canal</li> <li>Electrolysis</li> <li>Hair Transplant</li> <li>Mastectomy for Gynecomastia</li> <li>Neck Surgery</li> <li>Panniculectomy, excision of Excess Skin and subcutaneous tissue and related services</li> <li>Removal of breast implants</li> <li>Reduction Mammoplasty</li> <li>Rhinoplasty/Nasal</li> </ul>



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Service Category	Service / Procedure
	<ul style="list-style-type: none"> <li>▪ Rhytidectomy</li> <li>▪ Tattooing</li> <li>▪ Vein Ablation and related services</li> </ul>
Transplant Services	<ul style="list-style-type: none"> <li>▪ Heart</li> <li>▪ Lung</li> <li>▪ Gastrointestinal</li> <li>▪ Kidney</li> <li>▪ Liver</li> <li>▪ Pancreas</li> <li>▪ Combination of organs (example, heart and lung transplants)</li> </ul>
Bariatric Surgeries	<ul style="list-style-type: none"> <li>▪ All types of bariatric surgical services for morbid obesity (bariatric surgeries) require Prior Authorization</li> </ul>
Dental Services	<ul style="list-style-type: none"> <li>▪ Periodontics <ul style="list-style-type: none"> <li>○ Except Gingivectomy or gingivoplasty- one to three contiguous teeth, gingival flap procedure including root planing, and Periodontal scaling and root planning</li> </ul> </li> <li>▪ Prosthodontics (Crowns, Post and Core and Removable) <ul style="list-style-type: none"> <li>○ Except certain crowns</li> </ul> </li> <li>▪ Prosthodontics (Implants Services and Fixed Bridge)</li> </ul>



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**Annex B:** List of codes that will require a pre-authorization in 2026 – Medicare Advantage

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



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Service	Codes	Description
Dental	<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)
	<b>D6062</b>	Abutment supported cast metal crown (high noble metal)
	<b>D6063</b>	Abutment supported cast metal crown (predominantly base metal)
	<b>D6064</b>	Abutment supported cast metal crown (noble metal)
	<b>D6065</b>	Implant supported porcelain/ceramic crown
	<b>D6066</b>	Implant supported crown - porcelain fused to high noble alloys
	<b>D6067</b>	Implant supported crown - high noble alloys
	<b>D6068</b>	Abutment supported retainer for porcelain/ceramic FPD
	<b>D6069</b>	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
	<b>D6070</b>	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
	<b>D6071</b>	Abutment supported retainer for porcelain fused to metal FPD (noble metal)
	<b>D6072</b>	Abutment supported retainer for cast metal FPD (high noble metal)
	<b>D6073</b>	Abutment supported retainer for cast metal FPD (predominantly base metal)
	<b>D6074</b>	Abutment supported retainer for cast metal FPD (noble metal)
	<b>D6075</b>	Implant supported retainer for ceramic FPD



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Service	Codes	Description
Dental	<b>D6076</b>	Implant supported retainer for FPD - porcelain fused to high noble alloys
	<b>D6077</b>	Implant supported retainer for metal FPD - high noble alloys
	<b>D6082</b>	Implant supported crown - porcelain fused to predominantly base alloys
	<b>D6083</b>	Implant supported crown - porcelain fused to noble alloys
	<b>D6084</b>	Implant supported crown - porcelain fused to titanium or titanium alloys
	<b>D6085</b>	Interim implant crown
	<b>D6086</b>	Implant supported crown - predominantly base alloys
	<b>D6087</b>	Implant supported crown - noble alloys
	<b>D6088</b>	Implant supported crown - titanium and titanium alloys
	<b>D6094</b>	Abutment supported crown titanium and titanium alloys
	<b>D6097</b>	Abutment supported crown - porcelain fused to titanium or titanium alloys
	<b>D6098</b>	Implant supported retainer - porcelain fused to predominantly base alloys
	<b>D6099</b>	Implant supported retainer for FPD - porcelain fused to noble alloys
	<b>D6105</b>	Removal of implant body not requiring bone removal or flap elevation
	<b>D6106</b>	Guided tissue regeneration – resorbable barrier, per implant
	<b>D6107</b>	Guided tissue regeneration – non-resorbable barrier, per implant
	<b>D6110</b>	Implant/abutment supported removable denture for edentulous arch - maxillary
	<b>D6111</b>	Implant /abutment supported removable denture for edentulous arch – mandibular
	<b>D6112</b>	Implant/abutment supported removable denture for partially edentulous arch – maxillary
	<b>D6113</b>	Implant/abutment supported removable denture for partially edentulous arch - mandibular
	<b>D6120</b>	Implant supported retainer - porcelain fused to titanium and titanium alloys
	<b>D6121</b>	Implant supported retainer for metal FPD - predominantly base alloys
	<b>D6122</b>	Implant supported retainer for metal FPD - predominantly noble alloys
	<b>D6123</b>	Implant supported retainer for metal FPD - titanium and titanium alloys
	<b>D6191</b>	Semi-precision abutment - placement
	<b>D6192</b>	Semi-precision attachment - placement
	<b>D6193</b>	Replacement of an implant screw



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Service	Codes	Description
	<b>D6195</b>	Abutment supported retainer - porcelain fused to titanium and titanium alloys
	<b>D6197</b>	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant
	<b>D6210</b>	Pontic - cast high noble metal
	<b>D6211</b>	Pontic - cast predominantly base metal
	<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>Dental</b>	<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
<b>Durable Medical Equipment</b>	<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



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Service	Codes	Description
	<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>Durable Medical Equipment</b>	<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
	<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



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Service	Codes	Description
	<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>E0424</b>	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula or Mask, And Tubing
	<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>Durable Medical Equipment</b>	<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)


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Service	Codes	Description
	<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
	<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>E0617</b>	External Defibrillator with Integrated Electrocardiogram Analysis
	<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>Durable Medical Equipment</b>	<b>E0640</b>	Patient Lift, Fixed System, Includes All Components/Accessories
	<b>E0650</b>	Pneumatic Compressor, Non-Segmental Home Model
	<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)



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Service	Codes	Description
	<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>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>E0912</b>	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete with Grab Bar
	<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>Durable Medical Equipment</b>	<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



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Service	Codes	Description
	<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
	<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>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>E2000</b>	Gastric Suction Pump, Home Model, Portable or Stationary, Electric
	<b>E2100</b>	Blood Glucose Monitor with Integrated Voice Synthesizer
<b>Durable Medical Equipment</b>	<b>E2202</b>	Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches



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Service	Codes	Description
	<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
	<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



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Service	Codes	Description
<b>Durable Medical Equipment</b>	<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
	<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)



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Service	Codes	Description
	<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>Durable Medical Equipment</b>	<b>K0455</b>	Infusion Pump Used for Uninterrupted Parenteral Administration of Medication, (For example, Epoprostenol or Treprostinol)
	<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>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>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>K0813</b>	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
	<b>K0814</b>	Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity up to and Including 300 Pounds
	<b>K0815</b>	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds



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Service	Codes	Description
	<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>Durable Medical Equipment</b>	<b>K0825</b>	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
	<b>K0826</b>	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
	<b>K0827</b>	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
	<b>K0828</b>	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
	<b>K0829</b>	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more
	<b>K0835</b>	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	<b>K0836</b>	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
	<b>K0837</b>	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
	<b>K0838</b>	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
	<b>K0839</b>	Power wheelchair, group 2 very heavy duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds
	<b>K0840</b>	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more



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Service	Codes	Description
	<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>Durable Medical Equipment</b>	<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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Service	Codes	Description
	<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>Home Health Services</b>	<b>RC - 0690</b>	Pre-Hospice/ Palliative Care Services General Classification
	<b>RC- 0023</b>	Home Health PPS
	<b>S9097</b>	Home visit for wound care
	<b>S9494</b>	Home infusion therapy
<b>Skilled Nursing Facilities</b>	<b>RC - 0022</b>	Skilled Nursing Facility PPS
<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>A4642</b>	Indium in-111 satumomab pendetide, diagnostic, per study dose, up to 6 millicuries
	<b>A9507</b>	Indium in-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries
	<b>A9515</b>	Choline c-11, diagnostic, per study dose up to 20 millicuries
	<b>A9520</b>	Technetium tc-99m tilmanocept, diagnostic, up to 0.5 millicuries
	<b>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>Medicare Part B Rx and Home Infusion Drugs</b>	<b>A9548</b>	Indium in-111 pentetate, diagnostic, per 0.5 millicurie
	<b>A9550</b>	Technetium tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicurie
	<b>A9551</b>	Technetium tc-99m succimer, diagnostic, per study dose, up to 10 millicuries
	<b>A9556</b>	Gallium ga-67 citrate, diagnostic, per millicurie
	<b>A9557</b>	Technetium tc-99m 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>A9563</b>	Sodium phosphate p-32, therapeutic, per millicurie
	<b>A9564</b>	Chromic phosphate p-32 suspension, therapeutic, per millicurie



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Service	Codes	Description
	<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>A9572</b>	Indium in-111 pentetreotide, 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>A9586</b>	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries
	<b>A9588</b>	Fluciclovine f-18, diagnostic, 1 millicurie
	<b>A9589</b>	Instillation, hexaminolevulinate hydrochloride, 100 mg
	<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>Medicare Part B Rx and Home Infusion Drugs</b>	<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 leixidronam, therapeutic, per treatment dose, up to 150 millicuries
	<b>A9606</b>	Radium ra-223 dichloride, therapeutic, per microcurie
	<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



