

Connection

October 2026

Important information for Fallon Health physicians and providers

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What's new

Prior authorization changes under 211 CMR 52.00

Fallon Health is aware of changes to prior authorization requirements for commercial plans resulting from amendments to Division of Insurance (DOI) regulation 211 CMR 52.00. We are currently reviewing the final implementation guidance from the DOI, and have established a cross-functional team to assess the requirements and implement any necessary changes to ensure compliance for our Community Care plans. ■

Upcoming claims edit enhancements effective November 1, 2026

NCD/LCD editing—Fallon Health applies claims editing methodologies consistent with applicable NCD and LCD to Fallon Medicare Plus™, NaviCare®, and Summit Eldercare® PACE plans. Community Care claims are subject to Medicare claims editing methodologies, including, but not limited to, NCCI, NCD, and LCD edits, as appropriate.

*NaviCare HMO SNP and NaviCare NHC HMO SNP ■

Upcoming policy update: Inpatient Medical Review

Fallon Health has updated its Inpatient Medical Review and Payment Policy process, effective December 1, 2026, to provide additional clarity regarding payment review requirements and processes. Level of Care determinations and Inpatient Clinical Coverage Criteria will continue to be reviewed during the prior authorization process. However, Payment Policy determinations, including inpatient readmission policy reviews, will be made during the claim adjudication process. Providers will be notified of any claims denied due to a Payment Policy determination through the remittance advice summary and maintain the ability to appeal adverse claim determinations.

In addition, a separate Medical Policy is being developed to outline and explain the applicable coverage criteria for inpatient services.



The new **Acute Hospital Inpatient Clinical Coverage Criteria** outlines the clinical review standards used across all lines of business:

- **Medicare, NaviCare, and PACE:** CMS criteria
- **Medicaid ACO and Community Care:** MassHealth criteria

InterQual criteria will continue to be used as a supporting clinical guideline to assist in determining whether CMS or MassHealth requirements are met.

See the policies posted in the Payment Policy and Medical Policy sections of this newsletter. ■

Important updates

Home health prior authorization tips: Help us approve the right care, the first time

When requesting ongoing home health services, the most common reason for delays or modifications is lack of member-specific documentation supporting continued medical necessity. Clear, individualized clinical information helps IHCS and Fallon Health make timely, accurate determinations.

What we need with ongoing PA requests

Please include:

- Current physician orders and plan of care
- Recent clinical notes describing the member's current condition
- Specific skilled interventions being performed
- Clinical changes, risks, or barriers requiring continued services
- Why services cannot be safely reduced, transitioned, or supported through other available resources

Reminder: Generic statements such as "continue current services" or "ongoing nursing assessment needed" may not support continued authorization.

Skilled Nursing (SN) vs. Medication Administration Visits (MAV)

One of the most frequent areas of confusion is supporting ongoing weekly Skilled Nursing visits in addition to MAV services.

- **MAV visits** generally support medication administration and medication-related monitoring.
- **Skilled Nursing visits** should address a separate skilled nursing need requiring ongoing nursing assessment, intervention, or clinical judgment.

Examples that may support ongoing SN visits include:

- Unstable or poorly controlled chronic conditions
- Frequent changes in symptoms or treatment plans
- Recent hospitalizations or ED visits (Last 60 days)

- Recent medication changes requiring clinical monitoring
- Unstable or worsening behavioral health conditions affecting treatment adherence or safety
- Ongoing skilled assessment, teaching, care coordination, or communication with the treating provider if there are recent changes in clinical conditions, recent hospitalizations/ED visits, recent changes in treatment.

For members who are clinically stable and receiving MAV services, documentation should clearly explain why additional ongoing SN visits remain medically necessary.

Coming January 1, 2027: Enhanced review of ongoing MAV services

Beginning January 1, 2027, Fallon Health and IHCS will increase review of long-term, Medicaid-primary MAV services to ensure continued medical necessity.

Reviews will focus on:

- Current clinical need for ongoing MAV services
- Member stability and medication-related needs
- Available caregivers, PCA, AFC, LTSS, or other supports
- Whether MAV services remain the most appropriate service to meet the member's needs

Thank you for your partnership and commitment to delivering high-quality, medically necessary care to Fallon Health members. ■

Long-Term Care (LTC) authorization process update, effective December 1, 2026

In ongoing efforts to reduce administrative burden while maintaining compliance and payment integrity, Fallon Health is updating the LTC authorization process for members residing in long-term care facilities.

What's changing?

Beginning December 1, 2026:

- Facilities will no longer need to submit a new prior authorization request with a HIPPS code for **each MDS assessment**.
- HIPPS codes will no longer be required as part of routine LTC authorization submissions.

Instead:

- For new admissions, contracted LTC facilities will be required to submit one initial LTC prior authorization request upon admission and then annually to Fallon Health for long-term care residents.
- For ongoing residents, LTC facilities will need to submit one LTC Prior Authorization Request annually prior to current authorization expiring.
- Navigators will continue to request—and facilities must provide—a PDF of each state-accepted MDS submission as part of ongoing care management support of our LTC members.
 - Facilities may proactively send MDS assessments to navigators via email if preferred.

What is not changing?

Facilities remain responsible for:

- Continuing to follow Fallon Health's SNF and Short-Term Custodial PA processes (no changes).
- Completing and submitting all required MDS 3.0 assessments in accordance with CMS and MassHealth requirements through regulatory reporting systems.
- Continuing to provide MDS assessments to Fallon Health's clinical team, either through your designated Nursing Facility Navigator or the short-term custodial mailbox.
- Maintaining documentation supporting the member's clinical status, level of care, HIPPS code assignment, and institutional rating category.
- Providing additional documentation to Fallon Health upon request.
- There are no changes to the process for skilled or short-term custodial levels of care.

HIPPS codes, claims, and payment integrity

Although HIPPS codes will no longer be required for routine LTC authorization requests, facilities remain responsible for ensuring:

- Claims are billed using the appropriate HIPPS code.
- HIPPS codes on claims must align with accepted MDS assessments.
- Billing aligns with the member's MassHealth-assigned institutional rating category.
- Documentation supports the level of care billed.

Fallon Health reserves the right to request valid evidence that the HIPPS code being billed on claims has been accepted/approved by EOHHS for that billing period.

This should be provided by the facility to Fallon Health by submitting either:

1. the PDF confirmation page/history of MDS submissions and HIPPS code acceptances directly from the CMS iQIES (Internet Quality Improvement and Evaluation System) system—this is highly preferred; or
2. MDS submission "Accepted" by EOHHS data report or screenshots.

Please note: HIPPS codes remain required for out-of-network and ad hoc LTC authorization requests.

Key takeaway

Continue completing and submitting all required MDS assessments to CMS, MassHealth, and Fallon Health as you do today. The only change is that Fallon Health will move from requiring an authorization request with HIPPS code at each routine MDS submission to a single annual LTC authorization request for long-term residents. Additional documentation confirming accepted MDS and HIPPS codes may be requested by Fallon Health for payment integrity, financial, and regulatory audit purposes.

Please review the updated Long-Term Care (LTC), Skilled Nursing Facility (SNF), and Short-Term Custodial (STC) Clinical and Payment Policies included with this newsletter.

Thank you for your continued partnership in supporting Fallon Health members residing in long-term care settings. ■

NaviCare LTSS prior authorization process changing January 1, 2027

Important update for Adult Day Health, Adult Foster Care, Group Adult Foster Care, and Day Habilitation providers

What is changing

Effective January 1, 2027, Adult Day Health (ADH), Adult Foster Care (AFC), Group Adult Foster Care (GAFC), and Day Habilitation (DH) providers will be responsible for initiating and submitting prior authorization requests for NaviCare members receiving services from their agency. Providers should not wait for outreach or an assessment initiated by a NaviCare Nurse Care Manager. The provider's submission will begin Fallon Health's authorization review.

Important: *Current authorizations will remain active through their approved end or expiration date. A new authorization request is needed only when the current authorization is approaching expiration, unless there is a change in the member's status or a change in the service, frequency, duration, or level of care.*

When providers must submit a request

- New or initial services, including required assessments or evaluations
- Continuity of Care (COC)
- Reauthorization, renewal, or extension before the current authorization expires
- A change in the member's status or authorized service, frequency, duration, or level of care

What providers need to do

- Track active authorization effective and expiration dates.
- Submit requests before services begin or before the current authorization expires.
- Include all required clinical and program-specific documentation, and respond promptly to requests for additional information.
- Maintain documentation supporting medical necessity, level of care, and continued eligibility.
- Review the applicable Fallon Health Clinical Coverage Criteria, Payment Policy, provider contract, and MassHealth requirements.
- Keep confirmation that the request and supporting documents were submitted.

Documentation requirements

Continuity of Care: Submit the authorization or approval from the member's previous health plan. The prior approval must have been valid on the member's NaviCare enrollment date for Fallon Health to consider a COC authorization.

For initial, renewal, extension, service-change, and other requests, submit documentation supporting medical necessity, eligibility, and the requested service level, frequency, and duration. Depending on the service, this may include:

- PCP orders, referrals, or certifications
- Provider clinical assessments and required state assessments

- Service Needs Assessments, Individualized Care Plans, or service plans
- Documentation of ADL/IADL, nursing, medical, behavioral health, developmental, or psychosocial needs
- Attendance or service records for ongoing services
- Proof of residency when required for AFC
- Other clinical or administrative documentation requested by Fallon Health

AFC providers

Beginning January 1, 2027, AFC providers must initiate the one-time AFC assessment/evaluation authorization, initial AFC service authorization, renewals, extensions, and service-change requests. Submit the required supporting documentation and monitor expiration dates. Current AFC authorizations remain active through their approved end dates unless the member's status or services change. Review Fallon Health's AFC Clinical Coverage Criteria and Payment Policy before submitting a request.

How to submit a request

Submit the request and supporting documentation through one method only:

- LTSS Prior Authorization fax: number will be shared before November 1, 2026
- LTSS Prior Authorization secure mailbox: AuthTeamClinicalIntegration@fallonhealth.org

Providers using the secure mailbox will receive an automated email after the request is received.

Important reminder

Authorization approval is not automatic. Late or incomplete requests may delay review, cause a lapse in authorization coverage or service disruption, result in denial, or lead to nonpayment for services provided without a valid authorization. Do not assume Fallon Health will issue a retrospective authorization or make an exception after services begin or an authorization expires.

Questions? Contact the LTSS Prior Authorization team at authteamclinicalintegration@fallonhealth.org. Thank you for your partnership and continued commitment to supporting timely access to medically necessary services for Fallon Health's NaviCare members. ■

Important update: ASAP prior authorization process changes coming January 2027

Fallon Health is implementing changes to the prior authorization (PA) process for Aging Services Access Point (ASAP) services effective January 1, 2027.

As part of our efforts to improve consistency, accountability, and operational efficiency across Long-Term Services and Supports (LTSS), Fallon Health will transition from the current ASAP Service Assessment authorization request process to a standardized provider-initiated prior authorization process.

What is changing?

Beginning January 1, 2027, ASAPs will be responsible for submitting:

- Initial prior authorization requests
- Reauthorization or renewal requests
- Extension requests
- Significant change requests

Requests must be submitted directly to Fallon Health using the applicable prior authorization submission methods, including:

- Fax
- Secure email

What is not changing?

ASAPs will continue to:

- Receive periodic reports identifying authorizations that are approaching expiration
- Coordinate services in accordance with the member's care plan and clinical needs
- Have access to authorization information through Fallon Health's provider portal
- Be responsible for monitoring authorization periods and ensuring renewal requests are submitted before authorizations expire

Why is Fallon Health making this change?

The updated process aligns LTSS authorization management with standard prior authorization workflows used across the healthcare industry. The change is intended to:

- Improve consistency in authorization review and decision-making
- Enhance oversight of service utilization
- Clearly define provider responsibilities for authorization requests and renewals
- Streamline administrative processes for providers and Fallon Health
- Support a more uniform experience across the LTSS provider network

Documentation requirements

Authorization requests must include all clinical documentation required for Fallon Health to evaluate medical necessity and determine the appropriate amount, frequency, duration, and scope of services requested. Reauthorization requests must include updated assessments and documentation supporting continued eligibility and ongoing medical necessity.

Please note that services provided after authorization expiration may not be reimbursed if continued authorization has not been obtained. Prior authorization approval is not a guarantee of payment. Payment remains subject to member eligibility, coverage requirements, service delivery, documentation, authorization terms, timely filing requirements, and applicable contractual provisions.

Updated policies

Providers are encouraged to review the updated policies and coverage criteria that are included in this newsletter and will be posted on Fallon Health's provider website at least 60 days prior to implementation:

- ASAP Payment Policy
- Community-Based LTSS Services Clinical Coverage Criteria
- Adult Day Health (ADH) Payment Policy and Clinical Coverage Criteria
- Adult Foster Care (AFC) Payment Policy and Clinical Coverage Criteria
- Group Adult Foster Care (GAFC) Payment Policy and Clinical Coverage Criteria

These resources contain detailed authorization, documentation, coverage, and reimbursement requirements applicable to each service.

For questions regarding these changes, please contact your Provider Relations Representative. ■

Provider payment transition to Zelis Payments Network

Fallon Health's transition from PaySpan—our current provider payment processing solution—is now scheduled for 2027 to allow additional time for data validation and transition readiness.

At this point, you should have received communications from both Fallon Health and Zelis separately, indicating next steps for you to avoid a payment disruption. If you have already worked through and documented your choice of payment with Zelis, there is no more for you to do. Your elections have been saved. If your organization has yet to make an election, use the information below to help make and indicate your decision.

