



Reimbursement Policy Commercial

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Reimbursement Policy Number R12

Facility Services, Supplies and Equipment

Table of Contents

| | |
|----------------------------------|----|
| Overview | 2 |
| Reimbursement Policy | 2 |
| General Background..... | 3 |
| Coding/Billing Information | 9 |
| References..... | 40 |
| Policy History/Update | 41 |

Related Policy Resources

Related Reimbursement Policies:

[R01 Multiple Radiology Services](#)
[R04 Robotic Assisted Surgery](#)
[R08 Unlisted Codes](#)
[R13 Implant Billing Requirements](#)
[R14 Pharmacy and Infusion Services](#)
[R15 Respiratory Services and Supplies](#)
[R17 Laboratory Services](#)
[R18 Ambulance Services](#)

Related Coverage Policies

[CP0072 Bathroom and Toilet Equipment and Supplies](#)
[CP0118 Bone Graft Substitutes](#)
[CP0453 Inhaled Nitric Oxide](#)
[CP0509 Intraoperative Monitoring](#)
[CP0136 Nutritional Support](#)
[CP0343 Seat Lift Mechanism, Patient Lifts and Standing Devices](#)
[CP0030 Wheelchairs/Power Operated Vehicles](#)

INSTRUCTIONS FOR USE

Reimbursement policies are intended to supplement certain **standard** benefit plans. Please note, the terms of an individual's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which a reimbursement policy is based. For example, an individual's benefit plan document may contain specific language which contradicts the guidance outlined in a reimbursement policy. In the event of a conflict, an individual's benefit plan document **always supersedes** the information in a reimbursement policy. Reimbursement terms in agreements with participating health care providers may also supersede the information in a reimbursement policy. Proprietary information of Cigna.
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Overview

Cigna reimburses hospital/facility services consistent with the provider contract, the benefit plan and Cigna payment policies.

This policy applies to inpatient and outpatient claims billed for services in a facility setting on a Center for Medicare and Medicaid Services (CMS-1500) or a Uniform Billing (UB-04) claim form and all equivalent forms.

Reimbursement Policy

Cigna does not separately reimburse items or services:

- that are wasted, broken, destroyed, stolen, or misused
- considered to be inappropriate or excessive (e.g., three incentive spirometers ordered during a routine inpatient stay)
- considered to be included in the daily room and board charge for the provided level of care
- considered to be included in or incidental to facility charge associated with the primary medical or surgical service. (e.g., administration services for Injections and infusions when billed with a primary service or procedure)

Note: Administration services associated with an infusion or injection are separately reimbursed when the infusion/injection is the primary reason or service performed during the facility visit.

Note: Cigna does not provide separate reimbursement for venipuncture or blood draws when billed with other services on an UB04 claim form as they are included in the payment to the facility.

Cigna does not reimburse personal convenience items, which are standardly excluded as non-covered charges.

Nursing charges are included in the primary medical /surgical procedure charge and/or the room and board charge. No separate reimbursement is made for incremental nursing charges unless ordered by a doctor and documentation submitted, including written doctor's order, demonstrates a significant increase in the nursing intensity provided beyond standard nursing services for that particular level of care.

Reimbursement for equipment, monitoring, supplies or services that are performed by the nursing staff or technicians at the bedside or elsewhere in the facility is included in the facility payment.

Intraoperative neurophysiological monitoring (IONM) represented by codes 95940, 95941 and G0453 will be denied when appended with Modifier TC (Technical Component). IONM codes 95940, 95941 and G0453 represent physician services only and Modifier TC is not an appropriate modifier to use. In addition, the provision of equipment, supplies and technical personnel for the IONM service is the responsibility of the facility rendering the IONM service.

IONM billed and associated electrodiagnostic studies will be denied when billed with all places of service (POS) other than 19, 21, 22, or 24.

Cigna will deny professional provider services/vendor services for Current Procedural Terminology (CPT®) or Healthcare Common procedure Coding System (HCPCS) codes with a Professional Component/Technical Component (PC/TC) indicator of 3, or 5 when billed on a CMS 1500 claim form in a facility place of service (e.g., newborn hearing screening diagnostic services or infusion services).

Cigna will deny professional provider services/vendor services for CPT® or HCPCS codes with a status indicator of X when billed on a CMS 1500 claim form in a facility place of service.

Cigna will not reimburse professional evaluation and management (E&M) codes when billed by a facility on a UB04 claim form.