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



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Service	Codes	Description
	<b>J0595</b>	Injection, butorphanol tartrate, 1 mg
	<b>J0596</b>	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units
	<b>J0597</b>	Injection, c-1 esterase inhibitor (human), berinert, 10 units
	<b>J0598</b>	Injection, c-1 esterase inhibitor (human), cinryze, 10 units
	<b>J0630</b>	Injection, calcitonin salmon, up to 400 units
	<b>J0638</b>	Injection, canakinumab, 1 mg
	<b>J0714</b>	Injection, ceftazidime and avibactam, 0.5 g/0.125 g
	<b>J0717</b>	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
	<b>J0725</b>	Injection, chorionic gonadotropin, per 1,000 usp units
	<b>J0735</b>	Injection, clonidine hydrochloride, 1 mg
	<b>J0775</b>	Injection, collagenase, clostridium histolyticum, 0.01 mg
	<b>J0791</b>	Injection, crizanlizumab-tmca, 5 mg
	<b>J0801</b>	Injection, corticotropin (acthar gel), up to 40 units
	<b>J0802</b>	Injection, corticotropin (ani), up to 40 units
	<b>J0834</b>	Injection, cosyntropin, 0.25 mg
	<b>J0881</b>	Injection, darbepoetin alfa, 1 microgram (non-esrd use)
	<b>J0882</b>	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)
	<b>J0885</b>	Injection, epoetin alfa, (for non-esrd use), 1000 units
	<b>J0887</b>	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)
	<b>J0888</b>	Injection, epoetin beta, 1 microgram, (for non esrd use)
	<b>J0894</b>	Injection, decitabine, 1 mg
	<b>J0896</b>	Injection, luspatercept-aamt, 0.25 mg
	<b>J0897</b>	Injection, denosumab, 1 mg
	<b>J1265</b>	Injection, dopamine hcl, 40 mg
	<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>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J1303</b>	Injection, ravulizumab-cwvz, 10 mg
	<b>J1304</b>	Injection, tofersen, 1 mg
	<b>J1305</b>	Injection, evinacumab-dgnb, 5mg
	<b>J1306</b>	Injection, inclisiran, 1 mg
	<b>J1322</b>	Injection, elosulfase alfa, 1 mg
	<b>J1323</b>	Injection, elranatamab-bcmm, 1 mg
	<b>J1325</b>	Injection, epoprostenol, 0.5 mg
	<b>J1440</b>	Fecal microbiota, live - jslm, 1 ml



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Service	Codes	Description
	<b>J1442</b>	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram
	<b>J1448</b>	Injection, trilaciclib, 1mg
	<b>J1449</b>	Injection, eflapegrastim-xnst, 0.1 mg
	<b>J1458</b>	Injection, galsulfase, 1 mg
	<b>J1460</b>	Injection, gamma globulin, intramuscular, 1 cc
	<b>J1551</b>	Injection, immune globulin (cutaquig), 100 mg
	<b>J1555</b>	Injection, immune globulin (cuvitru), 100 mg
	<b>J1558</b>	Injection, immune globulin (xembify), 100 mg
	<b>J1560</b>	Injection, gamma globulin, intramuscular, over 10 cc
	<b>J1566</b>	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
	<b>J1571</b>	Injection, hepatitis b immune globulin (hepagam b), intramuscular, 0.5 ml
	<b>J1576</b>	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
	<b>J1596</b>	Injection, glycopyrrolate, 0.1 mg
	<b>J1602</b>	Injection, golimumab, 1 mg, for intravenous use
	<b>J1640</b>	Injection, hemin, 1 mg
	<b>J1740</b>	Injection, ibandronate sodium, 1 mg
	<b>J1743</b>	Injection, idursulfase, 1 mg
	<b>J1745</b>	Injection, infliximab, excludes biosimilar, 10 mg
	<b>J1746</b>	Injection, ibalizumab-uiyk, 10 mg
	<b>J1747</b>	Injection, spesolimab-sbzo, 1 mg
	<b>J1750</b>	Injection, iron dextran, 50 mg
	<b>J1786</b>	Injection, imiglucerase, 10 units
	<b>J1823</b>	Injection, inebilizumab-cdon, 1 mg
	<b>J1931</b>	Injection, laronidase, 0.1 mg
	<b>J1932</b>	Injection, lanreotide, (cipl), 1 mg
	<b>J1943</b>	Injection, aripiprazole lauroxil, (aristada initio), 1 mg
	<b>J1944</b>	Injection, aripiprazole lauroxil, (aristada), 1 mg
	<b>J1951</b>	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg
	<b>J1952</b>	Leuprolide injectable, camcevi, 1 mg
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J1954</b>	Injection, leuprolide acetate for depot suspension (cipl), 7.5 mg
	<b>J2182</b>	Injection, mepolizumab, 1 mg
	<b>J2278</b>	Injection, ziconotide, 1 microgram
	<b>J2323</b>	Injection, natalizumab, 1 mg
	<b>J2327</b>	Injection, risankizumab-rzaa, intravenous, 1 mg
	<b>J2329</b>	Injection, ublituximab-xiyy, 1mg
	<b>J2350</b>	Injection, ocrelizumab, 1 mg



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Service	Codes	Description
	<b>J2356</b>	Injection, tezepelumab-ekko, 1 mg
	<b>J2357</b>	Injection, omalizumab, 5 mg
	<b>J2427</b>	Injection, paliperidone palmitate extended release (invega hafyera, or invega trinza), 1 mg
	<b>J2430</b>	Injection, pamidronate disodium, per 30 mg
	<b>J2506</b>	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
	<b>J2507</b>	Injection, pegloticase, 1 mg
	<b>J2597</b>	Injection, desmopressin acetate, per 1 mcg
	<b>J2679</b>	Injection, fluphenazine hcl, 1.25 mg
	<b>J2760</b>	Injection, phentolamine mesylate, up to 5 mg
	<b>J2777</b>	Injection, faricimab-svoa, 0.1 mg
	<b>J2778</b>	Injection, ranibizumab, 0.1 mg
	<b>J2779</b>	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg
	<b>J2781</b>	Injection, pegcetacoplan, intravitreal, 1 mg
	<b>J2782</b>	Injection, avacincaptad pegol, 0.1 mg
	<b>J2786</b>	Injection, reslizumab, 1 mg
	<b>J2799</b>	Injection, risperidone (uzedy), 1 mg
	<b>J2916</b>	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 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>J3111</b>	Injection, romosozumab-aqqg, 1 mg
	<b>J3121</b>	Injection, testosterone enanthate, 1 mg
	<b>J3145</b>	Injection, testosterone undecanoate, 1 mg
	<b>J3241</b>	Injection, teprotumumab-trbw, 10 mg
	<b>J3245</b>	Injection, tildrakizumab, 1 mg
	<b>J3262</b>	Injection, tocilizumab, 1 mg
	<b>J3315</b>	Injection, triptorelin pamoate, 3.75 mg
	<b>J3357</b>	Ustekinumab, for subcutaneous injection, 1 mg
	<b>J3358</b>	Ustekinumab, for intravenous injection, 1 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>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J3401</b>	Beremagene geperpavec-svdt for topical administration, containing nominal $5 \times 10^9$ pfu/ml vector genomes, per 0.1 ml
	<b>J3473</b>	Injection, hyaluronidase, recombinant, 1 usp unit
	<b>J3486</b>	Injection, ziprasidone mesylate, 10 mg
	<b>J3489</b>	Injection, zoledronic acid, 1 mg



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Service	Codes	Description
	<b>J7170</b>	Injection, emicizumab-kxwh, 0.5 mg
	<b>J7175</b>	Injection, factor x, (human), 1 i.u.
	<b>J7177</b>	Injection, human fibrinogen concentrate (fibryga), 1 mg
	<b>J7178</b>	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg
	<b>J7179</b>	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf: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>J7200</b>	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu
	<b>J7208</b>	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.
	<b>J7209</b>	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.
	<b>J7210</b>	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.
	<b>J7211</b>	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.
	<b>J7212</b>	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram
	<b>J7213</b>	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.
	<b>J7214</b>	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.
	<b>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>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



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<b>Medicare Part B Rx and Home Infusion Drugs</b>	<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
	<b>J7639</b>	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram
	<b>J7674</b>	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg
	<b>J7677</b>	Revefenacin inhalation solution, FDA-approved final product, non-compounded, administered through DME, 1 microgram
	<b>J7682</b>	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams
	<b>J7684</b>	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per mg
	<b>J8530</b>	Cyclophosphamide; oral, 25 mg
	<b>J8560</b>	Etoposide; oral, 50 mg
	<b>J8610</b>	Methotrexate; oral, 2.5 mg
	<b>J8700</b>	Temozolomide, oral, 5 mg
	<b>J8705</b>	Topotecan, oral, 0.25 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



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Service	Codes	Description
	<b>J9025</b>	Injection, azacitidine, 1 mg
	<b>J9027</b>	Injection, clofarabine, 1 mg
	<b>J9029</b>	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J9030</b>	Bcg live intravesical instillation, 1 mg
	<b>J9032</b>	Injection, belinostat, 10 mg
	<b>J9033</b>	Injection, bendamustine hcl (treanda), 1 mg
	<b>J9034</b>	Injection, bendamustine hcl (bendeka), 1 mg
	<b>J9035</b>	Injection, bevacizumab, 10 mg
	<b>J9036</b>	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg
	<b>J9039</b>	Injection, blinatumomab, 1 microgram
	<b>J9040</b>	Injection, bleomycin sulfate, 15 units
	<b>J9041</b>	Injection, bortezomib, 0.1 mg
	<b>J9042</b>	Injection, brentuximab vedotin, 1 mg
	<b>J9043</b>	Injection, cabazitaxel, 1 mg
	<b>J9045</b>	Injection, carboplatin, 50 mg
	<b>J9047</b>	Injection, carfilzomib, 1 mg
	<b>J9049</b>	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg
	<b>J9050</b>	Injection, carmustine, 100 mg
	<b>J9052</b>	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg
	<b>J9055</b>	Injection, cetuximab, 10 mg
	<b>J9060</b>	Injection, cisplatin, powder or solution, 10 mg
	<b>J9061</b>	Injection, amivantamab-vmjw, 2 mg
	<b>J9063</b>	Injection, mirvetuximab soravtansine-gynx, 1 mg
	<b>J9065</b>	Injection, cladribine, per 1 mg
	<b>J9071</b>	Injection, cyclophosphamide (auromedics), 5 mg
	<b>J9073</b>	Injection, cyclophosphamide (ingenus), 5 mg
	<b>J9075</b>	Injection, cyclophosphamide, not otherwise specified, 5 mg
	<b>J9100</b>	Injection, cytarabine, 100 mg
	<b>J9118</b>	Injection, calaspargase pegol-mknl, 10 units
	<b>J9119</b>	Injection, cemiplimab-rwlc, 1 mg
	<b>J9120</b>	Injection, dactinomycin, 0.5 mg
	<b>J9130</b>	Dacarbazine, 100 mg
	<b>J9144</b>	Injection, daratumumab, 10 mg and hyaluronidase-fihj
	<b>J9145</b>	Injection, daratumumab, 10 mg
	<b>J9150</b>	Injection, daunorubicin, 10 mg
	<b>J9153</b>	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine



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Service	Codes	Description
Medicare Part B Rx and Home Infusion Drugs	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
	J9185	Injection, fludarabine phosphate, 50 mg
	J9190	Injection, fluorouracil, 500 mg
	J9196	Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to j9201, 200 mg
	J9200	Injection, floxuridine, 500 mg
	J9201	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg
	J9202	Goserelin acetate implant, per 3.6 mg
	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg
	J9204	Injection, mogamulizumab-kpkc, 1 mg
	J9205	Injection, irinotecan liposome, 1 mg
	J9206	Injection, irinotecan, 20 mg
	J9207	Injection, ixabepilone, 1 mg
	J9208	Injection, ifosfamide, 1 gram
	J9209	Injection, mesna, 200 mg
	J9210	Injection, emapalumab-lzsg, 1 mg
	J9211	Injection, idarubicin hydrochloride, 5 mg
	J9217	Leuprolide acetate (for depot suspension), 7.5 mg
	J9218	Leuprolide acetate, per 1 mg
	J9223	Injection, lurbinectedin, 0.1 mg
	J9226	Histrelin implant (supprelin la), 50 mg
	J9227	Injection, isatuximab-irfc, 10 mg
	J9228	Injection, ipilimumab, 1 mg
	J9229	Injection, inotuzumab ozogamicin, 0.1 mg
	J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg
	J9246	Injection, melphalan (evomela), 1 mg
	J9260	Injection, methotrexate sodium, 50 mg
	J9261	Injection, nelarabine, 50 mg
	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg
	J9263	Injection, oxaliplatin, 0.5 mg
	J9264	Injection, paclitaxel protein-bound particles, 1 mg



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Service	Codes	Description
	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
<b>Medicare Part B Rx and Home Infusion Drugs</b>	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 (pemfexy), 10 mg
	J9305	Injection, pemetrexed, not otherwise specified, 10 mg
	J9306	Injection, pertuzumab, 1 mg
	J9307	Injection, pralatrexate, 1 mg
	J9308	Injection, ramucirumab, 5 mg
	J9309	Injection, polatuzumab vedotin-piiq, 1 mg
	J9311	Injection, rituximab 10 mg and hyaluronidase
	J9312	Injection, rituximab, 10 mg
	J9314	Injection, pemetrexed (teva) not therapeutically equivalent to j9305, 10 mg
	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg
	J9319	Injection, romidepsin, lyophilized, 0.1 mg
	J9321	Injection, epcoritamab-bysp, 0.16 mg
	J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units
	J9328	Injection, temozolomide, 1 mg
	J9330	Injection, temsirolimus, 1 mg
	J9331	Injection, sirolimus protein-bound particles, 1 mg



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Service	Codes	Description
	<b>J9332</b>	Injection, efgartigimod alfa-fcab, 2mg
	<b>J9333</b>	Injection, rozanolixizumab-noli, 1 mg
	<b>J9334</b>	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
	<b>J9340</b>	Injection, thiotepa, 15 mg
	<b>J9345</b>	Injection, retifanlimab-dlwr, 1 mg
	<b>J9347</b>	Injection, tremelimumab-actl, 1 mg
	<b>J9348</b>	Injection, naxitamab-gqgk, 1 mg
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>J9349</b>	Injection, tafasitamab-cxix, 2 mg
	<b>J9350</b>	Injection, mosunetuzumab-axgb, 1 mg
	<b>J9351</b>	Injection, topotecan, 0.1 mg
	<b>J9352</b>	Injection, trabectedin, 0.1 mg
	<b>J9353</b>	Injection, margetuximab-cmkb, 5 mg
	<b>J9354</b>	Injection, ado-trastuzumab emtansine, 1 mg
	<b>J9355</b>	Injection, trastuzumab, excludes biosimilar, 10 mg
	<b>J9356</b>	Injection, trastuzumab, 10 mg and hyaluronidase-oysk
	<b>J9357</b>	Injection, valrubicin, intravesical, 200 mg
	<b>J9358</b>	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
	<b>J9359</b>	Injection, loncastuximab tesirine-lpyl, 0.075 mg
	<b>J9360</b>	Injection, vinblastine sulfate, 1 mg
	<b>J9370</b>	Vincristine sulfate, 1 mg
	<b>J9380</b>	Injection, teclistamab-cqyv, 0.5 mg
	<b>J9390</b>	Injection, vinorelbine tartrate, 10 mg
	<b>J9394</b>	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg
	<b>J9395</b>	Injection, fulvestrant, 25 mg
	<b>J9400</b>	Injection, ziv-aflibercept, 1 mg
	<b>Q0138</b>	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)
	<b>Q0139</b>	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)
	<b>Q2041</b>	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
	<b>Q2042</b>	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
	<b>Q2043</b>	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion
	<b>Q2050</b>	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg



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	<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>Medicare Part B Rx and Home Infusion Drugs</b>	<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>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>Q4101</b>	Apligraf, per square centimeter
	<b>Q4102</b>	Oasis wound matrix, per square centimeter
	<b>Q4103</b>	Oasis burn matrix, per square centimeter
	<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



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Service	Codes	Description
	<b>Q4150</b>	Allowrap ds or dry, per square centimeter
	<b>Q4151</b>	Amnioband or guardian, per square centimeter
	<b>Q4152</b>	Dermapure, per square centimeter
	<b>Q4153</b>	Dermavest and plurivest, per square centimeter
	<b>Q4154</b>	Biovance, per square centimeter
	<b>Q4159</b>	Affinity, per square centimeter
	<b>Q4160</b>	Nushield, per square centimeter
	<b>Q4163</b>	Woundex, bioskin, per square centimeter
	<b>Q4164</b>	Helicoll, per square centimeter
	<b>Q4166</b>	Cytal, per square centimeter
	<b>Q4168</b>	Amnioband, 1 mg
	<b>Q4170</b>	Cygnus, per square centimeter
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>Q4171</b>	Interfyl, 1 mg
	<b>Q4173</b>	Palingen or palingen xplus, per square centimeter
	<b>Q4175</b>	Miroderm, per square centimeter
	<b>Q4178</b>	Floweramniopatch, per square centimeter
	<b>Q4180</b>	Revita, per square centimeter
	<b>Q4184</b>	Cellesta or cellesta duo, per square centimeter
	<b>Q4186</b>	Epifix, per square centimeter
	<b>Q4187</b>	Epicord, per square centimeter
	<b>Q4188</b>	Amnioarmor, per square centimeter
	<b>Q4190</b>	Artacent ac, per square centimeter
	<b>Q4191</b>	Restorigin, per square centimeter
	<b>Q4197</b>	Puraply xt, per square centimeter
	<b>Q4199</b>	Cygnus matrix, per square centimeter
	<b>Q4203</b>	Derma-gide, per square centimeter
	<b>Q4205</b>	Membrane graft or membrane wrap, per square centimeter
	<b>Q4217</b>	Woundfix, biowound, woundfix plus, biowound plus, woundfix xplus or biowound xplus, per square centimeter
	<b>Q4221</b>	Amniowrap2, per square centimeter
	<b>Q4222</b>	Progenamatrix, per square centimeter
	<b>Q4231</b>	Corplex p, per cc
	<b>Q4232</b>	Corplex, per square centimeter
	<b>Q4235</b>	Amniorepair or altiply, per square centimeter
	<b>Q4238</b>	Derm-maxx, per square centimeter
	<b>Q4246</b>	Coretext or protext, per cc
	<b>Q4247</b>	Amniotext patch, per square centimeter
	<b>Q4248</b>	Dermacyte amniotic membrane allograft, per square centimeter
	<b>Q4258</b>	Enverse, per square centimeter



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Service	Codes	Description
	<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>Q5103</b>	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
	<b>Q5105</b>	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units
<b>Medicare Part B Rx and Home Infusion Drugs</b>	<b>Q5110</b>	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram
	<b>Q5111</b>	Injection, pegfilgrastim-cbqv (udenyc), biosimilar, 0.5 mg
	<b>Q5112</b>	Injection, trastuzumab-dttb, biosimilar, (ontruzant), 10 mg
	<b>Q5113</b>	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg
	<b>Q5114</b>	Injection, trastuzumab-dkst, biosimilar, (ogivri), 10 mg
	<b>Q5122</b>	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg
	<b>Q5123</b>	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg
	<b>Q5124</b>	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg
	<b>Q5125</b>	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram
	<b>Q5126</b>	Injection, bevacizumab-maly, biosimilar, (alymys), 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 (flyneta), biosimilar, 0.5 mg
	<b>Q9950</b>	Injection, sulfur hexafluoride lipid microspheres, per ml
	<b>Q9956</b>	Injection, octafluoropropane microspheres, per ml
	<b>Q9957</b>	Injection, perflutren lipid microspheres, per ml
	<b>Q9991</b>	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg
	<b>Q9992</b>	Injection, buprenorphine extended-release (sublocade), greater than 100 mg
<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



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	92522	Evaluate speech production
	92523	Speech sound lang comprehen
	92524	Behavral qualit analys voice
	92597	Oral speech device eval
	92607	Ex for speech device rx 1hr
	92609	Use of speech device service
	97010	Application modality 1/> areas hot/cold packs
<b>Occupational Therapy Services / Physical Therapy and Speech-language Pathology</b>	97012	Mechanical traction therapy
	97016	Vasopneumatic device therapy
	97018	Paraffin bath therapy
	97022	Whirlpool therapy
	97024	Diathermy eg microwave
<b>Occupational Therapy Services / Physical Therapy and Speech-language Pathology</b>	97026	Infrared therapy
	97028	Ultraviolet therapy
	97032	Electrical stimulation
	97033	Electric current therapy
	97034	Contrast bath therapy
	97035	Ultrasound therapy
	97036	Hydrotherapy
	97110	Therapeutic exercises
	97112	Neuromuscular reeducation
	97113	Aquatic therapy/exercises
	97116	Gait training therapy
	97124	Massage therapy
	97140	Manual therapy
	97150	Group therapeutic procedures
	97161	PT EVAL LOW COMPLEX 20 MIN
	97162	PT EVAL MOD COMPLEX 30 MIN
	97163	PT EVAL HIGH COMPLEX 45 MIN
	97164	PT RE-EVAL EST PLAN CARE
	97165	OT EVAL LOW COMPLEX 30 MIN
	97166	OT EVAL MOD COMPLEX 45 MIN
	97167	OT EVAL HIGH COMPLEX 60 MIN
	97168	OT RE-EVAL EST PLAN CARE
	97530	Therapeutic activities
	97533	Sensory integration
	97535	Self care mngment training
	97537	Community/work reintegration
	97542	Wheelchair mngment training
	97750	Physical performance test