- Zelis is a recognized leader in modernizing health care payments. Through this new partnership, you'll gain access to their premium payments experience, ZAPP Edge, providing payments, data, and performance insights from more than 550 payers in a single portal.
- You can also choose to receive your payments through virtual credit cards or use cost-free options that include the Fallon Health ePayment Center or paper checks.
- If you are currently a Zelis customer and wish to change the method by which you receive payments from Fallon Health through Zelis, use the contact information below to indicate your decision.
 - Zelis Payment Network (ZAPP Edge, VCC, Check): 1-877-828-8770
 - ePayment Center (ACH): 1-855-774-4392

Important

We encourage you to share this information with your finance or revenue cycle teams sooner rather than later to ensure your organization has plenty of time to evaluate the option that best meets your needs. ■

Product spotlight

NaviCare® – Model of Care training

NaviCare utilizes both Medicare and Medicaid covered benefits and services to help our members function at the safest level in the most appropriate setting. Eligible members must be aged 65 or older, enrolled in MassHealth Standard (Medicaid) and enrolled in Medicare Part A and Part B. Prior to January 1, 2026, members could qualify for NaviCare with only MassHealth Standard (Medicaid). As of January 1, 2026, members must be enrolled in MassHealth Standard (Medicaid) as well as Medicare Part A and Part B.

NaviCare is available in every county in Massachusetts, except for Nantucket and Dukes, and there are \$0 copays for covered benefits.

Every member has a customized member-centric plan of care developed by their Care Team. The care plan contains details about the member's goals and the benefits that are part of their care plan. Benefits may include, but are not limited to, in-home supportive services such as homemakers, the Personal Care Attendant (PCA) program, adult day health care, group adult care, and adult foster care. Each member's care plan is unique to meet their needs.

Benefits that all NaviCare members receive include:

- **An entire individualized Care Team to help them reach their personal health goals.** This allows each Care Team member to focus on what they do best. It also gives providers additional resources, such as coordinated care plans to reference and other Care Team members with whom to communicate to have the best information possible for each NaviCare member. Care Team members visit and assess members in their homes with the members' consent and work closely with community providers and resources providing value to both our members and providers.
- Unlimited rides to and from medical appointments and places where members receive health care.
- 48 1-way rides to the pharmacy.
- Mileage reimbursement for friends and family who give rides when pre-approved.
- 100 1-way rides to run errands, visit friends, attend religious services, and more, for members who have a qualifying chronic condition.[†]
- **\$400/year** to pay for fitness classes, a new fitness tracker, new cardiovascular fitness equipment, or a fitness/gym membership.
- Each calendar quarter, **Fallon Health will load \$375** onto a member's Save Now card so that they can buy over-the-counter (OTC) health and personal care items. They'll get up to \$1,500 during the year to use at select retail stores or for phone and online orders through Fallon Health's mail order partner, Medline.
- If members have a qualifying chronic condition: Each calendar quarter, a portion of their over the counter (OTC) benefit[†] is set aside for them to buy healthy food. To learn more, contact Fallon Health.
- Telehealth visits for virtual primary care providers, specialists, or other health care providers.
 - 24/7 access to doctors by phone, internet, or mobile device—with Teladoc®.
 - 24/7 access to nurses, by phone, who can recommend where members should receive care or connect them to their doctor—with Care Connect.

- Outpatient behavioral health services (This is covered through our contracted providers. No authorization required.)
- Covered prescription drugs and certain approved over-the-counter (OTC) drugs and items. Members may receive a 100-day supply of medications via mail order.
- Vision care and eyeglasses (\$403 annual eyewear allowance to buy up to 2 pairs of prescription eyeglasses, contacts, lenses, frames, or upgrade to anti-scratch lenses).
- Hearing aids and batteries.
- Comprehensive dental services designed to maintain and improve member's oral health, including but not limited to:
 - Preventive services: routine oral examinations, cleanings, and X-rays
 - Basic services: fillings, extractions, and periodontal treatments
 - Major services: crowns, bridges, and dentures
 - Pre-authorization requirements: certain dental procedures require pre-authorization to ensure they are medically necessary and appropriate. For services to be covered, the dental provider must get prior authorization (approval in advance) from DentaQuest. Members have access to the DentaQuest network of dental providers.
- Durable medical equipment (DME), such as wheelchairs, crutches, walkers, and related supplies. Members are allowed one Seat Lift Chair per lifetime after prior authorization, up to \$900.
- Diabetic services and supplies.

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[†]The healthy food benefit and 100 annual one-way rides to run errands, visit friends, attend religious services, and more, are part of a special supplemental program for the chronically ill. To qualify, enrollees must have chronic-condition diagnoses documented with Fallon Health, such as cardiovascular disorders, chronic and disabling behavioral health conditions, chronic lung disorders, diabetes, and neurologic disorders. This is not a complete list of eligible chronic conditions. Not all members with an eligible condition will qualify. Other eligibility and coverage criteria also apply.

Care Team members and their roles include:

Navigator

- Teaches the patient about their benefits and services
- Helps them make medical appointments and get care and services
- Advocates for your patient to get the care they need
- Helps in creating their care plan, along with the patient and their Nurse Case Manager
- Tells the patient's Care Team when they go into a medical facility, and when they come home

Primary Care Provider

- Directs the care that the patient needs
- Provides them with routine medical services, including physical exams and preventive care
- Refers them to a specialist, if they need one
- Orders prescriptions, supplies, equipment, and home care, such as visiting nurses
- Receives the patient's care plan and gives input when needed

Assessment Nurse

- Visits the patient at home to assess their needs
- Makes sure they have the appropriate in-home support services
- Works with the patient's Navigator to coordinate any support services needed

Nurse Case Manager

- Assesses the patient's clinical and daily needs
- Teaches them about their conditions and medications
- Helps make sure they get the care they need if they're in a hospital or facility—and when they go home, too

Geriatric Support Services Coordinator *(as needed)*

(Employed by a local elder services organization)

- Evaluates the patient's need for services to help them remain in their home
- Coordinates those services for the patient
- Helps them with necessary paperwork
- Connects them with resources for elders

Behavioral Health Case Manager *(as needed)*

- Identifies and coordinates behavioral health services and helps to connect the patient's Care Team with their behavioral health and substance-use counselors
- Supports them as they transition to older adulthood and coordinates services to support their emotional health and well-being

Clinical Pharmacist *(as needed)*

- Visits the patient after a hospital stay to review medications, teaches the patient how to use them, and works with their medical providers

PCPs are welcome to provide input to their patient's care plan at any time by contacting NaviCare Enrollee Services at 1-877-700-6996 (TTY 711). They're available from 8 a.m. to 8 p.m., Monday through Friday (7 days a week, Oct. 1 through March 31). You may also speak directly with the NaviCare Navigators and/or Nurse Case Managers that may be embedded in your practices. If you're interested in having a Navigator and/or Nurse Case Manager embedded in your practice, please contact us at 1-877-700-6996.

To refer a patient to NaviCare, or to learn more about eligibility criteria, call 1-877-255-7108. ■

Additional program to support NaviCare members implemented: Substance Use Disorder (SUD) support

Fallon Health has launched a comprehensive Substance Use Disorder (SUD) care coordination program designed to strengthen the partnerships between inpatient and residential SUD treatment facilities and improve continuity of care for members during admission and through discharge planning. The program establishes a single, consistent point of contact for all SUD facilities,

creating a streamlined and reliable communication pathway between Fallon Health and treatment providers.

This model promotes bi-lateral, real-time communication to support clinical collaboration, address barriers early, and ensure discharge planning is informed, timely, and aligned with each member's needs, benefits, and aftercare options. By centralizing communication during high-risk transitions of care, Fallon Health aims to reduce gaps in follow-up, support safe transitions, and improve recovery-focused outcomes.

The program is supported by a dedicated SUD Care Manager, who serves as a subject-matter expert on SUD treatment resources across the state and works closely with the liaison role to support members post-discharge. Together, these roles reinforce coordinated care planning, proactive outreach, and connection to appropriate levels of ongoing treatment and community-based supports—ensuring members receive comprehensive, individualized care across the full continuum.

PCPs are welcome to provide input to their patient's care plan at any time by contacting the NaviCare Enrollee Service Line at 1-877-700-6996 or by speaking directly with the NaviCare Navigators and/or Nurse Case Managers that may be embedded in your practices. If you're interested in having a Navigator and/or Nurse Case Manager embedded in your practice, please contact us at 1-877-700-6996. To refer a patient to NaviCare, or learn more about eligibility criteria, call 1-877-255-7108. ■

NaviCare Model of Care success

Compassionate advocacy in action: Supporting independence through whole-person care

At the heart of NaviCare is a commitment to advocacy, thoughtful benefit coordination, and dignity-driven, culturally responsive care that supports members in achieving their personal health goals.

One Fallon Health NaviCare member, who had been largely homebound for several years, contacted her Navigator for help getting out to medical and preventive care appointments. She shared that she was hesitant to leave home, had limited trust in others, and found it difficult to consistently engage in routine health care.

Through an in-home visit and relationship-based coaching, the Navigator compassionately helped the member identify barriers, rebuild confidence, and reconnect with behavioral health support. With consistent engagement with a psychiatric provider and ongoing encouragement from her Navigator, the member also began accessing dental and vision care.

By July 2026, the member reported meaningful progress, including consistent psychiatric care, regular dental and vision visits, and renewed confidence leaving her home. She credited Fallon Health's NaviCare and its coordinated Care Team with helping her to feel supported and to regain her independence. She looks forward to participating more fully in community life.

This story illustrates how whole-person care coordination can help address behavioral health-related barriers, improve engagement with preventive services, and support a better quality of life for NaviCare members. ■

Important reminders

High-dollar claims review process

To support accurate claims adjudication and payment integrity, Fallon Health partners with Reliant Health Partners (RHP) to perform pre-payment reviews of high-dollar claims. Claims may be referred for review when payment is based on methodologies such as percent-of-charge reimbursement (including stop-loss), DRG pricing with outlier payments, per diem rates with acuity-based variations, or high-cost implant, supply, or drug outlier payments.

During the review, RHP evaluates the UB and itemized bill to ensure charges are appropriate and billed in accordance with industry-standard guidelines, including identification of duplicate charges, unbundled services, daily quantity limit issues, multiple procedure payment reductions, and other billing inaccuracies. Currently, high dollar claims are defined as claims with a payable amount of >\$250K. **Effective January 1, 2027, high-dollar claims are defined as claims with a payable amount of >\$200K.** ■

Help prevent unexpected laboratory bills for your patients

Accurate diagnosis coding and timely prior authorization requests help ensure laboratory claims are processed correctly and reduce the risk of unexpected patient bills.

When ordering laboratory tests, please ensure that the diagnosis code(s) submitted on the laboratory requisition accurately reflects the patient's condition, symptoms, or clinical reason for the test. Claims may be denied when the diagnosis provided does not support the medical necessity of the test or does not meet coverage requirements. In some cases, denied claims may result in patient liability.

To help avoid claim denials and patient billing:

- Submit the most specific diagnosis code(s) that supports the ordered test.
- Ensure the diagnosis documented in the medical record matches the diagnosis submitted on the laboratory order.
- Verify coverage requirements for specialized testing, including genetic testing and services that may require prior authorization.

Prior authorization for laboratory services:

Certain laboratory services require prior authorization. As the ordering provider, it is your responsibility to submit the prior authorization request, as you have the clinical documentation and medical necessity information supporting the test being ordered.

Laboratory services that may require prior authorization include:

- Testing performed by an out-of-network laboratory.
- Unlisted CPT® or HCPCS codes. Providers should use Fallon Health's Procedure Code [Look-Up Tool](#) to determine if prior authorization is required.
- Genetic testing.

Submitting accurate diagnosis information and obtaining any required prior authorization before services are rendered can help prevent delays, claim denials, and unexpected bills for your patients.

Thank you for your partnership in supporting accurate claims processing and a positive experience for our members. ■

Provider directory accuracy CAQH attestation reminder

Massachusetts health plans rely on the CAQH Provider Data Portal to maintain accurate provider directory information. This centralized system simplifies data entry and ensures patients can find and contact providers when they need care.

To meet federal and state regulations, providers are required to validate and attest to their data every 90 days, even if no changes have occurred. This regular attestation helps ensure that health plan directories remain current and compliant.

Why this matters

- Patient access: Accurate listings help patients reach the right provider at the right location.
- Regulatory compliance: Health plans must meet strict guidelines for directory accuracy.
- Fewer follow-ups: **Timely attestation reduces reminder emails and phone calls to your office**—from Fallon Health and CAQH.

Save time and extra work: Fallon Health will import updated practice location details (phone, fax, suite, etc.) within a few business days automatically—no change form submission required!

What you need to do

- Log into the CAQH Provider Data Portal to review and attest to your information.
- If someone else manages this process for your practice, please forward this reminder to them.

Important: Participating status accuracy

Be mindful of the participating status selected at each practice location. Incorrect attestations can lead to:

- Unintended terminations: For example, attesting that you do not accept Fallon Health at a location where you do.
- Unnecessary emails: Attesting that you do accept Fallon Health at a non-participating location can trigger auto-generated emails from CAQH.

- Emails are sent to any email address listed in the provider's CAQH profile, so it's important to keep contact information up to date.

Large group option

If you're part of a large group and prefer to complete the attestation process via a roster rather than individually, you can contact CAQH directly to explore this option.

Maintaining accurate provider data is a shared responsibility and a critical one. Thank you for your assistance. ■

Authorization approval does not validate diagnosis-based coverage requirements

An approved authorization does not guarantee that a claim will be paid.

While Fallon Health and its delegated vendors review services for medical necessity and authorization requirements, providers are responsible for ensuring claims meet all applicable:

- CMS coverage requirements
- CPT and ICD-10 coding guidelines
- NCCI edits
- Fallon Health payment policies
- Member eligibility and benefit requirements
- Standard billing and documentation requirements

Authorization decisions are based on the information available at the time of review. The diagnosis submitted with an authorization does not automatically support payment for all services billed under that authorization.

Claims are reviewed separately during adjudication and may deny for reasons such as:

- Diagnosis and procedure code mismatch
- Non-covered services
- Incorrect coding or modifier usage
- Frequency limits
- Failure to meet CMS coverage criteria
- Benefit limitations
- Billing that does not comply with Fallon Health's payment policies

Providers should verify coding, coverage, and billing requirements before submitting claims. Authorization approval only confirms that prior authorization requirements have been met. It does not guarantee claim payment or waive any coverage, coding, billing, or payment policy requirements.