Transportation, including monitoring while being transported (i.e., cardiac monitoring), within the facility itself is included in the primary medical /surgical procedure charge and/or the room and board charge.

Cigna will not provide additional reimbursement for internal equipment transportation, portable fees, and STAT or set-up fees.

The room and board charge includes the hospital bed. If a specialized mattress or bed (i.e., bariatric bed) is required, the charges are not reimbursed separately.

Durable medical equipment (DME) for use in the home should be supplied by a Cigna contracted and licensed DME vendor.

Separate reimbursement may be allowed to the facility for medically necessary durable medical equipment required for immediate inpatient or outpatient discharge such as crutches, canes and braces or other such medical devices necessary to allow the patient to timely and safely leave the facility. Documentation must support that the patient was discharged home with this equipment.

Cigna will not provide additional reimbursement for use of an operating room when billed with both time units and procedure units.

- Inpatient surgical services billed with Revenue Code 36X are only reimbursed when billed in time units
- Outpatient operating room charges are reimbursed when billed with CPT® and HCPCS procedure code units

Reimbursement for perfusion services is included in the payment to the facility and is not separately reimbursed. Unbundled components such as supplies, equipment is also not separately reimbursable.

Cigna will not separately reimburse bone graft substitutes as they are considered incidental to the primary surgical procedure and included in the facility payment for the primary procedure.

General Background

Room and Board

Room and board consist of a combination of the room, routine nursing services including but not limited to the delivery of care, patient education, and other routine services (see examples listed below) and routine supplies. This charge includes the room rate based on level of care, dietary

and nursing services, minor medical and surgical supplies, medical social services, psychiatric social services, and the use of certain equipment and treatment rooms for which Cigna does not make an additional payment.

Room and board is reimbursed at the semi-private room and board rate or more intensive room and board rates when medically necessary. A private room for the patient's or hospital's convenience is not additionally reimbursable. Private rooms are reimbursable when the medical condition requires patient isolation.

Special Care or Intensive Care Units utilize additional equipment and/or have available for immediate use lifesaving equipment necessary to treat critically ill patients. This equipment may include, but is not limited to, newborn hearing test equipment, respiratory and cardiac monitoring equipment, respirators, cardiac defibrillators, and wall or canister oxygen, and compressed air. Monitoring devices and other equipment used in critical care units are capital goods and should not be separately billed. These charges should be built into the appropriate revenue code for the accommodation charge (example, 020x Intensive Care, 017x Nursery).

Routine supplies and equipment are those items routinely used by patients within a level of care setting, or in the delivery of medical-surgical services, and include all related equipment necessary for that particular acuity level. These supplies and equipment are typically located in the patient care area or are available in a central supply area. Payment for routine supplies and equipment is integral to and included in Cigna's payment for room and board or the separately chargeable service.

Each CPT® code and HCPCS code is assigned a status indicator and a PC/TC indicator by CMS. Cigna recognizes and follows CMS indicator assignments.

- A status indicator of X represents an item or service that is not in the statutory definition of "physician services" for fee schedule payment purposes. No relative value units (RVUs) or payment amounts are shown for these codes, and no payment may be made under the physician fee schedule. Because these services do not have a professional component, Cigna considers them to be integral to and included in Cigna's payment for room and board services when billed by a professional or vendor on a CMS-1500 in the facility setting.
- A PC/TC indicator of 3 identifies stand-alone codes that describe the technical component (i.e., staff and equipment costs) of selected services which Cigna considers to be integral to and included in Cigna's payment for room and board when billed by a professional or outside vendor on a CMS-1500 in a facility place of service.
- A PC/TC indicator of 5 identifies codes that describe services covered incident to a physician's service when they are provided by auxiliary personnel employed by the physician and working under his or her direct personal supervision. Payment may not be made by carriers for these services when they are provided to hospital inpatients or patients in a hospital outpatient department. Therefore, Cigna considers codes with a PC/TC indicator of 5 to be integral to and included in Cigna's payment for room and board services when billed by a professional or vendor on a relative.
- CMS-1500 in the facility setting.

Cigna will not reimburse professional provider services or vendor services for CPT® or HCPCS codes with a status indicator of X or a PC/TC indicator of 3 or 5 when billed on a CMS-1500 for a facility place of service. The assigned indicators can be found in the National Physician Fee Schedule (NPFS) Relative Value File at the following address:

<http://www.ems.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html>.
<http://www.ems.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html>.