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Service	Codes	Description
	97755	Assistive technology assess
	97760	Orthotic mgmt and training
	97761	Prosthetic training
	97763	C/o for orthotic/prosth use
	G0281	Elec stim unattend for press
	G0283	Elec stim other than wound
	G0329	Electromagnetic tx for ulcers
<b>Outpatient Diagnostic Procedures / Tests and Lab</b>	22116	Prtl exc vrt bdy bly les w/o spi cord 1 sgm ea
	22207	Osteotomy spine posterior 3 column lumbar
	22212	Osteotomy spine pst/pstlat appr 1 vrt sgm thr
	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2
<b>Outpatient Diagnostic Procedures / Tests and Lab</b>	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
	22590	Arthrodesis posterior craniocervical
	22595	Arthrodesis posterior atlas-axis c1-c2
	22800	Arthrodesis posterior spinal dfrm up 6 vrt seg
	22804	Arthrodesis posterior spinal dfrm 13/> vrt seg
	22844	Posterior segmental instrumentation 13/> vrt se
	22848	Pelvic fixation other than sacrum
	22869	Insj stablj dev w/o dcprn lumbar single level
	22870	Insj stablj dev w/o dcprn lumbar second level
	27137	Revj tot hip arthrp actblr w/wo agrft/algrft
	27138	Revj tot hip arthrp fem only w/wo algrft
	33285	Insertion, subcutaneous cardiac rhythm monitor, including programming
	43644	Lap gastric bypass/roux-en-y
	43645	Lap gastr bypass incl smll i
	43770	Lap place gastr adj device
	43771	Lap revise gastr adj device
	43772	Lap rmvl gastr adj device
	43773	Lap replace gastr adj device
	43774	Lap rmvl gastr adj all parts
	43775	Lap sleeve gastrectomy
	43843	Gastroplasty w/o v-band
	43845	Gastroplasty duodenal switch



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Service	Codes	Description
	<b>43846</b>	Gastric bypass for obesity
	<b>43847</b>	Gastric bypass incl small i
	<b>43848</b>	Revision gastroplasty
	<b>43880</b>	Repair stomach-bowel fistula
	<b>43886</b>	Revise gastric port open
	<b>43887</b>	Remove gastric port open
	<b>43888</b>	Change gastric port open
	<b>50360</b>	Renal altnsplj impltj grf w/o rcp nephrectomy
	<b>50370</b>	Rmvl trnspld renal allograft
	<b>55250</b>	Vasectomy uni/bi spx w/postop semen exams
	<b>63003</b>	Laminectomy w/o ffd 1/2 vert seg thoracic
	<b>63005</b>	Laminectomy w/o ffd 1/2 vert seg lumbar
	<b>63011</b>	Laminectomy w/o ffd 1/2 vert seg sacral
	<b>63012</b>	Laminectomy w/rmvl abnormal facets lumbar
	<b>63016</b>	Laminectomy w/o ffd > 2 vert seg thoracic
	<b>63017</b>	Laminectomy w/o ffd > 2 vert seg lumbar
<b>Outpatient Diagnostic Procedures / Tests and Lab</b>	<b>63052</b>	LAM FACETC/FRMT ARTHRD LUM 1
	<b>63053</b>	LAM FACTC/FRMT ARTHRD LUM EA
	<b>63276</b>	Laminectomy bx/exc ispi neo xdr thoracic
	<b>63280</b>	Lam bx/exc ispi neo idrl xmed cervical
	<b>63281</b>	Lam bx/exc ispi neo idrl xmed thoracic
	<b>63650</b>	Percutaneous implantation of neurostimulator electrode array, epidural
	<b>64490</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
	<b>64491</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level
	<b>64492</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s)
	<b>64493</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
	<b>64494</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with



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Service	Codes	Description
		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
	65710	Keratoplasty anterior lamellar
	65750	Keratoplasty penetrating aphakia
	65755	Keratoplasty penetrating pseudophakia
	65756	Keratoplasty endothelial
Outpatient Diagnostic Procedures / Tests and Lab	65780	Ocular surface reconstruction amniotic membrane
	77263	Therapeutic radiology tx planning complex
	77280	Ther rad simulaj-aided field setting simple
	77290	Ther rad simulaj-aided field setting complex
	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION
	77295	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS
	77300	Basic radiation dosimetry calculation
	77301	Ntsty modul radthx pln dose-vol histos
	77307	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY
	77316	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL
	77317	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL
	77318	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL
	77331	Spec dosim only prescribed treating phys
	77332	Tx devices design & construction simple
	77334	Tx devices design & construction complex
	77336	Continuing medical physics consltj pr wk
	77338	Mlc imrt design & construction per imrt plan



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Service	Codes	Description
	77370	Spec medical radj physics constlj
	77417	Therapeutic radiology port films
	77427	Radiation treatment management 5 treatments
	77431	Radiation therapy mgmt 1/2 fractions only
	77435	Stereotactic body radiation management
	77470	Special treatment procedure
	77778	Interstitial radiation source applic complex
	77789	Surface application radiation source
	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
Outpatient Diagnostic Procedures / Tests and Lab	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
	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



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Service	Codes	Description
	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	bckdhh gene analysis common variants
	81206	bcr/abl1 major breakpnt qualitative/quantitative
	81207	bcr/abl1 minor breakpnt qualitative/quantitative
	81208	bcr/abl1 other breakpnt qualitative/quantitative
	81209	blm gene analysis 2281del6ins7 variant
	81210	braf gene analysis v600e variant
	81212	brca1&brca2 anal 185delag5385insc/6174delt
	81215	brca1 gene analysis known familial variant
Outpatient Diagnostic Procedures / Tests and Lab	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	cfr gene analysis common variants
	81221	cfr gene analysis known familial variants
	81222	cfr gene analysis duplication/deletion variants
	81223	cfr gene analysis full gene sequence
	81224	cfr 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



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Service	Codes	Description
	81230	CYP3A4, gene analysis, common variants
	81231	CYP3A5 gene analysis, common variants
	81232	DPYD, gene analysis, common variants
	81233	BTK Gene
	81234	DMPK Gene Series
	81235	egfr gene analysis common variants
	81236	EZH2 Gene Series
	81237	EZH2 Gene Series
	81238	F9 full gene sequence
	81239	DMPK Gene Series
	81240	f2 gene analysis 20210g >a variant
	81241	f5 coagulation factor v anal leiden variant
	81242	fancc gene analysis common variant
	81243	fmr1 analysis eval to detect abnormal alleles
	81244	fmr1 gene analysis characterization of alleles
	81245	flt3 gene analysis internal tandem dup variants
	81246	FLT3 GENE ANALYSIS TYROSINE KINASE DOMAIN VARIANTS
	81247	G6PD gene analysis
	81248	G6PD known familiar variants
	81249	G6PD full gene 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
Outpatient Diagnostic Procedures / Tests and Lab	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
	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



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Service	Codes	Description
	81270	jak2 gene analysis p.val617phe variant
	81271	HTT Gene
	81272	kit gene analysis targeted sequence analysis
	81273	kit gene analysis d816 variant(s)
	81274	HTT Gene
	81275	kras gene analysis variants in codons 12 and 13
	81276	kras gene analysis additional variant(s)
	81277	Cytogenomic Neoplasia
	81278	IGH /BCL2 TLCJ ALYS MBR - MCR BP QUAL/QUAN
	81279	JAK2 TARGETED SEQUENCE ANALYSIS
	81283	IFNL 3 gene analysis
	81284	FXN Gene Series
	81286	FXN Gene Series
	81287	MGMT METHYLATION ANALYSIS
	81288	MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS
	81289	FXN Gene Series
	81290	mcoln1 mucolipin1 gene analysis common variants
	81291	methfr gene analysis common variants
	81292	mlh1 gene analysis full sequence analysis
	81293	mlh1 gene analysis known familial variants
	81294	mlh1 gene analysis duplication/deletion variants
	81295	msh2 gene analysis full sequence analysis
	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
Outpatient Diagnostic Procedures / Tests and Lab	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	nrns gene analysis variants in exon 2&3
	81312	PABPN1



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Service	Codes	Description
	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
	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
Outpatient Diagnostic Procedures / Tests and Lab	81342	trg@ gene rearrangement analysis
	81343	PPP2R2B Gene
	81344	TBP
	81345	Tier 1 TERT
	81346	TYMS gene analysis
	81349	CYTOG ALYS CHRML ABNR LW-PS
	81350	ugt1a1 gene analysis common variants
	81351	TP53 GENE ANALYSIS FULL GENE SEQUENCE
	81352	TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS
	81353	TP53 GENE ANALYSIS KNOWN FAMILIAL VARIANT
	81355	vkorc1 gene analysis common variants



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Service	Codes	Description
	<b>81361</b>	HBB,common variants
	<b>81362</b>	HBB,known familiar variants
	<b>81364</b>	HBB, full gene sequence
	<b>81370</b>	hla class i&ii low hla-a -b -c -drb1/3/4/5&dqb
	<b>81371</b>	HLA I&LI LOW RESOLUTION HLA-A -B&-DRB1
	<b>81372</b>	hla class i typing low resolution complete
	<b>81373</b>	hla class i typing low resolution one locus each
	<b>81374</b>	hla i low resolution one antigen equivalent each
	<b>81375</b>	hla ii low resolution hla-drb1/3/4/5 and -dqb1
	<b>81376</b>	hla class ii typing low resolution one locus ea
	<b>81377</b>	hla ii low resolution one antigen equivalent ea
	<b>81378</b>	hla i&ii high resolution hla-a -b -c and -drb1
	<b>81379</b>	hla class i typing high resolution complete
	<b>81380</b>	hla class i typing high resolution one locus ea
	<b>81381</b>	hla i typing high resolution 1 allele/allele grp
	<b>81382</b>	hla class ii typing high resolution one locus ea
	<b>81383</b>	hla ii high resolution 1 allele/allele group
	<b>81400</b>	molecular pathology procedure level 1
	<b>81401</b>	molecular pathology procedure level 2
	<b>81402</b>	molecular pathology procedure level 3
	<b>81403</b>	molecular pathology procedure level 4
	<b>81404</b>	molecular pathology procedure level 5
	<b>81405</b>	molecular pathology procedure level 6
	<b>81406</b>	molecular pathology procedure level 7
	<b>81407</b>	molecular pathology procedure level 8
	<b>81408</b>	molecular pathology procedure level 9
	<b>81420</b>	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS
	<b>81432</b>	hereditary brst ca-related gen seq analys 14 gen
	<b>81435</b>	HEREDITARY COLON CA GENOMIC SEQ ANALYS 7 GENES
<b>Outpatient Diagnostic Procedures / Tests and Lab</b>	<b>81436</b>	HEREDITARY COLON CA SYND DUP/DEL ANALYS 8 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>81450</b>	GENOMIC SEQ ANALYS DNA&RNA ANALYS 5-50 GENE
	<b>81455</b>	GENOMIC SEQ ANALYS DNA&RNA ANALYS 51/MORE GENES