Example: A DME item may be authorized based on the diagnosis submitted. However, if the diagnosis billed on the claim does not meet CMS coverage criteria for that item, the claim may deny even though the authorization was approved. Providers are responsible for ensuring billed diagnoses support coverage requirements and accurately reflect the member's condition. ■

Understanding referrals and prior authorizations

To help ensure timely care and accurate claims processing, it is important to understand the difference between a referral and a prior authorization.

Referral vs. prior authorization

A referral is issued by a Primary Care Provider (PCP) when directing a member to an in-network participating provider for medically necessary services that do not require prior authorization. Providers can determine whether a service requires prior authorization by using Fallon Health's [Procedure Code Lookup Tool](#).

Prior authorization is required for:

- Certain in-network services that require authorization based on the procedure or service being performed.
- Out-of-network, i.e., out-of-state non-emergent services.
- All services for PACE members. In most cases, the local PACE site will contact the servicing provider directly to arrange and provide authorization. If an authorization has not been received, the specialist or servicing provider should contact the member's local PACE site to obtain authorization prior to rendering services.

Prior Authorization requests can be submitted through ProAuth or by faxing a completed standardized prior authorization form to Fallon Health at 1-508-368-9700.

- Some provider types cannot gain access to ProAuth and must fax in their PA requests.

Prior Authorization requests are reviewed for medical necessity and network and will be approved or denied accordingly.

Important: Fallon Health **does not** allow for retroactive prior authorization requests except in some cases for Summit ElderCare, as determined by the PACE site.

<https://fallonhealth.org/-/media/Files/ProviderPDFs/PaymentPolicies/RetroactiveAuthReq010125.ashx>

For certain services, Fallon Health partners with specialized vendors to review prior authorization requests. These vendors include:

- CareCentrix – Sleep studies
- eviCore – High-tech radiology services
- IHCS – Durable Medical Equipment (DME) and home health services
- DentaQuest – Dental referrals
- Optum Rx – Pharmacy services
- Prime Therapeutics – Medications covered under the medical benefit

Providers should submit prior authorization requests to the appropriate vendor based on the service being requested.

Referral requirements by product:

Fallon Medicare Plus, NaviCare, and MassHealth ACO plans

When referring a member to an in-network specialist:

- The PCP submits the referral through ProAuth. Providers needing access can register through the [ProAuth Registration Portal](#).
 - If ProAuth is unavailable, providers may fax a completed standardized authorization form to the Prior Authorization department at 1-508-368-9700. Forms are available on the [Provider Forms page](#).
- The *specialist* should verify member eligibility before providing services.
- The *specialist* provides care and shares relevant clinical information with the member's PCP.

Retroactive referral timeframes

Product	Timeframe
Fallon Medicare Plus	Up to 90 days from the date of service
NaviCare	Up to 90 days from the date of service
Berkshire Fallon Health Collaborative	Up to 30 days from the date of service
Fallon 365 Care	Up to 30 days from the date of service
Fallon Health-Atrius Health Care Collaborative	Up to 90 days from the date of service

All ProAuth Referral Requests can only be back dated 30 days. If the request is beyond 30 days, it MUST be faxed in.

Community Care

Community Care members must obtain a referral from their PCP before seeing a specialist.

PCP responsibilities

- Refer the member to a participating specialist.
- Provide the specialist with the PCP's name, NPI, reason for referral, and approved number of visits.
- Document the referral in the member's medical record.

Specialist responsibilities

- Verify member eligibility before providing services.
- Render services based on the PCP's referral.
- Include the referring PCP's NPI on claims submitted to Fallon Health.
- Document the referral and share appropriate clinical information with the PCP.

Retroactive referral timeframe

Community Care retroactive referrals may be submitted up to 120 days from the date of service via submitting a claim with the NPI of the PCP on the claim.

For more specific details about PCP referrals and prior authorization please see the managing care section of our provider manual – https://fallonhealth.org/-/media/Files/ProviderPDFs/PM_ManagingPatientCare.ashx. ■

Doing business with us

Save time with enhanced claim status tool in the Fallon Health provider portal

When checking the status of a claim, your time is valuable. Rather than waiting on the phone for updates, the Fallon Health provider portal offers a fast and convenient way to access claim information anytime. Providers have been able to view approved, pending, and denied claims through the portal. Now, we've enhanced the claim status feature to provide even greater visibility into denied claims.

What's new?

When a claim is denied, the portal will now display the **denial reason** directly within the claim status results. This enhancement gives providers immediate access to information that can help identify next steps without the need to contact Customer Service.

Benefits of using the provider portal

- Access claim status information 24/7
- View approved, pending, and denied claims
- Review denial reasons directly online
- Reduce time spent on phone calls
- Obtain information more quickly to support claim follow-up activities ■

Quality focus

Access to complex case management

Another program we offer to your patients who need a lot of care and resources is the Complex Case Management Program. You may refer a patient to this program if they have a “critical event or diagnosis” (for example, a car accident, a fall that results in serious injury, cancer, or serious health decline). We’ll do a brief assessment to confirm eligibility. Our nurse case managers and social workers coordinate their care in collaboration with caregivers and you.

We want to help ensure that your patients receive all the appropriate services and have access to all the resources needed to resolve their health issues in the best way possible. For more information, or to ask about enrolling in the program, you may call us at 1-800-333-2535, ext. 78002 (TRS 711), Monday through Friday, 8:30 a.m. to 5:00 p.m., or you may use our Case Management Referral [Form](#).

Thank you for your referrals. ■

Important links to information about care

Our Clinical Practice Guidelines are available [online](#).

We hope you’ll take the time to explore the guidelines to learn how we work with you and your patients to ensure the quality and safety of clinical care. If you’d like to receive a copy of this information, please call Provider Services at 1-866-275-3247, option 4. ■

Clinical criteria for utilization care services

Fallon Health uses national, evidence-based criteria reviewed annually by a committee of health plan and community-based physicians to determine the medical appropriateness of selected services requested by physicians. These criteria are approved as being consistent with generally accepted standards of medical practice, including prudent layperson standards for emergency room care. Criteria are available [online](#), or as a paper copy upon request. ■

Quality program

Fallon Health is proud of its long history of quality accomplishments, including our accreditation from the National Committee for Quality Assurance. We also welcome suggestions from our physicians about specific goals or projects that may further improve the quality of our care and services. Visit [FCHP - Quality at Fallon Health](#) for more details. ■

Know our members’ rights and responsibilities

Fallon Health members have the right to receive information about an illness, the course of treatment, and prospects for recovery in terms that they can understand. They have the right to actively participate in decisions regarding their own health and treatment options, including the right to refuse treatment. View a complete list of [Fallon Health members’ rights and responsibilities](#). ■

Utilization Management (UM) incentives

Fallon Health affirms the following:

- Utilization Management decision-making is based only on appropriateness of care and service and existence of coverage.
- Fallon Health does not specifically reward practitioners or other individuals for issuing denials of coverage or care.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization. View the executive summary [online](#). ■

Practitioner rights

Practitioners have the right to review information submitted to support their credentialing application unless the disclosure of certain information or the source of information is prohibited by law, contract, or agreement with the entity that provided the information to Fallon Health. They also have the right to correct erroneous information submitted by another party for use in the credentialing process and receive the status of their credentialing or recredentialing. View the executive summary [online](#). ■

Coding Corner

Upcoming obstetrical coding changes: Transition guidance for 2026-2027

Effective January 1, 2027, Fallon Health will implement the American Medical Association (AMA) obstetrical coding revisions, which include the deletion of several global maternity care and obstetrical service codes and the adoption of new fee-for-service reimbursement methodologies. Under these changes, prenatal and postpartum care will transition from bundled obstetrical payments to reimbursement based on Evaluation and Management (E/M) services, along with new coding requirements for labor management and delivery services.

To support a smooth transition, Fallon Health is encouraging providers to begin reporting prenatal and postpartum visits using the appropriate E/M code, TH modifier, and maternity-related diagnosis codes for pregnancies confirmed on or after September 1, 2026. Because pregnancies may span both the current and future coding structures, billing requirements will vary based on the date of the patient's first prenatal visit and anticipated delivery date.

The guidance below outlines the appropriate billing methodology during the transition period, as well as the requirements that will apply following implementation of the new obstetrical CPT codes on January 1, 2027.

Billing transition guidance

To support the transition from global obstetrical billing to the revised CPT coding structure, Fallon Health will follow a phased implementation approach based on the patient's first prenatal visit following confirmation of pregnancy and anticipated delivery date.

Pregnancies established before September 1, 2026

Providers should continue to bill using current obstetrical coding guidelines for patients whose first prenatal visit following confirmation of pregnancy occurred **before September 1, 2026**.

- **Antepartum-only services** should continue to be reported with:
 - 59425 – Antepartum care only; 4-6 visits
 - 59426 – Antepartum care only; 7 or more visits
- For pregnancies with a **delivery date on or before December 31, 2026**, providers should continue to bill using the current global maternity care codes.
- For pregnancies established before September 1, 2026, but with an **expected delivery date on or after January 1, 2027**, providers should bill services rendered through **December 31, 2026** using the existing obstetrical codes. Services provided **on or after January 1, 2027**, including remaining prenatal visits, labor management, delivery, and postpartum care, should be billed using the new CPT coding structure and applicable E/M services.

Pregnancies established on or after September 1, 2026

For patients whose first prenatal visit following confirmation of pregnancy occurs **on or after September 1, 2026**, providers should bill prenatal and postpartum services using the appropriate **Evaluation and Management (E/M) code** with:

- An appropriate maternity-related diagnosis code
- Modifier TH to identify the service as prenatal or postpartum care

Documentation must support the selected E/M service level based on medical decision making or total time, consistent with current CPT guidelines.

Examples of E/M services that may be reported with modifier TH include:

Office or other outpatient services

- New patients: 99202, 99203, 99204, 99205 + TH modifier
- Established patients: 99211, 99212, 99213, 99214, 99215 + TH modifier

Hospital inpatient and observation services

- Initial services: 99221, 99222, 99223 + TH modifier
- Subsequent services: 99231, 99232, 99233, 99234, 99235, 99236 + TH modifier

Telehealth services

- 98000 through 98015 + TH modifier

Note: The level of E/M service selected should reflect:

- The number and complexity of problems addressed
- The amount and complexity of data reviewed or analyzed
- The risk of complications and/or morbidity associated with patient management

This transition aligns with updated CPT and ACOG guidance and prepares providers for the full implementation of the revised obstetrical coding structure effective January 1, 2027. ■

Coding updates

Effective October 1, 2026, the following codes are configured as *covered with prior authorization* for Fallon Medicare Plus, NaviCare, Summit ElderCare PACE, and Community Care, except MassHealth ACO (Berkshire Fallon Health Collaborative, Fallon 365 Care, Fallon Health-Atrius Health Care Collaborative), which will *deny vendor liable*:

Code	Description
A9613	Piflufolastat f 18 (pylarify truvu), diagnostic, 1 millicurie
L8697	External accessory for use with implantable phrenic nerve stimulation device, replacement, each

Effective October 1, 2026, the following codes are configured as *covered with no prior authorization* for Fallon Medicare Plus HMO, NaviCare, Summit ElderCare PACE, and Community Care, except MassHealth ACO, which will *deny vendor liable*:

Code	Description
A4228	Supplies for maintenance of non-insulin, device-drug combination infusion catheter, per week
E0788	Ambulatory infusion pump, specific device-drug combination, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
L1330	Thoracic orthosis, sternal and/or sternocostal compression, may include anterior and/or posterior pads, panels, with or without frame, prefabricated, includes fitting and adjustment
L1972	Ankle foot orthosis, plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, off-the shelf

Effective October 1, 2026, the following code will *deny vendor liable* for Fallon Medicare Plus HMO, NaviCare, Summit ElderCare PACE, Community Care, and MassHealth ACO:

Code	Description
G0685	Algorithm-based assessment of likelihood of autism spectrum disorder (asd), derived from validated analysis of eye-gaze data or other technology

Effective October 1, 2026, the following codes will *deny vendor liable E/I* for Fallon Medicare Plus HMO, NaviCare, Summit ElderCare PACE, and Community Care, except MassHealth ACO, which will *deny vendor liable*:

Code	Description
0660U	Human papillomavirus (HPV), genotypes 18, 31, 33, and 35, cell-free DNA (cfDNA), whole blood, multiplex digital droplet PCR (ddPCR), quantitative
0661U	Human papillomavirus (HPV), genotype 16, cell-free DNA (cfDNA), whole blood, digital droplet PCR (ddPCR), quantitative
0662U	Transplantation medicine (kidney allograft rejection), mRNA, gene-expression profiling by real-time quantitative PCR of 12 genes (11 content and 1 housekeeping), urine, algorithm reported as a rejection risk score
0663U	Obstetrics (fetal platelet antigen noninvasive prenatal test [NIPT]), cell-free DNA (cfDNA) sequence analysis for detection of fetal presence or absence of 1 human platelet antigen or more (HPA-1a, HPA-1b, HPA-3a, HPA-5b, and others) when performed, reported as maternal/fetal incompatibility detected or not detected per selected antigen
0664U	Transplantation medicine (kidney allograft failure), RNA expression transcriptome by next-generation sequencing (NGS), profiling of 13 genes, post-transplant peripheral blood, algorithm reported as a risk score for predicting progressive fibrosis in the kidney allograft
0665U	Hepatology (metabolic dysfunction-associated steatohepatitis [MASH]), enzyme-linked immunosorbent assay (ELISA) for YKL40 and quantitative reverse transcription polymerase chain reaction (RT-qPCR) for miR-34a-5p, serum, algorithm reported as a single score for MASH activity and fibrosis
0666U	Infectious disease (wound infection), DNA, multiplex real-time PCR, wound swab, detection of 27 microbial targets and 28 antibiotic resistance targets, reported as semiquantitative for bacterial and fungal targets, and qualitative for viral- and antibiotic-resistance targets
0667U	Inborn error of metabolism (primary mitochondrial disease), determination of fibroblast growth factor 21 (FGF21) concentration by enzyme-linked immunosorbent assay (ELISA), serum or plasma, diagnostic quantitative result
0668U	Oncology (pancreas), DNA, genome sequence with 5-hydroxymethylcytosine (5hmC) enrichment and glycan biomarker analysis, whole blood or plasma, algorithm reported as cancer detected or not detected
0669U	Infectious disease (Bartonella species, Borrelia species, and Babesia species), multiplex digital PCR for detection of DNA at the genus level for each species, blood, qualitative reporting of presence or absence of each pathogen at the genus level
0670U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis combination of short and long reads for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial DNA sequence and deletions, short tandem repeat (STR) genes, methylation status of selected regions, blood, saliva,

	amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variant, proband and comparator
0671U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis combination of short and long reads for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial DNA sequence and deletions, short tandem repeat (STR) genes, methylation status of selected regions, blood, saliva, amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variant, proband and 2 comparators
0672U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat (STR) gene expansions, and variants in nonuniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband and comparator
0673U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat (STR) gene expansions, and variants in nonuniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband and 2 comparators
0674U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, insertions/deletions, copy number variants, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, short tandem repeat (STR) gene expansions, blood, saliva, or genomic DNA, identification and categorization of genetic variants, proband and comparator
0675U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, insertions/deletions, copy number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, short tandem repeat (STR) gene expansions, blood, saliva, or genomic DNA, identification and categorization of genetic variants proband and 2 comparators
0676U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions and maternal cell contamination, fetal sample, identification and categorization of genetic variants, proband and maternal comparator
0677U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions and maternal cell contamination, fetal sample, identification and categorization of genetic variants, proband and 2 comparators