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Service	Codes	Description
	81479	unlisted molecular pathology procedure
	81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM
	81513	NFCT DS BACTERAL VAGINOSIS RNA VAGINAL-FLUID ALG
	81514	NFCT DS BCT VAGINOSIS -VAGINITIS DNA VAG FLU ALG
	81518	Oncology Breast mRNA gene expressions
	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES
	81520	Oncology breast,utiling formalin- fixed embedded tissue, alg
	81521	Oncology breast,utilizing fresh frozen or formalin- fixed pa
	81522	Oncology breast
	81523	ONC BRST MRNA 70 CNT 31 GENE
	81528	oncology colorectal screening quan 10 dna marks
	81529	ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG
	81541	Oncology (prostate), utilizing formalin- fixed parafin- emb
	81542	Oncology breast
	81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG
	81551	Oncology (prostate) as a likelihood of prostate cancer detect
	81552	Oncology (uveal melanoma)
	81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG
	87631	iadna respiratory probe & rev trnsr 3-5 targets
	87632	iadna respiratory probe & rev trnsr 6-11 targets
	87633	iadna respiratory probe & rev trnsr 12-25 target
	87634	Respiratory syncytial virus
	88245	chrmsm breakage baseline sister 20-25 cll
	88248	chrmsm breakage baseline breakage 50-100 cll
	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
	88269	chrmsm situ amniotic cll 6-12 colonies 1karyotyp
	88271	molecular cytogenetics dna probe each
	88272	molecular cytogenetics chrml ish 3-5 cells
	88273	molecular cytogenetics chrml ish 10-30 cll



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Service	Codes	Description
Outpatient Diagnostic Procedures / Tests and Lab	<b>88274</b>	molecular cytogenetics interphase ish 25-99 cll
	<b>88275</b>	molec cytg interphase ish analyze 100-300 cll
	<b>88280</b>	chrmsm analysis addl karyotyp each study
	<b>88283</b>	chrmsm analysis addl specialized banding
	<b>88285</b>	chrmsm analysis addl cells counted each study
	<b>88289</b>	chrmsm analysis addl high resolution study
	<b>88291</b>	cytogenetics&molec cytogenetics interp&rep
	<b>88299</b>	unlisted cytogenetic study
	<b>92960</b>	Cardioversion, elective, electrical conversion of arrhythmia; external
	<b>93285</b>	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system
	<b>93319</b>	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)
	<b>99183</b>	phys/qhp attn&supvj hypobaric oxygen tx /session
	<b>0004M</b>	Scoliosis, DNA analysis of 53 single nucleotide polymorphism
	<b>0006M</b>	hepatic carcinoma tumor tissue mopath assay
	<b>0007M</b>	oncology gastro 51 genes nomogram disease index
	<b>0047U</b>	Oncology (prostate)
	<b>0340U</b>	ONC PAN CA ALYS MRD PLASMA
	<b>G0166</b>	External counterpulsation, per treatment session
	<b>G0277</b>	HBOT, FULL BODY CHAMBER, 30 MINUTE INTERVAL
	<b>K0606</b>	Automatic External Defibrillator, With Integrated Electrocardiogram Analysis, Garment Type
	<b>K0607</b>	Replacement battery for automated external defibrillator, garment type only, each
	<b>K0608</b>	Replacement garment for use with automated external defibrillator, each
	<b>K0609</b>	Replacement Electrodes for Use with Automated External Defibrillator, Garment Type Only, Each
Outpatient Diagnostic/ Radiological	<b>70551</b>	A magnetic resonance imaging (MRI) of the brain without contrast material
	<b>70552</b>	Mri brain brain stem w/contrast material



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Service	Codes	Description
Outpatient Diagnostic/ Radiological	70553	An MRI of the brain performed with and without contrast material
	72141	An MRI of the cervical spinal canal and its contents without contrast material
	72142	Mri spinal canal cervical w/contrast matrl
	72146	Mri spinal canal thoracic w/o contrast matrl
	72147	Mri spinal canal thoracic w/contrast matrl
	72148	An MRI of the lumbar spinal canal and its contents without contrast material
	72149	Mri spinal canal lumbar w/contrast material
	72156	Mri spinal canal cervical w/o & w/contr matrl
	72157	Mri spinal canal thoracic w/o & w/contr matrl
	72158	Mri spinal canal lumbar w/o &w/contr matrl
	77047	Bilateral breast MRI with contrast
	77048	MRI of one breast that includes both contrast and non-contrast imaging, along with computer-aided detection (CAD)
	77049	Bilateral breast MRI with and without contrast
	77078	ct bone minerl density study 1/> sits axial ske
	78429	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
	78430	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
	78431	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
	78432	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)
	78433	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



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Service	Codes	Description
	<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>Outpatient Diagnostic/ Radiological</b>	<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
	<b>78491</b>	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)
	<b>78492</b>	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)
	<b>78608</b>	Brain imaging, positron emission tomography (PET); metabolic evaluation
	<b>78811</b>	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
	<b>78812</b>	Positron emission tomography (PET) imaging; skull base to mid-thigh
	<b>78813</b>	Positron emission tomography (PET) imaging; whole body
	<b>78814</b>	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
	<b>78815</b>	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
	<b>78816</b>	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
	<b>0559T</b>	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure
	<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



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Service	Codes	Description
Physician Specialist	11920	tattooing incl micropigmentation 6.0 cm/<
	11921	tattooing incl micropigmentation 6.1-20.0 cm
	11922	tattooing incl micropigmentation ea 20.0 cm
	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
	15775	punch graft hair transplant 1-15 punch grafts
Physician Specialist	15776	punch graft hair transplant >15 punch grafts
	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
	15788	Chemical peel facial epidermal
	15789	chemical peel facial dermal
	15792	Chemical peel nonfacial epidermal
	15793	chemical peel nonfacial dermal
	15820	blepharoplasty lower eyelid
	15821	blepharoplasty lower eyelid herniated fat pad
	15822	Blepharoplasty, upper eyelid
	15823	blepharoplasty upper eyelid w/excessive skin
	15824	rhytidectomy forehead
	15825	rhytidectomy neck w/platysmal tightening
	15826	rhytidectomy glabellar frown lines
	15828	rhytidectomy cheek chin&neck
	15829	rhytidectomy smas flap
	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



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Service	Codes	Description
	<b>15879</b>	suction assisted lipectomy lower extremity
	<b>17106</b>	DESTRUCTION CUTANEOUS VASC PROLIFERATIVE <10CM
	<b>17107</b>	DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM
	<b>17108</b>	DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM
	<b>17340</b>	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE
	<b>17360</b>	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)
	<b>17380</b>	electrolysis epilation each 30 minutes
	<b>19300</b>	MASTECTOMY GYNECOMASTIA
<b>Physician Specialist</b>	<b>19316</b>	Mastopexy
	<b>19318</b>	reduction mammoplasty
	<b>19325</b>	mammoplasty augmentation w/prosthetic implant
	<b>19328</b>	removal intact mammary implant
	<b>19330</b>	REMOVAL OF RUPTURED BREAST IMPLANT, INCLUDING IMPLANT CONTENTS (EG, SALINE, SILICONE GEL)
	<b>19340</b>	Insj breast implt sm d mast
	<b>19342</b>	Insj/rplcmt brst implt sep d
	<b>19350</b>	NIPPLE/AREOLA RECONSTRUCTION
	<b>19355</b>	CORRECTION OF INVERTED NIPPLES
	<b>19357</b>	Tiss xpndr plmt brst rcnstj
	<b>19361</b>	Brst rcnstj latsms drsi flap
	<b>19364</b>	Brst rcnstj free flap
	<b>19367</b>	Brst rcnstj 1 pdcl tram flap
	<b>19368</b>	Brst rcnstj 1pdcl tram anast
	<b>19369</b>	Brst rcnstj 2 pdcl tram flap
	<b>19370</b>	Revj peri-implt capsule brst
	<b>19371</b>	Peri-implt capsle brst compl
	<b>19380</b>	Revj reconstructed breast
	<b>19396</b>	Design custom breast implant
	<b>20912</b>	Cartilage graft; nasal septum
	<b>20932</b>	Allograft
	<b>20933</b>	Allograft
	<b>20934</b>	Allograft
	<b>21210</b>	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
	<b>30400</b>	rhinp prim lat&alar crtllgs&/elvt n nasal ti
	<b>30410</b>	rhinp prim complete xtrnl parts
	<b>30420</b>	rhinoplasty primary w/major septal repair