0678U	Oncology (hereditary cancer), genome sequence for 117 genes (single-nucleotide variants, deletions/insertions, and characterized intronic variants), copy number variants, duplications/deletions, mobile element insertions and inversions, blood, saliva, cultured skin fibroblasts (skin biopsy) or extracted genomic DNA, diagnostic, identification and categorization of genetic variants
0679U	Oncology (hereditary hematologic cancer), genomic DNA, whole genome sequence (single-nucleotide variants, deletions/insertions, and characterized intronic variants), copy number variants, duplications/deletions, mobile element insertions and inversions, analysis of over 105 genes, genomic DNA isolated from blood, saliva, cultured skin fibroblasts (skin biopsy), identification and categorization of genetic variants
0680U	Tobacco use, DNA analysis of 1 methylation marker (cg05575921 [AHRR]), methylation-sensitive digital PCR, whole blood, algorithm reported as quantitative percentage methylation and estimated average cigarette use per day
0681U	Tobacco use, DNA analysis of 2 methylation markers (1 content: cg05575921 [AHRR] and 1 normalizing: cg08141395), methylation-sensitive digital PCR, saliva, algorithm reported as quantitative percent methylation and estimated average cigarette use per day
0682U	Oncology (lung cancer), DNA analysis of 1 methylation marker (cg05575921), methylation-sensitive digital PCR, whole blood, algorithm results reported as the 20-year-hazard ratio for lung cancer
0683U	Oncology (lung cancer), DNA analysis of 2 methylation markers (1 content: cg05575921 and 1 normalizing: cg08141395), methylation-sensitive digital PCR, saliva, algorithm results reported as the 20-year-hazard ratio for lung cancer
0684U	Alcohol use disorder, DNA analysis of 4 methylation markers (cg02583484, cg04987734, cg09935388, cg04583842), methylation-sensitive digital PCR, whole blood, algorithm reported as a summed T-score
0685U	Alcohol use disorder, DNA analysis of 5 methylation markers (4 content: cg02583484, cg04987734, cg09935388, cg04583842, and 1 normalizing: cg08141395), methylation-sensitive digital PCR, whole blood or saliva, algorithm reported as a summed T-score
0686U	Oncology (prostate), mRNA, next-generation sequencing (NGS) gene expression profiling of 22 genes, formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as risk score
0687U	Comparative analysis using short tandem repeat (STR) markers, patient and comparative specimen, DNA, buccal swab and tissue, reported match or mismatch
0688U	Oncology (colorectal cancer), analysis of minimal residual disease (MRD), next-generation sequencing (NGS), circulating tumor DNA (ctDNA) analysis in whole blood and tumor for baseline assessment to evaluate current MRD status and for comparisons to subsequent MRD assessments
0689U	Oncology (colorectal cancer), analysis of minimal residual disease (MRD) using patient-specific assays, reported as amount of circulating tumor DNA (ctDNA) detection and trend over time
0690U	Transplantation medicine (allograft rejection), quantification of donor-derived cell-free DNA (cfDNA) using digital PCR analysis of 45 single-nucleotide

	polymorphisms, plasma, reported as quantity of donor-derived cfDNA in plasma to determine the probability of allograft rejection
0691U	Carrier screening (cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia, and Duchenne muscular dystrophy), genomic sequence analysis panel, 6 genes (CFTR, SMN1, HBB, HBA1, HBA2, DMD)
0692U	Cardiology (peripheral artery disease [PAD]), analysis of 3 proteins (midkine, angiopoietin-1, and kidney injury molecule-1 [KIM-1]), immunoassay, plasma, algorithm reported as a risk score for obstructive PAD
0693U	Oncology (head and neck), circulating tumor DNA (ctDNA), tumor-informed next-generation sequencing (NGS) analysis for 699 genes of patient-specific somatic variants identified from primary tumor tissue, postoperative lymphatic exudate specimen, algorithm reported as presence or absence of ctDNA
0694U	Oncology (monoclonal gammopathy), immunoprecipitation and matrix-assisted laser desorption/ionization time-of-flight (MALDI-TOF) mass spectrometry, identification of intact monoclonal immunoglobulin isotypes (IgG, IgA, IgM, kappa, lambda), and M-protein concentrations in conjunction with turbidimetry, blood, semiquantitative
0695U	Oncology (central nervous system), low-pass whole genome sequence analysis of cerebrospinal fluid, interrogation for chromosome arm-level and focal losses and gains
0696U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, RNA analysis, 350 or more genes for RNA alterations (eg, gene rearrangements and splice isoforms)
0697U	Obesity, DNA genotyping, analysis of up to 41 genes, buccal swab or blood specimen, patient biometrics, risk-score algorithm to identify a predisposition to up to 4 phenotypes, reported as likelihood to benefit from therapeutics
0698U	Neurology (traumatic brain injury), analysis of glial fibrillary acidic protein (GFAP) and ubiquitin carboxy-terminal hydrolase L1 (UCHL1), immunoassay, serum or plasma, individual components reported with the overall result of positive or negative based on threshold comparison
Q4245	Amniotext, per cc

Effective October 1, 2026, the following codes will *deny vendor liable* for all lines of business:

Code	Description
A2046	Dermisphere hdt, per square centimeter (add-on, list separately in addition to primary procedure)
A2047	Lacertamatrix, per square centimeter (add-on, list separately in addition to primary procedure)
A2048	Puraply mz, per milligram
A2049	Theracor, per square centimeter (add-on, list separately in addition to primary procedure)
A2050	Fibrillar collagen wound dressing, per milligram

A6614	Supplies and accessories for use with an external ocular negative pressure pump, any type, per month
E2403	External ocular negative pressure pump, electric
Q4207	Carbon life, per square centimeter (add-on, list separately in addition to primary procedure)
Q4223	Dermabind sl optic, per square centimeter (add-on, list separately in addition to primary procedure)
Q4243	Amchomatrix, per square centimeter (add-on, list separately in addition to primary procedure)

Effective October 1, 2026, the following codes will change from *deny vendor liable* to *covered with no prior authorization* for Fallon Medicare Plus HMO, NaviCare, and Summit ElderCare PACE:

Code	Description
0554T	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone-mineral density, interpretation and report
0555T	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density utilizing data from a computed tomography scan; retrieval and transmission of the scan data
0556T	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone-mineral density
0557T	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density utilizing data from a computed tomography scan; interpretation and report
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis

Effective October 1, 2026, the following code is configured as *not covered with no prior authorization* for Fallon Medicare Plus HMO, NaviCare, and Summit ElderCare PACE, and *covered with no prior authorization* for Community Care and MassHealth ACO:

Code	Description
A4288	Valve for breast pump, replacement

Effective October 1, 2026, the following code is configured as *not covered with no prior authorization* for all lines of business, except MassHealth ACO, which will stay *deny vendor liable*:

Code	Description
A9294	Prescription digital cognitive and/or behavioral therapy, biofeedback, fda cleared, per course of treatment

Effective October 1, 2026, the following code is configured as *not covered with no prior authorization* for Fallon Medicare Plus HMO, NaviCare, and Summit ElderCare PACE:

Code	Description
A4453	Rectal catheter with or without balloon, for use with any type transanal irrigation system, each

Effective December 1, 2026, the following codes will *deny vendor liable* for MassHealth ACO:

Code	Description
81265	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)

Effective December 1, 2026, the following codes will be configured as *covered with prior authorization* for MassHealth ACO:

Code	Description
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment
L8693	Auditory osseointegrated device abutment, any length, replacement only
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each

Effective December 1, 2026, the following code will *deny vendor liable* for Community Care:

Code	Description
H0001	ALCOHOL AND/OR DRUG ASSESSMENT

Effective December 1, 2026, the following codes are configured as *covered with prior authorization* for all lines of business:

Code	Description
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
L0631	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
L0635	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
L0636	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
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L0638	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated
L0639	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L0640	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf

L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSSO) (Milwaukee), inclusive of furnishing initial orthosis, including model
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment
L1200	Thoracic-lumbar-sacral orthosis (TLSO), inclusive of furnishing initial orthosis only
L1300	Other scoliosis procedure, body jacket molded to patient model
L1310	Other scoliosis procedure, postoperative body jacket
L1932	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment
L1945	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom-fabricated
L1950	Ankle foot orthosis, spiral, (Institute of Rehabilitative Medicine type), plastic, custom-fabricated
L1960	AFO, posterior solid ankle, plastic, custom-fabricated
L1970	AFO, plastic, with ankle joint, custom-fabricated
L1990	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom-fabricated
L2000	Knee-ankle-foot orthosis (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom-fabricated
L2005	Knee-ankle-foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated
L2010	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom-fabricated
L2020	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom-fabricated
L2030	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint, custom-fabricated
L2034	Knee-ankle-foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom-fabricated

L2036	Knee-ankle-foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom-fabricated
L2037	Knee-ankle-foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom-fabricated
L2038	Knee-ankle-foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom-fabricated
L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated
Q4151	Amnioband or Guardian, per square centimeter
Q4159	Affinity, per square centimeter
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar

Effective December 1, 2026, the following codes are configured as *covered with prior authorization* for Fallon Medicare Plus HMO, NaviCare, Summit ElderCare PACE, and Community Care:

Code	Description
L1006	Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla to trochanter, includes all accessory pads, straps and interface, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
Q0503	Battery for pneumatic ventricular assist device, replacement only
Q0506	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device
Q4160	Nushield, per square centimeter

Effective December 1, 2026, the following codes are configured as *covered with prior authorization* for NaviCare and MassHealth ACO:

Code	Description
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
A9276	Sensor, invasive (e.g., subcutaneous), disposable, for use with interstitial CGM system
A9277	Transmitter, external for use with interstitial CGM system

Effective December 1, 2026, the following codes are configured as *covered with prior authorization* for Summit ElderCare PACE and Community Care:

Code	Description
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0496	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only

Effective December 1, 2026, the following code is configured as *covered with prior authorization* for Community Care:

Code	Description
0530U	Oncology (pan-solid tumor), ctDNA, utilizing plasma, next-generation sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copy-number alterations, with therapy association

Effective December 1, 2026, the following code is configured as *covered with prior authorization* for Summit ElderCare PACE:

Code	Description
Q4158	Kerecis Omega3, per square centimeter

Effective December 1, 2026, the following codes will change to *deny vendor liable* for all lines of business, except MassHealth ACO, which is already *deny vendor liable*:

Code	Description
C1764	Event recorder, cardiac (implantable)
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each
Code	Description
0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3d functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (list separately in addition to code for primary procedure)
C7557	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed and intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-

	time review and interpretation of possible atherosclerotic stenosis(es) intervention
C7562	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed with intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention
S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre-and post-transplant care in the global definition
G0448	Insertion or replacement of a permanent pacing cardioverter defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing
A2014	Omeza Collagen Matrix, per sq cm
A2015	Phoenix Wound Matrix, per sq cm
A2016	PermeaDerm B, per sq cm
A2017	PermeaDerm Glove, each
A2018	PermeaDerm C, per sq cm
A2020	ACS Advance Wound System (ACS)
A2021	NeoMatriX, per sq cm
A2024	Resolve Matrix, per sq cm
A2025	Miro3D, per sq cm
A2026	Restrata MiniMatrix, 5 mg
A2027	MatriDerm, per sq cm (add-on, list separately in addition to primary procedure)
A2028	MicroMatrix Flex, per mg
A2029	MiroTract Wound Matrix sheet, per cc (add-on, list separately in addition to primary procedure)
A2030	Miro3D Fibers, per mg
A2031	MiroDry Wound Matrix, per sq cm (add-on, list separately in addition to primary procedure)
A2032	Myriad Matrix, per sq cm (add-on, list separately in addition to primary procedure)
A2033	Myriad Morcells, 4 mg