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	<b>30430</b>	rhinoplasty secondary minor revision
	<b>30435</b>	rhinoplasty secondary intermediate revision
	<b>30450</b>	rhinoplasty secondary major revision
	<b>30460</b>	rhinp dfrm w/colum lngth tip only
	<b>30462</b>	rhinp dfrm colum lngth tip septum osteot
	<b>30465</b>	repair nasal vestibular stenosis
	<b>30520</b>	septoplasty/submucous resecj w/wo cartilage grf
	<b>30540</b>	repair choanal atresia intranasal
	<b>30545</b>	repair choanal atresia transpalatine
	<b>30560</b>	lysis intranasal synechia
	<b>30620</b>	septal/other intranasal dermatoplasty
	<b>30630</b>	repair nasal septal perforations
<b>Physician Specialist</b>	<b>32852</b>	Lung transplant, single with cardiopulmonary bypass
	<b>32854</b>	Lung transplant, double (bilateral sequential or en bloc) with cardiopulmo
	<b>33927</b>	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
	<b>33928</b>	Removal and replacement of total replacement heart system (artificial heart)
	<b>33929</b>	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to...
	<b>33933</b>	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of a...
	<b>33935</b>	Heart-lung transplant with recipient cardiectomy-pneumonectomy
	<b>33944</b>	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allogr...
	<b>33945</b>	Heart transplant, with or without recipient cardiectomy
	<b>44137</b>	Removal of transplanted intestinal allograft, complete
	<b>44715</b>	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobili...
	<b>44720</b>	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation venous anastomosis, ea...
	<b>44721</b>	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation arterial anastomosis, ...
	<b>47135</b>	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age
	<b>47140</b>	Donor hepatectomy (including cold preservation), from living donor left lateral segment only (segments II and III)



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Service	Codes	Description
	<b>47141</b>	Donor hepatectomy (including cold preservation), from living donor total left lobectomy (segments II, III and IV)
	<b>47142</b>	Donor hepatectomy (including cold preservation), from living donor total right lobectomy (segments V, VI, VII and VIII)
	<b>47143</b>	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy...
	<b>47144</b>	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy...
	<b>47145</b>	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy...
	<b>47147</b>	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation arterial anastomosis, each
	<b>48551</b>	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of all...
<b>Physician Specialist</b>	<b>48552</b>	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each
	<b>48554</b>	Transplantation of pancreatic allograft
	<b>48556</b>	Removal of transplanted pancreatic allograft
	<b>50325</b>	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, includin...
	<b>50380</b>	Renal autotransplantation, reimplantation of kidney
	<b>50547</b>	Laparoscopy, surgical donor nephrectomy (including cold preservation), from living donor
	<b>64612</b>	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)
	<b>64615</b>	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
	<b>67900</b>	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
	<b>67901</b>	rpr blepharoptosis frontalis musc sutr/oth matr
	<b>67902</b>	rpr blepharopt frontalis musc autol fascial sling
	<b>67903</b>	rpr blepharoptosis levator rescj/advmnt internal
	<b>67904</b>	rpr blepharoptosis levator rescj/advmnt xtrnl
	<b>67906</b>	rpr blepharoptosis superior rectus fascial sling
	<b>67908</b>	rpr blpos conjunctivo-tarso-musc-levator rescj
	<b>67909</b>	reduction overcorrection ptosis
	<b>67911</b>	correction lid retraction
	<b>67912</b>	corj lagophthalmos impltj upr eyelid lid load
	<b>67914</b>	Repair eyelid defect
	<b>67915</b>	Repair eyelid defect



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Service	Codes	Description
	<b>67916</b>	Repair eyelid defect
	<b>67917</b>	Repair eyelid defect
	<b>67921</b>	Repair eyelid defect
	<b>67922</b>	Repair eyelid defect
	<b>67923</b>	Repair eyelid defect
	<b>67924</b>	Repair eyelid defect
	<b>67930</b>	sutr wnd eyelid/margin/tarsus/conjunc prtl thick
	<b>67935</b>	sutr wnd eyelid/margin/tarsus/conjunc full thick
	<b>67950</b>	Canthoplasty
	<b>67961</b>	Excision & repair eyelid > one-fourth lid margin
	<b>67966</b>	Excision & repair eyelid one-fourth lid margin
	<b>67971</b>	renstj eyelid full thickness </two-thirds 1 stg
	<b>67973</b>	renstj eyelid full thickness lower eyelid 1 stg
	<b>67974</b>	renstj eyelid full thickness upper eyelid 1 stg
	<b>67975</b>	renstj eyelid full thickness second stage
<b>Physician Specialist</b>	<b>69300</b>	otoplasty protruding ear w/wo size rdctj
	<b>69320</b>	renstj xtrnl aud canal congenital atresia 1 stg
	<b>G0429</b>	Dermal filler injections(s) for treatment of LDS
<b>Prosthetic and/or Orthotic devices / procedures</b>	<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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Service	Codes	Description
	<b>L0637</b>	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise
	<b>L0638</b>	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior and Posterior Frame/Panels, Posterior Extends from Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Custom Fabricated
<b>Prosthetic and/or Orthotic devices / procedures</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
	<b>L0640</b>	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends from Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Overall Strength Is Provided By Overlapping Rigid Material And Stabilizing Closures, Includes Straps, Closures, May Include Soft Interface, Pendulous Abdomen Design, Custom Fabricated
	<b>L0648</b>	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior and Posterior Panels, Posterior Extends from Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf



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Service	Codes	Description
	<b>L0650</b>	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior and Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panel(S), Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf
	<b>L0651</b>	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Overall Strength Is Provided By Overlapping Rigid Material And Stabilizing Closures, Includes Straps, Closures, May Include Soft Interface, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf
	<b>L0830</b>	Halo Procedure, Cervical Halo Incorporated into Milwaukee Type Orthosis
	<b>L1005</b>	Tension Based Scoliosis Orthosis and Accessory Pads, Includes Fitting and Adjustment
	<b>L1680</b>	Hip Orthosis, Abduction Control of Hip Joints, Dynamic, Pelvic Control, Adjustable Hip Motion Control, Thigh Cuffs (Rancho Hip Action Type), Custom Fabricated
	<b>L1685</b>	Hip Orthosis, Abduction Control of Hip Joint, Postoperative Hip Abduction Type, Custom Fabricated
<b>Prosthetic and/or Orthotic devices / procedures</b>	<b>L1686</b>	Hip Orthosis, Abduction Control of Hip Joint, Postoperative Hip Abduction Type, Custom Fabricated
	<b>L1690</b>	Combination, Bilateral, Lumbo-Sacral, Hip, Femur Orthosis Providing Adduction and Internal Rotation Control, Prefabricated, Includes Fitting And Adjustment
	<b>L1700</b>	Legg Perthes Orthosis, (Toronto Type), Custom-Fabricated
	<b>L1710</b>	Legg Perthes Orthosis, (Newington Type), Custom Fabricated
	<b>L1720</b>	Legg Perthes Orthosis, Trilateral, (Tachdijan Type), Custom-Fabricated
	<b>L1730</b>	Legg Perthes Orthosis, (Scottish Rite Type), Custom-Fabricated
	<b>L1755</b>	Legg Perthes Orthosis, (Patten Bottom Type), Custom-Fabricated
	<b>L1832</b>	Knee Orthosis, Adjustable Knee Joints (Unicentric or Polycentric), Positional Orthosis, Rigid Support, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized to Fit a Specific Patient By An Individual With Expertise



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Service	Codes	Description
	<b>L1833</b>	Knee Orthosis, Adjustable Knee Joints (Unicentric or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Off-The Shelf
	<b>L1834</b>	Knee Orthosis, Without Knee Joint, Rigid, Custom-Fabricated
	<b>L1840</b>	Knee Orthosis, Derotation, Medial-Lateral, Anterior Cruciate Ligament, Custom Fabricated
	<b>L1843</b>	Knee Orthosis, Single Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial- Lateral and Rotation Control, with or Without Varus/Valgus Adjustment, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized to Fit a Specific Patient by an Individual with Expertise
	<b>L1844</b>	Knee Orthosis, Single Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial- Lateral and Rotation Control, with or Without Varus/Valgus Adjustment, Custom Fabricated
	<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>Prosthetic and/or Orthotic devices / procedures</b>	<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



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Service	Codes	Description
		Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf
	<b>L1860</b>	Knee Orthosis, Modification of Supracondylar Prosthetic Socket, Custom-Fabricated (Sk)
	<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>L2000</b>	Knee Ankle Foot Orthosis, Single Upright, Free Knee, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Single Bar Ak Orthosis), Custom-Fabricated
	<b>L2005</b>	Knee Ankle Foot Orthosis, Any Material, Single Or Double Upright, Stance Control, Automatic Lock And Swing Phase Release, Any Type Activation, Includes Ankle Joint, Any Type, Custom Fabricated
	<b>L2010</b>	Knee Ankle Foot Orthosis, Single Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Single Bar Ak Orthosis), Without Knee Joint, Custom-Fabricated
	<b>L2020</b>	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Double Bar Ak Orthosis), Custom- Fabricated
	<b>L2030</b>	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs, (Double Bar Ak Orthosis), Without Knee Joint, Custom Fabricated
	<b>L2034</b>	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With or Without Free Motion Knee, Medial Lateral Rotation



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Service	Codes	Description
<b>Prosthetic and/or Orthotic devices / procedures</b>		Control, With or Without Free Motion Ankle, Custom Fabricated
	<b>L2036</b>	Knee Ankle Foot Orthosis, Full Plastic, Double Upright, With or Without Free Motion Knee, With or Without Free Motion Ankle, Custom Fabricated
	<b>L2037</b>	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With or Without Free Motion Knee, With or Without Free Motion Ankle, Custom Fabricated
	<b>L2038</b>	Knee Ankle Foot Orthosis, Full Plastic, With or Without Free Motion Knee, Multi-Axis Ankle, Custom Fabricated
	<b>L2050</b>	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Hip Joint, Pelvic Band/Belt, Custom-Fabricated
	<b>L2060</b>	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Ball Bearing Hip Joint, Pelvic Band/ Belt, Custom-Fabricated
	<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>L2126</b>	Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Thermoplastic Type Casting Material, Custom-Fabricated
	<b>L2128</b>	Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Custom-Fabricated
	<b>L2132</b>	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Soft, Prefabricated, Includes Fitting and Adjustment
	<b>L2134</b>	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Semi-Rigid, Prefabricated, Includes Fitting and Adjustment
	<b>L2136</b>	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Rigid, Prefabricated, Includes Fitting and Adjustment
	<b>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



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Prosthetic and/or Orthotic devices / procedures	<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
	<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



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Service	Codes	Description
	<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>Prosthetic and/or Orthotic devices / procedures</b>	<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
	<b>L3961</b>	Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3962</b>	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Erbs Palsey Design, Prefabricated, Includes Fitting and Adjustment
	<b>L3967</b>	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3971</b>	Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3973</b>	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3975</b>	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3976</b>	Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3977</b>	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment



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Service	Codes	Description
	<b>L3978</b>	Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment
	<b>L3981</b>	Upper Extremity Fracture Orthosis, Humeral, Prefabricated, Includes Shoulder Cap Design, With or Without Joints, Forearm Section, May Include Soft Interface, Straps, Includes Fitting And Adjustments
	<b>L4010</b>	Replace Trilateral Socket Brim
	<b>L4020</b>	Replace Quadrilateral Socket Brim, Molded To Patient Model
	<b>L4030</b>	Replace Quadrilateral Socket Brim, Custom Fitted
<b>Prosthetic and/or Orthotic devices / procedures</b>	<b>L4130</b>	Replace Pretibial Shell
	<b>L4631</b>	Ankle Foot Orthosis, Walking Boot Type, Varus/Valgus Correction, Rocker Bottom, Anterior Tibial Shell, Soft Interface, Custom Arch Support, Plastic or Other Material, Includes Straps And Closures, Custom Fabricated
	<b>L5000</b>	Partial Foot, Shoe Insert with Longitudinal Arch, Toe Filler
	<b>L5010</b>	Partial foot, molded socket, ankle height, with toe filler
	<b>L5020</b>	Partial foot, molded socket, tibial tubercle height, with toe filler
	<b>L5050</b>	Ankle, symes, molded socket, sach foot
	<b>L5060</b>	Ankle, symes, metal frame, molded leather socket, articulated ankle/foot
	<b>L5100</b>	Below knee, molded socket, shin, sach foot
	<b>L5105</b>	Below knee, plastic socket, joints and thigh lacer, sach foot
	<b>L5150</b>	Knee disarticulation (or through knee), molded socket, external knee joints, shin, sach foot
	<b>L5160</b>	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, sach foot
	<b>L5200</b>	Above knee, molded socket, single axis constant friction knee, shin, sach foot
	<b>L5210</b>	Above knee, short prosthesis, no knee joint ('stubbies'), with foot blocks, no ankle joints, each
	<b>L5220</b>	Above knee, short prosthesis, no knee joint ('stubbies'), with articulated ankle/foot, dynamically aligned, each
	<b>L5230</b>	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot
	<b>L5250</b>	Hip disarticulation, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot
	<b>L5270</b>	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, sach foot



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



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Service	Codes	Description
	<b>L5540</b>	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model
	<b>L5560</b>	Preparatory, above knee- knee disarticulation, ischial level socket, non- alignable system, pylon, no cover, sach foot, plaster socket, molded to model
	<b>L5570</b>	Preparatory, above knee - knee disarticulation, ischial level socket, non- alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed
	<b>L5580</b>	Preparatory, above knee - knee disarticulation ischial level socket, non- alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model
	<b>L5585</b>	Preparatory, above knee - knee disarticulation, ischial level socket, non- alignable system, pylon, no cover, sach foot, prefabricated adjustable open end socket
	<b>L5590</b>	Preparatory, above knee - knee disarticulation ischial level socket, non- alignable system, pylon no cover, sach foot, laminated socket, molded to model
	<b>L5595</b>	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, thermoplastic or equal, molded to patient model
<b>Prosthetic and/or Orthotic devices / procedures</b>	<b>L5600</b>	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model
	<b>L5610</b>	Addition to lower extremity, endoskeletal system, above knee, hydracadence system
	<b>L5611</b>	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control
	<b>L5613</b>	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with hydraulic swing phase control
	<b>L5614</b>	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control
	<b>L5616</b>	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control
	<b>L5617</b>	Addition To Lower Extremity, Quick Change Self-Aligning Unit, Above Knee Or Below Knee, Each
	<b>L5626</b>	Addition To Lower Extremity, Test Socket, Hip Disarticulation
	<b>L5628</b>	Addition To Lower Extremity, Test Socket, Hemipelvectomy
	<b>L5638</b>	Addition To Lower Extremity, Below Knee, Leather Socket
	<b>L5639</b>	Addition to lower extremity, below knee, wood socket



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Service	Codes	Description
	<b>L5640</b>	Addition To Lower Extremity, Knee Disarticulation, Leather Socket
	<b>L5642</b>	Addition To Lower Extremity, Above Knee, Leather Socket
	<b>L5643</b>	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
	<b>L5644</b>	Addition To Lower Extremity, Above Knee, Wood Socket
	<b>L5645</b>	Addition To Lower Extremity, Below Knee, Flexible Inner Socket, External Frame
	<b>L5646</b>	Addition To Lower Extremity, Below Knee, Air, Fluid, Gel or Equal, Cushion Socket
	<b>L5647</b>	Addition To Lower Extremity, Below Knee Suction Socket
	<b>L5648</b>	Addition To Lower Extremity, Above Knee, Air, Fluid, Gel or Equal, Cushion Socket
	<b>L5649</b>	Addition to lower extremity, ischial containment/narrow m-l socket
	<b>L5650</b>	Additions To Lower Extremity, Total Contact, Above Knee or Knee Disarticulation Socket
	<b>L5651</b>	Addition to lower extremity, above knee, flexible inner socket, external frame
	<b>L5653</b>	Addition To Lower Extremity, Knee Disarticulation, Expandable Wall Socket
	<b>L5661</b>	Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes
	<b>L5665</b>	Addition To Lower Extremity, Socket Insert, Multi-Durometer, Below Knee
	<b>L5671</b>	Addition To Lower Extremity, Below Knee / Above Knee Suspension Locking Mechanism (Shuttle, Lanyard or Equal), Excludes Socket Insert
<b>Prosthetic and/or Orthotic devices / procedures</b>	<b>L5673</b>	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated from Existing Mold or Prefabricated, Socket Insert, Silicone Gel, Elastomeric or Equal, For Use with Locking Mechanism
	<b>L5677</b>	Additions To Lower Extremity, Below Knee, Knee Joints, Polycentric, Pair
	<b>L5679</b>	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated from Existing Mold or Prefabricated, Socket Insert, Silicone Gel, Elastomeric or Equal, Not For Use With Locking Mechanism
	<b>L5681</b>	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code l5673 or l5679)



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Service	Codes	Description
	<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>Prosthetic and/or Orthotic devices / procedures</b>	<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
	<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)



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Service	Codes	Description
	<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
<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



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Service	Codes	Description
	<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
	<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>Prosthetic and/or Orthotic devices / procedures</b>	<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



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Service	Codes	Description
Prosthetics / Medical Supplies	<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>L0639</b>	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Overall Strength Is Provided By Overlapping Rigid Material And Stabilizing Closures, Includes Straps, Closures, May Include Soft Interface, Pendulous Abdomen Design, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise
	<b>L0640</b>	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends from Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Overall Strength Is Provided By Overlapping Rigid Material And Stabilizing Closures, Includes Straps, Closures, May Include Soft Interface, Pendulous Abdomen Design, Custom Fabricated
	<b>L0648</b>	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior and Posterior Panels, Posterior Extends from Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure to Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The- Shelf
	<b>L0650</b>	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior and Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panel(S), Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The- Shelf
	<b>L0651</b>	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Overall Strength Is Provided By Overlapping Rigid Material And Stabilizing Closures,



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Service	Codes	Description
		Includes Straps, Closures, May Include Soft Interface, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf
<b>Prosthetics / Medical Supplies</b>	<b>L0830</b>	Halo Procedure, Cervical Halo Incorporated into Milwaukee Type Orthosis
	<b>L1005</b>	Tension Based Scoliosis Orthosis and Accessory Pads, Includes Fitting and Adjustment
	<b>L1680</b>	Hip Orthosis, Abduction Control of Hip Joints, Dynamic, Pelvic Control, Adjustable Hip Motion Control, Thigh Cuffs (Rancho Hip Action Type), Custom Fabricated
	<b>L1685</b>	Hip Orthosis, Abduction Control of Hip Joint, Postoperative Hip Abduction Type, Custom Fabricated
	<b>L1686</b>	Hip Orthosis, Abduction Control of Hip Joint, Postoperative Hip Abduction Type, Custom Fabricated
	<b>L1690</b>	Combination, Bilateral, Lumbo-Sacral, Hip, Femur Orthosis Providing Adduction and Internal Rotation Control, Prefabricated, Includes Fitting And Adjustment
	<b>L1700</b>	Legg Perthes Orthosis, (Toronto Type), Custom-Fabricated
	<b>L1710</b>	Legg Perthes Orthosis, (Newington Type), Custom Fabricated
	<b>L1720</b>	Legg Perthes Orthosis, Trilateral, (Tachdijan Type), Custom-Fabricated
	<b>L1730</b>	Legg Perthes Orthosis, (Scottish Rite Type), Custom-Fabricated
	<b>L1755</b>	Legg Perthes Orthosis, (Patten Bottom Type), Custom-Fabricated
	<b>L1832</b>	Knee Orthosis, Adjustable Knee Joints (Unicentric or Polycentric), Positional Orthosis, Rigid Support, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized to Fit a Specific Patient By An Individual With Expertise
	<b>L1833</b>	Knee Orthosis, Adjustable Knee Joints (Unicentric or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Off-The Shelf
	<b>L1834</b>	Knee Orthosis, Without Knee Joint, Rigid, Custom-Fabricated
	<b>L1840</b>	Knee Orthosis, Derotation, Medial-Lateral, Anterior Cruciate Ligament, Custom Fabricated



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Service	Codes	Description
	<b>L1843</b>	Knee Orthosis, Single Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial- Lateral and Rotation Control, with or Without Varus/Valgus Adjustment, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized to Fit a Specific Patient by an Individual with Expertise
	<b>L1844</b>	Knee Orthosis, Single Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial- Lateral and Rotation Control, with or Without Varus/Valgus Adjustment, Custom Fabricated
	<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>Prosthetics / Medical Supplies</b>	<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>L1906</b>	Ankle Foot Orthosis, Multiligamentous Ankle Support, Prefabricated, Off-The-Shelf



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	<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>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>Prosthetics / Medical Supplies</b>	<b>L2010</b>	Knee Ankle Foot Orthosis, Single Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Single Bar Ak Orthosis), Without Knee Joint, Custom-Fabricated
	<b>L2020</b>	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Double Bar Ak Orthosis), Custom- Fabricated
	<b>L2030</b>	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs, (Double Bar Ak Orthosis), Without Knee Joint, Custom Fabricated
	<b>L2034</b>	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With or Without Free Motion Knee, Medial Lateral Rotation Control, With or Without Free Motion Ankle, Custom Fabricated
	<b>L2036</b>	Knee Ankle Foot Orthosis, Full Plastic, Double Upright, With or Without Free Motion Knee, With or Without Free Motion Ankle, Custom Fabricated
	<b>L2037</b>	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With or Without Free Motion Knee, With or Without Free Motion Ankle, Custom Fabricated



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Service	Codes	Description
	<b>L2038</b>	Knee Ankle Foot Orthosis, Full Plastic, With or Without Free Motion Knee, Multi-Axis Ankle, Custom Fabricated
	<b>L2050</b>	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Hip Joint, Pelvic Band/Belt, Custom-Fabricated
	<b>L2060</b>	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Ball Bearing Hip Joint, Pelvic Band/ Belt, Custom-Fabricated
	<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>Prosthetics / Medical Supplies</b>	<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



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Service	Codes	Description
	<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
	<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>Prosthetics / Medical Supplies</b>	<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



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Service	Codes	Description
	<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>L3975</b>	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3976</b>	Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	<b>L3977</b>	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
<b>Prosthetics / Medical Supplies</b>	<b>L3978</b>	Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment
	<b>L3981</b>	Upper Extremity Fracture Orthosis, Humeral, Prefabricated, Includes Shoulder Cap Design, With or Without Joints, Forearm Section, May Include Soft Interface, Straps, Includes Fitting And Adjustments
	<b>L4010</b>	Replace Trilateral Socket Brim
	<b>L4020</b>	Replace Quadrilateral Socket Brim, Molded To Patient Model



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Service	Codes	Description
	<b>L4030</b>	Replace Quadrilateral Socket Brim, Custom Fitted
	<b>L4130</b>	Replace Pretibial Shell
	<b>L4631</b>	Ankle Foot Orthosis, Walking Boot Type, Varus/Valgus Correction, Rocker Bottom, Anterior Tibial Shell, Soft Interface, Custom Arch Support, Plastic or Other Material, Includes Straps And Closures, Custom Fabricated
	<b>L5000</b>	Partial Foot, Shoe Insert with Longitudinal Arch, Toe Filler
	<b>L5010</b>	Partial foot, molded socket, ankle height, with toe filler
	<b>L5020</b>	Partial foot, molded socket, tibial tubercle height, with toe filler
	<b>L5050</b>	Ankle, symes, molded socket, sach foot
	<b>L5060</b>	Ankle, symes, metal frame, molded leather socket, articulated ankle/foot
	<b>L5100</b>	Below knee, molded socket, shin, sach foot
	<b>L5105</b>	Below knee, plastic socket, joints and thigh lacer, sach foot
	<b>L5150</b>	Knee disarticulation (or through knee), molded socket, external knee joints, shin, sach foot
	<b>L5160</b>	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, sach foot
	<b>L5200</b>	Above knee, molded socket, single axis constant friction knee, shin, sach foot
	<b>L5210</b>	Above knee, short prosthesis, no knee joint ('stubbies'), with foot blocks, no ankle joints, each
	<b>L5220</b>	Above knee, short prosthesis, no knee joint ('stubbies'), with articulated ankle/foot, dynamically aligned, each
	<b>L5230</b>	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot
	<b>L5250</b>	Hip disarticulation, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot
	<b>L5270</b>	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, sach foot
	<b>L5280</b>	Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot
<b>Prosthetics / Medical Supplies</b>	<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
	<b>L5331</b>	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot



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Service	Codes	Description
	<b>L5341</b>	Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot
	<b>L5400</b>	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee
	<b>L5420</b>	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'ak' or knee disarticulation
	<b>L5430</b>	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Incl. Fitting, Alignment And Suspension, Ak Or Knee Disarticulation, Each Additional Cast Change And Realignment
	<b>L5460</b>	Immediate Post Surgical Or Early Fitting, Application Of Non-Weight Bearing Rigid Dressing, Above Knee
	<b>L5500</b>	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed
	<b>L5505</b>	Initial, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed
	<b>L5510</b>	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model
	<b>L5520</b>	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed
	<b>L5530</b>	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model
	<b>L5535</b>	Preparatory, below knee 'ptb' type socket, non-alignable system, no cover, sach foot, prefabricated, adjustable open end socket
	<b>L5540</b>	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model
	<b>L5560</b>	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model
	<b>L5570</b>	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed
<b>Prosthetics / Medical Supplies</b>	<b>L5580</b>	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model



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Service	Codes	Description
	<b>L5585</b>	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, prefabricated adjustable open end socket
	<b>L5590</b>	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model
	<b>L5595</b>	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, thermoplastic or equal, molded to patient model
	<b>L5600</b>	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model
	<b>L5610</b>	Addition to lower extremity, endoskeletal system, above knee, hydracadence system
	<b>L5611</b>	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control
	<b>L5613</b>	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with hydraulic swing phase control
	<b>L5614</b>	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control
	<b>L5616</b>	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control
	<b>L5617</b>	Addition To Lower Extremity, Quick Change Self-Aligning Unit, Above Knee Or Below Knee, Each
	<b>L5626</b>	Addition To Lower Extremity, Test Socket, Hip Disarticulation
	<b>L5628</b>	Addition To Lower Extremity, Test Socket, Hemipelvectomy
	<b>L5638</b>	Addition To Lower Extremity, Below Knee, Leather Socket
	<b>L5639</b>	Addition to lower extremity, below knee, wood socket
	<b>L5640</b>	Addition To Lower Extremity, Knee Disarticulation, Leather Socket
	<b>L5642</b>	Addition To Lower Extremity, Above Knee, Leather Socket
	<b>L5643</b>	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
	<b>L5644</b>	Addition To Lower Extremity, Above Knee, Wood Socket
	<b>L5645</b>	Addition To Lower Extremity, Below Knee, Flexible Inner Socket, External Frame
	<b>L5646</b>	Addition To Lower Extremity, Below Knee, Air, Fluid, Gel or Equal, Cushion Socket
	<b>L5647</b>	Addition To Lower Extremity, Below Knee Suction Socket
	<b>L5648</b>	Addition To Lower Extremity, Above Knee, Air, Fluid, Gel or Equal, Cushion Socket



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Service	Codes	Description
	<b>L5649</b>	Addition to lower extremity, ischial containment/narrow m-l socket
<b>Prosthetics / Medical Supplies</b>	<b>L5650</b>	Additions To Lower Extremity, Total Contact, Above Knee or Knee Disarticulation Socket
	<b>L5651</b>	Addition to lower extremity, above knee, flexible inner socket, external frame
	<b>L5653</b>	Addition To Lower Extremity, Knee Disarticulation, Expandable Wall Socket
	<b>L5661</b>	Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes
	<b>L5665</b>	Addition To Lower Extremity, Socket Insert, Multi-Durometer, Below Knee
	<b>L5671</b>	Addition To Lower Extremity, Below Knee / Above Knee Suspension Locking Mechanism (Shuttle, Lanyard or Equal), Excludes Socket Insert
	<b>L5673</b>	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated from Existing Mold or Prefabricated, Socket Insert, Silicone Gel, Elastomeric or Equal, For Use with Locking Mechanism
	<b>L5677</b>	Additions To Lower Extremity, Below Knee, Knee Joints, Polycentric, Pair
	<b>L5679</b>	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated from Existing Mold or Prefabricated, Socket Insert, Silicone Gel, Elastomeric or Equal, Not For Use With Locking Mechanism
	<b>L5681</b>	Addition to lower extremity, below knee/above knee, custom fabricated socket inserts for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code l5673 or l5679)
	<b>L5682</b>	Addition To Lower Extremity, Below Knee, Thigh Lacer, Gluteal/Ischial, Molded
	<b>L5683</b>	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code l5673 or l5679)
	<b>L5700</b>	Replacement, socket, below knee, molded to patient model
	<b>L5701</b>	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model
	<b>L5702</b>	Replacement, socket, hip disarticulation, including hip joint, molded to patient model
	<b>L5703</b>	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only



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Service	Codes	Description
	<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>Prosthetics / Medical Supplies</b>	<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
	<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



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Service	Codes	Description
	<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>Prosthetics / Medical Supplies</b>	<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
	<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



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Service	Codes	Description
	<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>Prosthetics / Medical Supplies</b>	<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
	<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



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## Annex C: Prosthetics and Orthotics Suppliers by Municipality

Municipality	Region	Provider	Telephone	Fax
Adjuntas	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Aguada	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Aguadilla	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Aguas Buenas	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Aibonito	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Añasco	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Arecibo	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Arroyo	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Barceloneta	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Barranquitas	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Bayamón	Metro	RPS Medical #6924	787-854-1479	787-854-1124
Cabo Rojo	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Caguas	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Camuy	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Canóvanas	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Carolina	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Cataño	Metro	RPS Medical #6924	787-854-1479	787-854-1124
Cayey	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Ceiba	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Ciales	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Cidra	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Coamo	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Comerio	Metro	RPS Medical #6924	787-854-1479	787-854-1124
Corozal	Metro	RPS Medical #6924	787-854-1479	787-854-1124
Culebra	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Dorado	Metro	RPS Medical #6924	787-854-1479	787-854-1124
Fajardo	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Florida	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Guánica	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Guayama	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Guayanilla	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449



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Guaynabo	Metro	RPS Medical #6924	787-854-1479	787-854-1124
Gurabo	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Hatillo	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Hormigueros	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Humacao	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Isabela	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Jayuya	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Juana Díaz	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Juncos	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Lajas	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Lares	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Las Marías	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Las Piedras	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Loiza	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Luquillo	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Manatí	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Maricao	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Maunabo	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Mayaguez	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Moca	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Morovis	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Naguabo	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Naranjito	Metro	RPS Medical #6924	787-854-1479	787-854-1124
Orocovis	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Patillas	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Peñuelas	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Ponce	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Quebradillas	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Rincón	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Rio Grande	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Sabana Grande	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Salinas	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
San Germán	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000



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San Juan	Metro	RPS Medical #6924	787-854-1479	787-854-1124
San Lorenzo	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
San Sebastián	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Santa Isabel	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Toa Alta	Metro	RPS Medical #6924	787-854-1479	787-854-1124
Toa Baja	Metro	RPS Medical #6924	787-854-1479	787-854-1124
Trujillo Alto	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Utuado	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Vega Alta	Metro	RPS Medical #6924	787-854-1479	787-854-1124
Vega Baja	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Vieques	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Villalba	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Yabucoa	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Yauco	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449



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