A2034	Foundation DRS Solo, per sq cm (add-on, list separately in addition to primary procedure)
A2035	Corplex P or Theracor P or Allacor P, per mg
A2036	Cohealyx Collagen Dermal Matrix, per sq cm (add-on, list separately in addition to primary procedure)
A2037	G4derm Plus and Suprello, per ml
A2038	MariGen Pacto, per sq cm (add-on, list separately in addition to primary procedure)
A2039	InnovaMatrix FD, per sq cm (add-on, list separately in addition to primary procedure)
C9363	Skin substitute, integra meshed bilayer wound matrix, per square centimeter
Q4116	AlloDerm, per sq cm
Q4117	HyaloMatrix, per sq cm
Q4118	MatriStem micromatrix, 1 mg
Q4123	AlloSkin RT, per sq cm
Q4124	Oasis ultri tri-layer wound matrix, per sq cm
Q4125	ArthroFlex, per sq cm
Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm
Q4127	Talymed, per sq cm
Q4130	Strattice TM, per sq cm
Q4134	Hmatrix, per sq cm
Q4135	Mediskin, per sq cm
Q4136	E-Z Derm, per sq cm
Q4137	AmnioExcel or BioDExCel, per sq cm
Q4138	BioDFence, DryFlex, per sq cm
Q4139	AmnioMatrix or BioDMatrix, Injectable, 1 cc
Q4140	BioDFence, per sq cm
Q4141	AlloSkin AC, per sq cm
Q4142	XCM biologic tissue matrix, per sq cm
Q4143	Repriza, per sq cm
Q4145	EpiFix, Injectable, 1 mg
Q4146	Tensix, per sq cm
Q4147	Architect, Architect PX, Architect FX, extracellular matrix, per sq cm
Q4148	Neox Cord 1k, Neox Cord RT, or Clarix Cord 1K, per sq cm

Q4149	Excellagen, 0.1cc
Q4150	AlloWrap DS or dry, per sq cm
Q4152	DermaPure, per sq cm
Q4153	Dermavest and Plurinvest, per sq cm
Q4154	Biovance, per sq cm
Q4155	Neox Flo or Clarix Flo 1 mg
Q4156	Neox 100 or Clarix 100, per sq cm
Q4157	Revitalon, per sq cm
Q4166	Cytal, per sq cm
Q4167	Truskin, per sq cm
Q4168	AmnioBand, 1 mg
Q4169	Artacent wound, per sq cm
Q4170	Cygnus, per sq cm
Q4171	Interfyl, 1 mg
Q4173	PalinGen or PallinGen XPlus, per sq cm
Q4174	PalinGen or ProMatriX, 0.36 mg per 0.25 cc
Q4175	Miroderm, per sq cm
Q4176	NeoPatch or therion, per sq cm
Q4177	FlowerAmnioFlo, 0.1 cc
Q4178	FlowerAmnioPatch, per sq cm
Q4179	FlowerDerm, per sq cm
Q4180	Revita, per sq cm
Q4181	Amnio Wound, per sq cm
Q4183	Surgigraft, per sq cm
Q4184	Cellesta or Cellesta Duo, per sq cm
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 5 cc
Q4188	AmnioArmor, per sq cm
Q4189	Artacent AC, 1 mg
Q4190	Artacent AC, per sq cm
Q4191	Restorigin, per sq cm
Q4192	Restoragin, 1 cc

Q4193	Coll-e-Derm, per sq cm
Q4194	Novachor, per sq cm
Q4195	PuraPly, per sq cm
Q4197	PuraPly XT, per sq cm
Q4198	Genesis Amniotic Membrane, per sq cm
Q4200	Skin TE, per sq cm
Q4201	Matrion, per sq cm
Q4202	Keroxx (2.5g/cc), 1 cc
Q4203	Derma-Gide, per sq cm
Q4204	XWRAP, per sq cm
Q4205	Membrane Graft or Membrane Wrap, sq cm
Q4206	Fluid Flow or Fluid GF, 1 cc
Q4208	Novafix, per sq cm
Q4209	SurGigraft, per sq cm
Q4211	Amnion Bio or AxoBioMembrane, per sq cm
Q4212	AlloGen, per cc
Q4213	Ascent, 0.5mg
Q4214	Cellesta Cord, per sq cm
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1mg
Q4216	Artacent Cord, per sq cm
Q4217	WoundFix, BioWound, WoundFx Plus, BioWound Plus, WoundFix Xplus, BioWound Xplus, per sq cm
Q4218	SurgiCORD, per sq cm
Q4219	SurgiGRAFT-DUALI, per sq cm
Q4220	BellaCell HD or Surederm, per sq cm
Q4221	Amnio Wrap2, per sq cm
Q4222	ProgenaMatrix, per sq cm
Q4225	AmnioBind or DermaBind TL, per sq cm
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm
Q4227	AmnioCore, per sq cm
Q4229	Cogenex Amniotic Membrane, per sq cm
Q4230	Cogenex Flowable Amnion, per 0.5 cc

Q4232	Corplex, per sq cm
Q4233	SurFactor or NuDyn, per 5 cc
Q4234	XCellerate, per sq cm
Q4235	Amniorepair or AltiPly, per sq cm
Q4236	CarePATCH, per sq cm
Q4237	Cryo-Cord, per sq cm
Q4238	Derm-Maxx, per sq cm
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm
Q4240	CoreCyte, for topical use only, per 5 cc
Q4241	PolyCyte, for topical use only, per 5 cc
Q4242	AmnioCyte Plus, per 0.5 cc
Q4246	CoreText or ProText, per cc
Q4247	Amniotext patch, per sq cm
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm
Q4249	AMNIPLY, per sq cm
Q4250	AmnioAmp-MP per sq cm
Q4254	Novafix DL, per sq cm
Q4255	REGUaRD, topical use only, per sq cm
Q4256	MLG-Complete, per sq cm
Q4257	Release, per sq cm
Q4258	Enverse, per sq cm
Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm
Q4260	Signature APatch, per sq cm
Q4261	TAG, per sq cm
Q4262	Dual Layer Impax Membrane, per sq cm
Q4263	SurGraft TL, per sq cm
Q4264	Cocoon Membrane, per sq cm
Q4265	NeoStim TL, per sq cm
Q4266	NeoStim Membrane, per sq cm
Q4267	Neo Stim DL, per sq cm
Q4268	SurGraft FT, per sq cm

Q4269	SurGraft XT, per sq cm
Q4270	Complete SL, per sq cm
Q4271	Complete FT, per sq cm
Q4272	Esano A, per sq cm
Q4273	Esano AA, per sq cm
Q4274	Esano AC, per sq cm
Q4275	Esano ACA, per sq cm
Q4276	Orion, per sq cm
Q4278	Epieffect, per sq cm
Q4279	Vendaje AC, per sq cm
Q4280	Xcell Amnio Matrix, per sq cm
Q4281	Barrera SL or Barrera DL, per sq cm
Q4282	Cygnus Dual, per sq cm
Q4283	Biovance Tri-Layer or Biovance 3L, per sq cm
Q4284	DermaBind SL, per sq cm
Q4285	NuDYN DL or NuDYN DL MESH, per sq cm
Q4286	NuDYN SL or NuDYN SLW, per sq cm
Q4287	DermaBind DL, per sq cm
Q4288	DermaBind CH, per sq cm
Q4289	RevoShield + Amniotic Barrier, per sq cm
Q4290	Membrane Wrap-Hydro, per sq cm
Q4291	Lamellas XT, per sq cm
Q4292	Lamellas, per sq cm
Q4293	Amnio Quad-Core, per sq cm
Q4295	Amnio Tri-Core Amniotic, per sq cm
Q4296	Rebound Matrix, per sq cm
Q4297	Emerge Matrix, per sq cm
Q4298	AmnioCore PRO, per sq cm
Q4299	AmnioCor Pro+, per sq cm
Q4300	Acesso TL, per sq cm
Q4301	Activate Matrix, per sq cm

Q4302	Complete ACA, per sq cm
Q4303	Complete AA, per sq cm
Q4304	Grafix plus, per sq cm
Q4305	American amnion ac tri-layer, per square centimeter
Q4306	American amnion ac, per square centimeter
Q4307	American amnion, per square centimeter
Q4308	Sanopellis, per square centimeter
Q4309	Via matrix, per square centimeter
Q4310	Procenta, per 100 mg
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intraocular retinal electrode array, with vitrectomy
0472T	Device evaluation, interrogation, and initial programming of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional
0473T	Device evaluation and interrogation of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional
L8608	Miscellaneous external component, supply or accessory for use with the Argus II Retinal Prosthesis System
0202T	Posterior vertebral joint(s) arthroplasty (e.g. facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine
C1608	Prosthesis, total, dual mobility, first carpometacarpal joint (implantable)
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue
0075T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial
0076T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; each additional vessel
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified
0102T	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle
0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation

0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation
0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia
0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation
0164T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)
0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation
0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary
0002U	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps
0003U	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service
0008U	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next generation sequencing, formalin-fixed paraffin-embedded or fresh tissue or fecal sample, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline, and rifabutin
0009U	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin-fixed paraffin-embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate
0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites

0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy
0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin-embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents
0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score
0024U	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative
0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative
0032U	COMT (catechol-O-methyltransferase) (eg, drug metabolism) gene analysis, c.472G>A (rs4680) variant
0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses
0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative
0039U	Deoxyribonucleic acid (DNA) antibody, double stranded, high avidity
0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative
0041U	Borrelia burgdorferi, antibody detection of 5 recombinant protein groups, by immunoblot, IgM
0042U	Borrelia burgdorferi, antibody detection of 12 recombinant protein groups, by immunoblot, IgG
0043U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgM
0044U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgG
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements
0051U	Prescription drug monitoring, evaluation of drugs present by liquid chromatography tandem mass spectrometry (LC-MS/MS), urine or blood, 31 drug panel, reported as quantitative results, detected or not detected, per date of service
0052U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation
0054U	Prescription drug monitoring, evaluation of drugs present by liquid chromatography tandem mass spectrometry (LC-MS/MS), urine or blood, 31 drug panel, reported as quantitative results, detected or not detected, per date of service

0055U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation
0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative
0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative
0060U	Twin zygosity, genomic-targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood
0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO ₂], oxyhemoglobin [ctHbO ₂], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score
0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder
0064U	Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative
0065U	Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR)
0067U	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score
0068U	Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. kruseii, C. tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification
0082U	Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service
0083U	Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combinations
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens
0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rRNA FISH, 6 or more organism targets, reported as positive or negative

	with phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1,283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1,494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection
0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy
0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected
0095U	Eosinophilic esophagitis, 2 protein biomarkers (Eotaxin-3 [CCL26 {C-C motif chemokine ligand 26}] and Major Basic Protein [PRG2 {proteoglycan 2, pro eosinophil major basic protein}]), enzyme-linked immunosorbent assays (ELISA), specimen obtained by esophageal string test device, algorithm reported as probability of active or inactive eosinophilic esophagitis
0096U	Human papillomavirus (HPV), high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), male urine
0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD)
0106U	Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (13C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of 13CO2 excretion
0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method
0108U	Gastroenterology (Barrett's esophagus), whole slide-digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer
0109U	Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (A. fumigatus, A. terreus, A. niger, and A. flavus), blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species
0110U	Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected

0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene
0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score
0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus
0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
0116U	Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA
0119U	Cardiology, ceramides by liquid chromatography-tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events
0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter
0121U	Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood
0122U	Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood
0123U	Mechanical fragility, RBC, shear stress and spectral analysis profiling
0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)
0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)
0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected
0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6

	resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive pathogens
0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement
0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3), utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status
0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status
0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis
0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)
0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)
0163U	Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC-screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas
0164U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative results

0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes
0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes
0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)
0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status
0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons
0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1
0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10
0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19
0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2
0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4
0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2
0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2
0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4
0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2
0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3
0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6
0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9

0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26
0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8
0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)
0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3
0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1
0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5
0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12
0201U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3
0202U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease
0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure)
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)
0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat

	gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants
0219U	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility
0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score
0221U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene
0222U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), includes titer(s), when performed
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
0226U	Surrogate viral neutralization test (svNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), ELISA, plasma, serum
0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation
0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer
0229U	BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene

	expansions, mobile element insertions, and variants in non-uniquely mappable regions
0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia
0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage
0247U	Obstetrics (preterm birth), insulin-like growth factorâ€œbinding protein 4 (IGFBP4), sex hormoneâ€œbinding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal blood, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth
0255U	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score
0256U	Trimethylamine/trimethylamine N-oxide (TMA/TMAO) profile, liquid chromatography tandem mass spectrometry (LC-MS/MS), urine, with algorithmic analysis and interpretive report
0257U	Very long chain acyl-coenzyme A (CoA) dehydrogenase (VLCAD), leukocyte enzyme activity, whole blood
0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics
0259U	Nephrology (chronic kidney disease), nuclear magnetic resonance spectroscopy measurement of myo-inositol, valine, and creatinine, algorithmically combined with cystatin C (by immunoassay) and demographic data to determine estimated glomerular filtration rate (GFR), serum, quantitative
0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping
0261U	Oncology (colorectal cancer), image analysis with artificial intelligence assessment of 4 histologic and immunohistochemical features (CD3 and CD8 within tumor-stroma border and tumor core), tissue, reported as immune response and recurrence-risk score
0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algorithm reported as gene pathway activity score

0263U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 16 central carbon metabolites (ie, $\pm$ -ketoglutarate, alanine, lactate, phenylalanine, pyruvate, succinate, carnitine, citrate, fumarate, hypoxanthine, inosine, malate, S-sulfocysteine, taurine, urate, and xanthine), liquid chromatography tandem mass spectrometry (LC-MS/MS), plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)
0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping
0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants
0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes
0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 22 genes, blood, buccal swab, or amniotic fluid
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 24 genes, blood, buccal swab, or amniotic fluid
0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 60 genes and duplication/deletion of PLAUI, blood, buccal swab, or amniotic fluid, comprehensive
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), analysis of 9 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2 by next-generation sequencing, and PLAUI by array comparative genomic hybridization), blood, buccal swab, or amniotic fluid
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 62 genes and duplication/deletion of PLAUI, blood, buccal swab, or amniotic fluid
0275U	Hematology (heparin-induced thrombocytopenia), platelet antibody reactivity by flow cytometry, serum
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 42 genes, blood, buccal swab, or amniotic fluid
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 40 genes and duplication/deletion of PLAUI, blood, buccal swab, or amniotic fluid
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid

0279U	Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen III binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen III binding
0280U	Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen IV binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen IV binding
0281U	Hematology (von Willebrand disease [VWD]), von Willebrand propeptide, enzyme-linked immunosorbent assays (ELISA), plasma, diagnostic report of von Willebrand factor (VWF) propeptide antigen level
0282U	Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes
0283U	von Willebrand factor (VWF), type 2B, platelet-binding evaluation, radioimmunoassay, plasma
0284U	von Willebrand factor (VWF), type 2N, factor VIII and VWF binding evaluation, enzyme-linked immunosorbent assays (ELISA), plasma
0285U	Oncology, disease progression and response monitoring to radiation, chemotherapy, or other systematic cancer treatments, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported in ng/mL
0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score
0295U	Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, PR, SIAH2), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score
0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing of at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy

0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification
0298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification
0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification
0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification
0301U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR);
0302U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment
0303U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; hypoxic
0304U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; normoxic
0305U	Hematology, red blood cell (RBC) functionality and deformity as a function of shear stress, whole blood, reported as a maximum elongation index
0308U	Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]) with 3 clinical parameters (age, sex, history of cardiac intervention), plasma, algorithm reported as a risk score for obstructive CAD
0309U	Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for major adverse cardiac event
0310U	Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers (NT-proBNP, C-reactive protein, and T-uptake), plasma, algorithm reported as a risk score for KD
0311U	Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility for each organism identified
0312U	Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic SLE-likelihood assessment
0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid,

	algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)
0315U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)
0316U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B)
0317U	Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine
0318U	Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer
0319U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood
0321U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique
0322U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma, results reported as negative or positive for risk of metabolic subtypes associated with ASD
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi
0328U	Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient-adverse event, per date of service
0330U	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab
0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alterations
0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy-prothrombin (DCP), algorithm reported as normal or abnormal result
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants

0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent)
0337U	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood
0341U	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid
0342U	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immunoassay (ECLIA) for CA19-9, serum, diagnostic algorithm reported qualitatively as positive, negative, or borderline
0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6
0351U	Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C-reactive protein, serum, or venous whole blood, algorithm reported as likelihood of bacterial infection
0365U	Oncology (bladder), 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1, and VEGFA) by immunoassays, urine, diagnostic algorithm, including patient's age, race, and gender, reported as a probability of harboring urothelial cancer
0366U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1, and VEGFA) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer
0367U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1, and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection
0371U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qPCR), urine

0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score
0375U	Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score
0376U	Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancer-specific mortality, includes predictive algorithm to androgen deprivation-therapy response, if appropriate
0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables)
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab
0381U	Maple syrup urine disease monitoring by patient-collected blood card sample, quantitative measurement of allo-isoleucine, leucine, isoleucine, and valine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)
0382U	Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)
0383U	Tyrosinemia type I monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (LC-MS/MS)
0384U	Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and HbA1c and estimated glomerular filtration rate (GFR), with risk score reported for predictive progression to high-stage kidney disease
0385U	Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CD5 antigen-like (CD5L), and insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA), plasma, algorithm combining results with HDL, estimated glomerular filtration rate (GFR) and clinical data reported as a risk score for developing diabetic kidney disease
0387U	Oncology (melanoma), autophagy and beclin 1 regulator 1 (AMBRA1) and loricrin (AMLo) by immunohistochemistry, formalin-fixed paraffin-embedded (FFPE) tissue, report for risk of progression
0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection
0390U	Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFI27) and mast cell-expressed membrane protein 1 (MCEMP1), RNA, using

	quantitative reverse transcription polymerase chain reaction (RT-qPCR), blood, reported as a risk score for KD
0393U	Neurology (eg, Parkinson disease, dementia with Lewy bodies), cerebrospinal fluid (CSF), detection of misfolded α -synuclein protein by seed amplification assay, qualitative
0394U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 16 PFAS compounds by liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative
0395U	Oncology (lung), multi-omics (microbial DNA by shotgun next-generation sequencing and carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease
0398U	Gastroenterology (Barrett's esophagus), P16, RUNX3, HPP1, and FBN1 DNA methylation analysis using PCR, formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as risk score for progression to high-grade dysplasia or cancer
0399U	Neurology (cerebral folate deficiency), serum, detection of anti-human folate receptor IgG-binding antibody and blocking autoantibodies by enzyme-linked immunoassay (ELISA), qualitative, and blocking autoantibodies, using a functional blocking assay for IgG or IgM, quantitative, reported as positive or not detected
0401U	Cardiology (coronary heart disease [CHD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event
0404U	Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serum, results reported as risk of disease progression
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected
0406U	Oncology (lung), flow cytometry, sputum, 5 markers (meso-tetra [4-carboxyphenyl] porphyrin [TCPP], CD206, CD66b, CD3, CD19), algorithm reported as likelihood of lung cancer
0408U	Infectious agent antigen detection by bulk acoustic wave biosensor immunoassay, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected
0412U	Beta amyloid, $A\beta_{42/40}$ ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and qualitative ApoE isoform-specific proteotyping, plasma combined with age, algorithm reported as presence or absence of brain amyloid pathology
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marrow, report of clinically significant alterations
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and

	KRAS G12C and PD-L1, if performed, formalin-fixed paraffin-embedded (FFPE) tissue, reported as positive or negative for each biomarker
0415U	Cardiovascular disease (acute coronary syndrome [ACS]), IL-16, FAS, FASLigand, HGF, CTACK, EOTAXIN, and MCP-3 by immunoassay combined with age, sex, family history, and personal history of diabetes, blood, algorithm reported as a 5-year (deleted risk) score for ACS
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder-associated genetic variants
0418U	Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate-, or elevated-risk of prostate cancer
0427U	Monocyte distribution width, whole blood (List separately in addition to code for primary procedure)
0430U	Gastroenterology, malabsorption evaluation of alpha-1-antitrypsin, calprotectin, pancreatic elastase and reducing substances, feces, quantitative
0431U	Glycine receptor alpha1 IgG, serum or cerebrospinal fluid (CSF), live cell-binding assay (LCBA), qualitative
0432U	Kelch-like protein 11 (KLHL11) antibody, serum or cerebrospinal fluid (CSF), cell-binding assay, qualitative
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes
0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations
0436U	Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy
0439U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nucleotide polymorphisms (SNPs) (rs11716050 [LOC105376934], rs6560711 [WDR37], rs3735222 [SCIN/LOC107986769], rs6820447 [intergenic], and rs9638144 [ESYT2]) and 3 DNA methylation markers (cg00300879 [transcription start site {TSS200} of CNKSR1], cg09552548 [intergenic], and cg14789911 [body of SPATC1L]), qPCR and digital PCR, whole blood, algorithm reported as a 4-tiered risk score for a 3-year risk of symptomatic CHD

0440U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide polymorphisms (SNPs) (rs710987 [LINC010019], rs1333048 [CDKN2B-AS1], rs12129789 [KCND3], rs942317 [KTN1-AS1], rs1441433 [PPP3CA], rs2869675 [PREX1], rs4639796 [ZBTB41], rs4376434 [LINC00972], rs12714414 [TMEM18], and rs7585056 [TMEM18]) and 6 DNA methylation markers (cg03725309 [SARS1], cg12586707 [CXCL1], cg04988978 [MPO], cg17901584 [DHCR24-DT], cg21161138 [AHRR], and cg12655112 [EHD4]), qPCR and digital PCR, whole blood, algorithm reported as detected or not detected for CHD
0441U	Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability cytometry), whole blood, with algorithmic analysis and result reported as an index
0442U	Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive protein (CRP), fingerstick whole blood specimen, each biomarker reported as present or absent
0443U	Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid
0445U	$\text{A}\beta_{42}$ -amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology
0446U	Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 10 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic risk score for current disease activity
0447U	Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 11 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic prognostic risk score for developing a clinical flare
0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer
0453U	Oncology (colorectal cancer), cell-free DNA (cfDNA), methylation-based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)
0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping
0457U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative
0458U	Oncology (breast cancer), S100A8 and S100A9, by enzyme-linked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score
0459U	$\text{A}\beta_{42}$ -amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology
0462U	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-linked immunosorbent assay (ELISA), saliva, screening/preliminary

0463U	Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker
0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative
0466U	Cardiology (coronary artery disease [CAD]), DNA, genome-wide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease
0467U	Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden
0470U	Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations
0472U	Carbonic anhydrase VI (CA VI), parotid specific/secretory protein (PSP) and salivary protein (SP1) IgG, IgM, and IgA antibodies, enzyme-linked immunosorbent assay (ELISA), semiquantitative, blood, reported as predictive evidence of early Sjögren's syndrome
0473U	Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden
0478U	Oncology (non-small cell lung cancer), DNA and RNA, digital PCR analysis of 9 genes (EGFR, KRAS, BRAF, ALK, ROS1, RET, NTRK 1/2/3, ERBB2, and MET) in formalin-fixed paraffin-embedded (FFPE) tissue, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and reported as actionable detected variants for therapy selection
0479U	Tau, phosphorylated, pTau217
0480U	Infectious disease (bacteria, viruses, fungi, and parasites), cerebrospinal fluid (CSF), metagenomic next-generation sequencing (DNA and RNA), bioinformatic analysis, with positive pathogen identification
0481U	IDH1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central

	nervous system [CNS] tumors), next-generation sequencing (single-nucleotide variants [SNV], deletions, and insertions)
0482U	Obstetrics (preeclampsia), biochemical assay of soluble fms-like tyrosine kinase 1 (sFlt-1) and placental growth factor (PlGF), serum, ratio reported for sFlt-1/PlGF, with risk of progression for preeclampsia with severe features within 2 weeks
0483U	Infectious disease (<i>Neisseria gonorrhoeae</i>), sensitivity, ciprofloxacin resistance (gyrA S91F point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of fluoroquinolone resistance
0484U	Infectious disease (<i>Mycoplasma genitalium</i>), macrolide sensitivity (23S rRNA point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of macrolide resistance
0488U	Obstetrics (fetal antigen noninvasive prenatal test), cell-free DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected
0489U	Obstetrics (single-gene noninvasive prenatal test), cell-free DNA sequence analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants, and relative mutation-dosage analysis based on molecular counts to determine fetal inheritance of maternal mutation, algorithm reported as a fetal risk score for the condition (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia)
0490U	Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential CD146, high molecular-weight melanoma-associated antigen, CD34 and CD45 protein biomarkers, peripheral blood
0491U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of estrogen receptor (ER) protein biomarker-expressing cells, peripheral blood
0492U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of PD-L1 protein biomarker-expressing cells, peripheral blood
0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA
0494U	Red blood cell antigen (fetal RhD gene analysis), next-generation sequencing of circulating cell-free DNA (cfDNA) of blood in pregnant individuals known to be RhD negative, reported as positive or negative
0495U	Oncology (prostate), analysis of circulating plasma proteins (tPSA, fPSA, KLK2, PSP94, and GDF15), germline polygenic risk score (60 variants), clinical information (age, family history of prostate cancer, prior negative prostate

	biopsy), algorithm reported as risk of likelihood of detecting clinically significant prostate cancer
0497U	Oncology (prostate), mRNA gene-expression profiling by real-time RT-PCR of 6 genes (FOXM1, MCM3, MTUS1, TTC21B, ALAS1, and PPP2CA), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a risk score for prostate cancer
0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffin-embedded (FFPE) tissue, next-generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection
0500U	Autoinflammatory disease (VEXAS syndrome), DNA, UBA1 gene mutations, targeted variant analysis (M41T, M41V, M41L, c.118-2A>C, c.118-1G>C, c.118-9_118-2del, S56F, S621C)
0501U	Oncology (colorectal), blood, quantitative measurement of cell-free DNA (cfDNA)
0502U	Human papillomavirus (HPV), E6/E7 markers for high-risk types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68), cervical cells, branched-chain capture hybridization, reported as negative or positive for high risk for HPV
0503U	Neurology (Alzheimer disease), beta amyloid (A β 40, A β 42, A β 42/40 ratio) and tau-protein (pTau217, np-tau217, pTau217/np-tau217 ratio), blood, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS), algorithm score reported as likelihood of positive or negative for amyloid plaques
0504U	Infectious disease (urinary tract infection), identification of 17 pathologic organisms, urine, real-time PCR, reported as positive or negative for each organism
0505U	Infectious disease (vaginal infection), identification of 32 pathogenic organisms, swab, real-time PCR, reported as positive or negative for each organism
0506U	Gastroenterology (Barrett's esophagus), esophageal cells, DNA methylation analysis by next-generation sequencing of at least 89 differentially methylated genomic regions, algorithm reported as likelihood for Barrett's esophagus
0507U	Oncology (ovarian), DNA, whole-genome sequencing with 5-hydroxymethylcytosine (5hmC) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected
0510U	Oncology (pancreatic cancer), augmentative algorithmic analysis of 16 genes from previously sequenced RNA whole-transcriptome data, reported as probability of predicted molecular subtype
0511U	Oncology (solid tumor), tumor cell culture in 3D microenvironment, 36 or more drug panel, reported as tumor-response prediction for each drug
0512U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) status, formalin-fixed paraffin-embedded (FFPE) tissue, reported as increased or decreased probability of MSI-high (MSI-H)
0513U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) and homologous recombination deficiency (HRD) status, formalin-fixed paraffin-embedded (FFPE) tissue, reported as increased or decreased probability of each biomarker

0514U	Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of adalimumab (ADL) levels in venous serum in patients undergoing adalimumab therapy, results reported as a numerical value as micrograms per milliliter (Åµg/mL)
0515U	Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of infliximab (IFX) levels in venous serum in patients undergoing infliximab therapy, results reported as a numerical value as micrograms per milliliter (Åµg/mL)
0517U	Therapeutic drug monitoring, 80 or more psychoactive drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally and maximally effective dose of prescribed and non-prescribed medications
0518U	Therapeutic drug monitoring, 90 or more pain and mental health drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications
0519U	Therapeutic drug monitoring, medications specific to pain, depression, and anxiety, LC-MS/MS, plasma, 110 or more drugs or substances, qualitative and quantitative therapeutic minimally effective range of prescribed, non-prescribed, and illicit medications in circulation
0520U	Therapeutic drug monitoring, 200 or more drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications
0524U	Obstetrics (preeclampsia), sFlt-1/PIGF ratio, immunoassay, utilizing serum or plasma, reported as a value
0525U	Oncology, spheroid cell culture, 11-drug panel (carboplatin, docetaxel, doxorubicin, etoposide, gemcitabine, niraparib, olaparib, paclitaxel, rucaparib, topotecan, veliparib) ovarian, fallopian, or peritoneal response prediction for each drug
0526U	Nephrology (renal transplant), quantification of CXCL10 chemokines, flow cytometry, urine, reported as pg/mL creatinine baseline and monitoring over time
0528U	Lower respiratory tract infectious agent detection, 18 bacteria, 8 viruses, and 7 antimicrobial-resistance genes, amplified probe technique, including reverse transcription for RNA targets, each analyte reported as detected or not detected with semiquantitative results for 15 bacteria
0529U	Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis, saliva, report as risk score for VTE
0531U	Infectious disease (acid-fast bacteria and invasive fungi), DNA (673 organisms), next-generation sequencing, plasma
0532U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, peripheral blood, buffy coat, saliva, buccal or tissue sample, results reported as positive or negative
0534U	Oncology (prostate), microRNA, single-nucleotide polymorphisms (SNPs) analysis by RT-PCR of 32 variants, using buccal swab, algorithm reported as a risk score

0535U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), by liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative
0536U	Red blood cell antigen (fetal RhD), PCR analysis of exon 4 of RHD gene and housekeeping control gene GAPDH from whole blood in pregnant individuals at 10+ weeks gestation known to be RhD negative, reported as fetal RhD status
0540U	Transplantation medicine, quantification of donor-derived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donor-derived cell-free DNA to determine probability of rejection
0541U	Cardiovascular disease (HDL reverse cholesterol transport), cholesterol efflux capacity, LC-MS/MS, quantitative measurement of 5 distinct HDL-bound apolipoproteins (apolipoproteins A1, C1, C2, C3, and C4), serum, algorithm reported as prediction of coronary artery disease (pCAD) score
0542U	Nephrology (renal transplant), urine, nuclear magnetic resonance (NMR) spectroscopy measurement of 84 urinary metabolites, combined with patient data, quantification of BK virus (human polyomavirus 1) using real-time PCR and serum creatinine, algorithm reported as a probability score for allograft injury status
0545U	Acetylcholine receptor (AChR), antibody identification by immunofluorescence, using live cells, reported as positive or negative
0546U	Low-density lipoprotein receptor-related protein 4 (LRP4), antibody identification by immunofluorescence, using live cells, reported as positive or negative
0547U	Neurofilament light chain (NfL), chemiluminescent enzyme immunoassay, plasma, quantitative
0548U	Glial fibrillary acidic protein (GFAP), chemiluminescent enzyme immunoassay, using plasma
0549U	Oncology (urothelial), DNA, quantitative methylated real-time PCR of TRNA-Cys, SIM2, and NKX1-1, using urine, diagnostic algorithm reported as a probability index for bladder cancer and/or upper tract urothelial carcinoma (UTUC)
0556U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific DNA and RNA by real-time PCR, 12 targets, nasopharyngeal or oropharyngeal swab, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
0557U	Infectious disease (bacterial vaginosis and vaginitis), real-time amplification of DNA markers for Atopobium vaginae, Gardnerella vaginalis, Megasphaera types 1 and 2, bacterial vaginosis associated bacteria-2 and -3 (BVAB-2, BVAB-3), Mobiluncus species, Trichomonas vaginalis, Neisseria gonorrhoeae, Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. glabrata, C. krusei), Herpes simplex viruses 1 and 2, vaginal fluid, reported as detected or not detected for each organism
0558U	Oncology (colorectal), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted colorectal cancer protein marker (BF7 antigen), using serum, result reported as indicative of response/no response to therapy or disease progression/regression
0559U	Oncology (breast), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted breast cancer protein marker (BF9 antigen), serum, result reported as indicative of response/no response to therapy or disease progression/regression

0560U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood and tumor tissue, baseline assessment for design and construction of a personalized variant panel to evaluate current MRD and for comparison to subsequent MRD assessments
0561U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for MRD
0563U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 11 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative
0564U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 10 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative
0565U	Oncology (hepatocellular carcinoma), next-generation sequencing methylation pattern assay to detect 6,626 epigenetic alterations, cell-free DNA, plasma, algorithm reported as cancer signal detected or not detected
0566U	Oncology (lung), qPCR-based analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result
0568U	Neurology (dementia), beta amyloid (A β 40, A β 42, A β 42/40 ratio), tau-protein phosphorylated at residue (eg, pTau217), neurofilament light chain (NfL), and glial fibrillary acidic protein (GFAP), by ultra-high sensitivity molecule array detection, plasma, algorithm reported as positive, intermediate, or negative for Alzheimer pathology
0570U	Neurology (traumatic brain injury), analysis of glial fibrillary acidic protein (GFAP) and ubiquitin carboxyl-terminal hydrolase L1 (UCH-L1), immunoassay, whole blood or plasma, individual components reported with the overall result of elevated or non-elevated based on threshold comparison
0572U	Oncology (prostate), high-throughput telomere length quantification by FISH, whole blood, diagnostic algorithm reported as risk of prostate cancer
0573U	Oncology (pancreas), 3 biomarkers (glucose, carcinoembryonic antigen, and gastricsin), pancreatic cyst lesion fluid, algorithm reported as categorical mucinous or non-mucinous
0574U	Mycobacterium tuberculosis, culture filtrate protein-10-kDa (CFP-10), serum or plasma, liquid chromatography mass spectrometry (LC-MS)
0575U	Transplantation medicine (liver allograft rejection), miRNA gene expression profiling by RT-PCR of 4 genes (miR-122, miR-885, miR-23a, spike-in control), serum, plasma, or blood, algorithm reported as risk of liver allograft rejection
0576U	Transplantation medicine (liver allograft rejection), quantitative donor-derived cell-free DNA (cfDNA) by whole genome next-generation sequencing, plasma and mRNA gene expression profiling by multiplex real-time PCR of 56 genes, whole blood, combined algorithm reported as a rejection risk score
0579U	Nephrology (diabetic chronic kidney disease), enzyme-linked immunosorbent assay (ELISA) of apolipoprotein A4 (APOA4), CD5 antigen-like (CD5L) combined

	with estimated glomerular filtration rate (GFR), age, plasma, algorithm reported as a risk score for kidney function decline
0580U	<i>Borrelia burgdorferi</i> (Lyme disease), antibody detection of 31 recombinant protein groups, by immunoassay, IgG
0581U	Transplantation medicine, antibody to non-human leukocyte antigens (non-HLA), blood specimen, flow cytometry, single-antigen bead technology, 39 targets, individual positive antibodies reported
0583U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome comparator DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported with proband results (List separately in addition to code for primary procedure)
0584U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative
0586U	Oncology, mRNA, gene expression profiling of 216 genes (204 targeted and 12 housekeeping genes), RNA expression analysis, formalin-fixed paraffin-embedded (FFPE) tissue, quantitative, reported as log2 ratio per gene
0587U	Therapeutic drug monitoring, 60-150 drugs and metabolites, urine, saliva, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), specimen validity, and algorithmic analyses for presence or absence of drug or metabolite, risk score predicted for adverse drug effects
0588U	Infectious disease (bacterial or viral), 32 genes (29 informative and 3 housekeeping), immune response mRNA, gene expression profiling by split-well multiplex reverse transcription loop-mediated isothermal amplification (RT-LAMP), whole blood, reported as continuous risk scores for likelihood of bacterial and viral infection and likelihood of severe illness within the next 7 days
0589U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 24 PFAS compounds by high-performance liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative
0590U	Infectious disease (bacterial and fungal), DNA of 44 organisms (34 bacteria, 10 fungi), urine, next-generation sequencing, reported as positive or negative for each organism
0591U	Oncology (prostate cancer), biochemical analysis of 3 proteins (total PSA, free PSA, and HE4), serum, prognostic algorithm incorporating 3 proteins and digital rectal examination, results reported as a probability score for clinically significant prostate cancer
0592U	Oncology (hematolymphoid neoplasms), DNA, targeted genomic sequence of 417 genes, interrogation for gene fusions, translocations, rearrangements, utilizing formalin-fixed paraffin-embedded (FFPE) tumor tissue, results report clinically significant variant(s)
0593U	Infectious disease (genitourinary pathogens), DNA, 46 targets (28 pathogens, 18 resistance genes), RT-PCR amplified probe technique, urine, each analyte reported as detected or not detected
0594U	Infectious disease (sepsis), semiquantitative measurement of pancreatic stone protein concentration, whole blood, reported as risk of sepsis
0596U	Neurology (Alzheimer disease), plasma, 3 distinct isoform-specific peptides (APOE2, APOE3, and APOE4) by liquid chromatography with tandem mass spectrometry (LC-MS/MS), reported as an APOE proteotype

0597U	Oncology (breast), RNA expression profiling of 329 genes by targeted next-generation sequencing and 20 proteins by multiplex immunofluorescence, formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic analyses to determine tumor-recurrence risk score
0598U	Gastroenterology (irritable bowel syndrome), IgG antibodies to 18 food items by enzyme-linked immunosorbent assay (ELISA), whole blood or serum, report as elevated (positive) or normal (negative) antibody levels
0599U	Oncology (pancreatic cancer), multiplex immunoassay of ICAM1, TIMP1, CTSD, THBS1, and CA 19-9, serum, diagnostic algorithm reported as positive or negative

Effective December 1, 2026, the following codes will *deny vendor liable* for all lines of business:

Code	Description
S2140	Cord blood harvesting for transplantation, allogeneic
S2142	Cord blood-derived stem-cell transplantation, allogeneic
A2001	Innovamatrix AC, per sq cm
A2002	Mirrugen Advanced Wound Matrix, per sq cm
A2004	XCelliStem, per sq cm
A2005	Microlyte matrix, per sq cm
A2006	NovoSorb SynPath dermal matrix, per sq cm
A2007	Restrata, per sq cm
A2008	TheraGenesis, per sq cm
A2009	Symphony, per sq cm
A2010	Apis, per sq cm
A2011	Supra SDRM, per sq cm
A2012	Suprathel, per sq cm
A2013	InnovaMatrix FS, per sq cm
A2022	Innova Burn or InnovaMatrix XL, per sq cm
A2023	InnovaMatrix PD, 1 mg
A4100	Skin substitute, FDA-cleared as a device, not otherwise specified
Q4111	GammaGraft
Q4112	Cymetra, Injectable, 1 cc
Q4113	GraftJacket Xpress, Injectable, 1 cc
Q4114	Integra flowable wound matrix, Injectable, 1 cc
Q4115	AlloSkin, per sq cm

22860	Lumbar total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (list separately in addition to code for primary procedure)
0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness
0204U	Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not detected
0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements
0210U	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR)
0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants
0246U	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens

Effective December 1, 2026, the following codes will *deny vendor liable* for Fallon Medicare Plus HMO and Community Care:

Code	Description
Q4103	Oasis burn matrix, per sq cm
Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm
Q4108	Integra Matrix, per sq cm
Q4132	Grafix Core and GrafixPL Core, per sq cm
Q4161	Bio-Connekt wound matrix, per sq cm
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc
Q4163	WoundEx, Bioskin, per sq cm
Q4164	Helicoll, per sq cm
Q4165	Keramatrix or Kerasorb, per sq cm
Q4186	EpiFix, per sq cm
Q4187	Epicord, per sq cm
Q4196	PuraPly AM, per sq cm
Q4199	Cygnus matrix, per sq cm

Q4251	Vim, per sq cm
Q4252	Vendaje, per sq cm
Q4253	Zenith Amniotic Membrane, per sq cm
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report

Effective December 1, 2026, the following codes will *deny vendor liable* for Fallon Medicare Plus HMO and NaviCare:

Code	Description
0248U	Oncology, spheroid cell culture in 3D microenvironment, 12-drug panel, brain- or brain metastasis-response prediction for each drug
0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report
0251U	Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma
0252U	Fetal aneuploidy short tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy
0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive)
0254U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy, per embryo tested
0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)
0358U	Neurology (mild cognitive impairment), analysis of β^2 -amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative
0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture-enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes

0363U	Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma
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Effective December 1, 2026, the following codes will *deny vendor liable* for MassHealth ACO:

Code	Description
Q4105	Integra dermal regeneration template, per sq cm
E2102	Adjunctive, non-implanted continuous glucose monitor or receiver

Effective December 1, 2026, the following codes will *deny vendor liable* for Community Care:

Code	Description
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported
0077U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype
0165U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and probability of peanut allergy
0166U	Liver disease, 10 biochemical assays ($\hat{I}\pm 2$ -macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score
0178U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue
0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection
0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass

	spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH
0402U	Infectious agent (sexually transmitted infection), Chlamydia trachomatis, Neisseria gonorrhoeae, Trichomonas vaginalis, Mycoplasma genitalium, multiplex amplified probe technique, vaginal, endocervical, or male urine, each pathogen reported as detected or not detected
0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor necrosis receptor 2 (sTNFR2), and kidney injury molecule 1 (KIM-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function
0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a-5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis
0569U	Oncology (solid tumor), next-generation sequencing analysis of tumor methylation markers (>20,000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate
0578U	Oncology (cutaneous melanoma), RNA, gene expression profiling by real-time qPCR of 10 genes (8 content and 2 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reports a binary result, either low-risk or high-risk for sentinel lymph node metastasis and recurrence
0595U	Infectious disease (tropical fever pathogens), vector-borne and zoonotic pathogens, including 2 viruses (Chikungunya virus and Dengue virus serotypes 1, 2, 3, and 4), 1 bacterium (Leptospira species), and 1 parasite with species differentiation (Plasmodium species, Plasmodium falciparum, and Plasmodium vivax/ovale), real-time RT-PCR, whole blood, each pathogen reported as detected or not detected

Effective December 1, 2026, the following code will *deny vendor liable* for Community Care and MassHealth ACO:

Code	Description
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association

Effective December 1, 2026, the following codes will *deny vendor liable* for Fallon Medicare Plus HMO, NaviCare, and Summit ElderCare PACE:

Code	Description
0519U	Therapeutic drug monitoring, medications specific to pain, depression, and anxiety, LC-MS/MS, plasma, 110 or more drugs or substances, qualitative and

	quantitative therapeutic minimally effective range of prescribed, non-prescribed, and illicit medications in circulation
0520U	Therapeutic drug monitoring, 200 or more drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications
0521U	Rheumatoid factor IgA and IgM, cyclic citrullinated peptide (CCP) antibodies, and scavenger receptor A (SR-A) by immunoassay, blood
0522U	Carbonic anhydrase VI, parotid specific/secretory protein and salivary protein 1 (SP1), IgG, IgM, and IgA antibodies, immunoassay, semiquantitative, blood

Effective December 1, 2026, the following codes are configured as *covered with prior authorization* for Fallon Medicare Plus HMO, NaviCare, and Summit ElderCare PACE:

Code	Description
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s)
0572T	Insertion of substernal implantable defibrillator electrode

Effective December 1, 2026, the following codes will *not be covered* for Fallon Medicare Plus HMO:

Code	Description
A4520	Incontinence garment, any type, (e.g., brief, diaper), each
A6228	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6229	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size
A6260	Wound cleansers, any type, any size

Effective December 1, 2026, the following codes will *not be covered* for Fallon Medicare Plus HMO and Community Care:

Code	Description
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
A9276	Sensor, invasive (e.g., subcutaneous), disposable, for use with interstitial CGM system
A9277	Transmitter, external for use with interstitial CGM system
A9278	Receiver (monitor), external for use with interstitial CGM system

E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver
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Effective December 1, 2026, the following code will *not be covered* for Community Care:

Code	Description
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified

Effective December 1, 2026, the following codes will *not be covered* for Fallon Medicare Plus HMO, NaviCare, Summit ElderCare, and Community Care:

Code	Description
E0150	Combination wheeled walker with seat and transport chair, folding, adjustable or fixed height
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height

Effective December 1, 2026, the following codes will *not be covered* for Fallon Medicare Plus HMO, NaviCare, and Summit ElderCare:

Code	Description
E0350	Control unit for electronic bowel irrigation/evacuation system
E0352	Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with

Effective December 1, 2026, the following code will *not be covered* for NaviCare and Summit ElderCare:

Code	Description
E0218	Fluid circulating cold pad with pump, any type

Effective January 1, 2026, the following codes are configured as *covered with prior authorization* for Summit ElderCare:

Code	Description
92628	Evaluation for hearing aid candidacy
92629	Evaluation for hearing aid candidacy
92631	Hearing aid selection
92632	Hearing aid selection
92634	Hearing aid fitting

92635	Hearing aid fitting
92636	Hearing aid post-fitting follow-up services
92637	Hearing aid post-fitting follow-up services
92641	Electroacoustic analysis verification
92642	Hearing assistive devices services

Effective January 1, 2026, the following codes will *deny vendor liable* for Summit ElderCare:

Code	Description
92638	Behavioral verification
92639	Probe-microphone verification

Effective January 1, 2026, the following codes will *not be covered* for Fallon Medicare Plus HMO:

Code	Description
92628	Evaluation for hearing aid candidacy
92629	Evaluation for hearing aid candidacy
92631	Hearing aid selection
92632	Hearing aid selection
92634	Hearing aid fitting
92635	Hearing aid fitting
92636	Hearing aid post-fitting follow-up services
92637	Hearing aid post-fitting follow-up services
92638	Behavioral verification
92639	Probe-microphone verification
92641	Electroacoustic analysis verification
92642	Hearing assistive devices services

Effective January 1, 2026, the following codes will *deny vendor liable* for NaviCare:

Code	Description
92628	Evaluation for hearing aid candidacy
92629	Evaluation for hearing aid candidacy
92634	Hearing aid fitting

92635	Hearing aid fitting
92638	Behavioral verification
92639	Probe-microphone verification
92642	Hearing assistive devices services



Payment policies

Revised policies – Effective December 1, 2026

The following policies have been updated; details about the changes are indicated on the policies.

- **Non-Covered Services** – Updated code report (generated 07/02/2026).
- **Telehealth Services – MassHealth ACO** – Billing/coding guidelines updated to include new sections for Synchronous audio-video and audio-only evaluation and management services (CPT 98000-98015) and Brief synchronous communication technology service (CPT 98016).
- **Acupuncture Services** – In the Policy section, clarified that this payment policy does not apply to acupuncture services rendered at community health centers, removed language related to coverage and reimbursement for acupuncture services rendered at community health centers.
- **Preventive Services** – Under Billing/coding guidelines, HIV Preexposure Prophylaxis (PrEP) for Community Care and MassHealth ACO members, added CPT 87494 for combined chlamydia and gonorrhea testing for Community Care members, added new section for Diabetes Screening for Medicare Members.
- **Podiatry Services** – Under Policy, removed Removal of Benign Skin Lesions, references to National Government Services, Inc. updated to Wellpoint Federal (formerly National Government Services, Inc.) throughout, Under Coding/billing guidelines, added new section for ICD-10-CM Codes that Support Medical Necessity for Routine Foot Care.
- **Inpatient Hospital Services** – Renamed policy from Inpatient Medical Review and Payment Policy to Inpatient Hospital Services Payment Policy as a separate clinical criteria policy was created; updated the Policy and Reimbursement sections for regarding Level of Care and Readmissions payment conditions by product; updated Referral/notification/prior authorization and Billing/coding guidelines by referencing related policies and clarifying notification periods.
- **Laboratory and Pathology Services** – Under Reimbursement, added new section for Laboratory LCDs. Effective for dates of service on or after November 1, 2026, Fallon Health is implementing procedure to diagnosis code edits for five Wellpoint Federal Local Coverage Determinations (LCDs).
- **Obstetrics and Gynecology** – Under Reimbursement, added new section for Billing Transition Guidance to support the transition from global obstetrical billing to the revised coding structure being implemented on January 1, 2027.
- **Drugs and Biologicals** – Under Billing/coding guideline, updated Spravato® (Esketamine) Nasal Spray section.
- **Skilled Nursing Facility** – Revised the policy scope to skilled post-acute nursing facility services; clarified the separation from short-term custodial and long-term care; revised PASRR requirements to recognize applicable regulatory exceptions; distinguished Medicare Advantage and PACE HIPPS encounter requirements from MassHealth billing; and clarified Medicare Part A consolidated billing and Medicare Part B therapy requirements.

- **Short Term Care (STC) and Long Term Care (LTC)** – Under Policy, clarified that STC is temporary and is not a prerequisite for LTC; clarified prior authorization requirements for STC and LTC; Under Billing/coding guidelines, added that HIPPS codes must be supported by EOHHS-accepted MDS information and aligned with the institutional rating tier; Fallon Health may request iQIES or EOHHS acceptance evidence.
- **Home Health Care** - Under Billing/coding guidelines, updated to include T1019 for Fallon Health Weinberg personal care aide services.
- **Personal Care Attendant** - Under Policy, added new section for Fallon Health Weinberg, clarifying that consumer-directed personal assistance services (CDPAS) in New York State are equivalent PCA services in Massachusetts.

Retired policies – Effective December 1, 2026

The following policies have been updated; details about the changes are indicated on the policies.

- **Ventricular assist devices payment policy** - There is no business need to maintain a separate policy, as the billing codes are already included in the medical policy.

Revised policies – Effective January 1, 2027

The following policies have been updated; details about the changes are indicated on the policies.

- **Adult Day Health** – Aligned the Payment Policy with the Adult Day Health Clinical Coverage Criteria; clarified NaviCare and PACE authorization pathways, provider submission and monitoring responsibilities, documentation, reauthorization, significant-change, level-change, provider-transfer, continuity-of-care, transportation, nonduplication, and payment requirements.
- **Aging Services Access Point (ASAP)** – Updated ASAP responsibility for prior authorization submission, monitoring, documentation, reauthorization, significant-change requests, exemptions, and reimbursement requirements for Purchased Services.
- **Day Habilitation** – Updated provider prior authorization submission, monitoring, documentation, reauthorization, and reimbursement requirements.
- **Adult Foster Care** – Under Reimbursement, clarified reimbursement for AFC services; Updated prior authorization requirements to include provider responsibility, documentation, service-level review; under Billing/coding guidelines, added notification of elimination of span date billing effective for dates of service on or after October 1, 2026.
- **Group Adult Foster Care** – Updated prior authorization submission, provider responsibility, documentation, and reimbursement requirements for GAFC services. ■

Medical policies

New policies – Effective August 1, 2026

The following policies updated; details about the changes are indicated on the policies.

- **IB-Stim (Percutaneous Electrical Nerve Field Stimulation) for Functional Abdominal Pain**
- **Angiography-Derived Fractional Flow Reserve**

Revised policies – Effective August 1, 2026

The following policies have been updated; details about the changes are indicated on the policies.

- **Acute Inpatient Rehabilitation Hospital**
- **Allogeneic Stem Cell Transplantation**
- **Anterior Segment Optical Coherence Tomography**
- **Arthroscopic Lavage and Debridement for Osteoarthritis of the Knee**
- **Ambulatory Cardiac Monitoring**

New policies – Effective September 1, 2026

The following policies have been updated; details about the changes are indicated on the policies.

- **Unlisted Codes**
- **Cranial Orthoses for Cranial Deformities and Congenital Muscular Torticollis**
- **Thoracic, Lumbar and Sacral Orthoses**
- **Orthoses for Scoliosis and Hyperkyphosis**
- **Ankle-Foot and Knee-Ankle-Foot Orthoses**

Revised policies – Effective September 1, 2026

The following policies have been updated; details about the changes are indicated on the policies.

- **Implantable Cardioverter Defibrillators**
- **Autologous Stem Cell Transplantation**
- **Cosmetic, Reconstructive and Restorative Surgery**
- **Deep Brain Stimulation**
- **Durable Medical Equipment**
- **Hyperbaric Oxygen**
- **Spinal Cord Stimulation**
- **Ventricular Assist Devices**
- **Yescarta (axicabtagene ciloleucel)**

Revised policies – Effective October 1, 2026

The following policies have been updated; details about the changes are indicated on the policies.

- **Sacral Nerve Stimulation for Urinary Incontinence**
- **Orthognathic Surgery**
- **Vagus Nerve Stimulation**
- **Lower Limb Prostheses**

New policies – Effective December 1, 2026

The following policies have been updated; details about the changes are indicated on the policies.

- **Acute Inpatient Hospital Admission**

Revised policies – Effective January 1, 2027

The following policies have been updated; details about the changes are indicated on the policies.

- **Adult Day Health**
- **Day Habilitation**
- **Adult Foster Care**
- **Group Adult Foster Care**



Our products

Medicare Advantage

Fallon Medicare Plus HMO – for Medicare beneficiaries across the state—from Boston to the Berkshires. 4 plans to choose from:

- FMP Orange, Green, and Blue HMO plans
- FMP Saver No Rx HMO
- Service area includes all of Massachusetts except Dukes and Nantucket counties

Fallon Medicare Plus Premier HMO – for Medicare beneficiaries who receive coverage through an employer group or union.

- Service area includes Massachusetts as well as some cities and towns outside of the state.

Medicare Supplement

Fallon Medicare Plus Supplement – for individual consumers who are Medicare-eligible. Can see any provider they choose who accepts Medicare. Three plans to choose from:

- FMP Supplement Core, FMP Supplement 1A, and FMP Supplement 1

Individual and small group

Community Care – for the subsidized and unsubsidized individual and small group markets. Available on the Massachusetts Health Connector.

- Service area includes Berkshire, Bristol, Hampden, Middlesex, Plymouth, Suffolk, and Worcester counties, and part of Norfolk County.

MassHealth ACO

Berkshire Fallon Health Collaborative – for MassHealth-eligible individuals who live in the Berkshire County service area.

- Partnership between Fallon Health and Partnership for Health in the Berkshires PHO, which includes Berkshire Health Systems, Inc., Community Health Programs, Inc., and the majority of Berkshire County community physician practices.

Fallon 365 Care – for MassHealth-eligible individuals who live in the service area that includes cities and towns in Worcester, Middlesex, Hampden, and Norfolk counties.

- Partnership between Reliant Medical Group, plus a small affiliate network of providers.

Fallon Health-Atrius Health Care Collaborative – for MassHealth-eligible individuals who live in the service area that includes cities and towns in Worcester, Middlesex, Essex, Suffolk, Norfolk, and Plymouth counties.

- Provider network consists of all Atrius Health, in addition to a small affiliate network of providers.

Our products *(continued)*

PACE program

Summit ElderCare – Fallon Health’s PACE (Program of All-Inclusive Care for the Elderly) provides medical care, social supports, adult day health, in-home services, transportation, and health insurance in 1 program—for people age 55 and older, who qualify for a nursing home level of care.

- Allows participants to stay in their homes and have social ties to their communities.
- Participants must live in the Summit ElderCare service area, available at fallonhealth.org/summit.

Special Needs Plan

NaviCare HMO SNP – Fallon Health’s Medicare Advantage Special Needs Plan (SNP) for people who have MassHealth Standard and Medicare Parts A and B.

Combines MassHealth (Medicaid) and Medicare benefits, including Medicare Part D prescription drug coverage. NaviCare members can’t be enrolled in another health insurance plan, except Medicare and MassHealth. ■

These are the products Fallon Health currently offers and they are not necessarily indicative of what you are contracted for with Fallon Health. Products may change for 2027. If you have questions regarding products you are contracted for, please contact your Provider Relations Representative.

Connection is an online quarterly publication for all Fallon Health ancillary and affiliated providers.

Send information to:

Provider Relations
Fallon Health
1 Mercantile St., Ste. 400
Worcester, MA 01608

or

Email your Provider Relations
Representative

Manny Lopes
President and CEO

Lora Council, MD, MPH, MHCMI
*Senior Vice President and
Chief Medical Officer*

Sean Murphy
Chief Network Strategist

Susan Keser
*Vice President, Network Development
and Management*

fallonhealth.org/providers

Questions?

1-866-275-3247