Cigna will not reimburse for units of items or supplies it considers inappropriate or excessive (e.g., 3 incentive spirometers ordered during a routine inpatient stay).

Cigna will deny charges for items that are wasted, broken, destroyed, stolen, or misused.

The following are examples of routine supplies and equipment which are not separately reimbursable because they are included under the daily room and board charge or another service for which the facility is reimbursed. This list does not account for variable terminology of listed items that may differ among facilities (example bed sheets versus bed linens).

| Routine Supplies and Equipment (List is not all-inclusive) | | |
|---|--|--|
| Admission Kits | Air Fresheners | Apnea Monitors |
| Band Aids, Cotton Balls, Gauze | Barrier Apparel and Towels | Batteries |
| Bedpans (including fracture pans) | Beds | Betadine Ointment/Solutions |
| Bladder Scanner | Blood Pressure Cuffs/Monitors | Breast feeding pumps and supplies. |
| Carbon Dioxide | Commodes | Contrast materials (e.g., low-osmolar contrast media (LOCM), high-osmolar contrast media (HOCM), and methylene blue) |
| Education Materials | Electrocardiogram (EKG) Supplies | Emesis Basins |
| Eye Cups and droppers | Exercise Equipment | Gloves |
| Gowns | Graduated Containers | Glucometers |
| Implantable access catheters, port/reservoir | Internal Patient or Equipment Transport | Intra-Aortic Balloon Pump (IABP) monitoring device |
| Intracranial pressure (ICP) monitoring device | Iodine Scrub | Irrigation Solutions and supplies |
| Isolation Supplies | IV Pumps/Poles, drug delivery systems and Supplies (including tubing, extension kits, infusion pump refill kits, syringes and flushes) | Linens |
| Lubricants (e.g., KY Jelly) | Masks | Mattresses (e.g., Eggcrate) |
| Medicine Droppers | Nebulizers and supplies | Phototherapy Lights |
| Pitchers | Pneumatic Compression Devices | Portable Fees |
| Prep Blades | Prep Sheets | Printing Supplies |

| Routine Supplies and Equipment (List is not all-inclusive) | | |
|--|--|---------------------------------|
| Sequential compression Devices | Skin Cleansers (including alcohol or peroxide solutions, alcohol wipes, chlorhexidine antiseptic, phisoex solutions, etc.) | Set-up Fees |
| Snacks | Soaps | STAT fees |
| Sterile syringes and needles | Stethoscopes | Suction Canisters/Liners/Tubing |
| Supplies necessary for Monitoring based on Level of Care (e.g., Pulse oximetry probes, EKG pads) | Surgical trays and surgical supplies | Swab Sticks |
| Tape (Adhesive and Others) | Telemetry Equipment | Therapeutic Baths |
| Thermometer Probes | Toilet Seat Lifter | Tongue Depressors |
| Transparent Film | Trapeze bars | Urinals |

Routine Nursing or Ancillary Department Services

Routine nursing services are those services provided by the hospital nursing staff or ancillary departments as part of standard care for the patient's level of care. Such services are included in the room and board charge and are not separately reimbursable.

According to the American Medical Association (AMA) CPT® guidelines, physician or other qualified health care professional work related to hydration, injection, and infusion services predominately involves affirmation of treatment plan and direct supervision of staff. The staff actually performing these services nursing professionals. Therefore, codes 96360-96379, 96401, 96402, 96409-96425, 96521-96523 are not intended to be reported by the physician in the facility setting and are considered a routine nursing service.

The National Uniform Billing Committee (NUBC) has designated the revenue code range 0230 0239 as Incremental Nursing. The UB-04 manual defines incremental nursing charges as "extraordinary charges for nursing services assessed in addition to the normal nursing charge associated with the typical room and board unit." Incremental nursing charges will not be separately reimbursed unless the services are ordered by a physician and the documentation demonstrates a significant increase in the nursing intensity provided beyond standard nursing services for the given level of care being billed. Standards of nursing care for a given level of care are derived from sources such as the Joint Commission Resources (JC), and State Boards of Nursing.

Example: A patient admitted for a routine elective procedure on the regular med/surg unit of a hospital has a serious cardiac event and goes into cardiogenic shock. Unfortunately, the hospital's coronary care unit is completely full, and the patient must remain on the med/surg unit. However, the patient requires specialized monitoring and one on one nursing care consistent with that usually delivered in the coronary care unit. With a physician's order and adequate documentation, additional reimbursement for incremental nursing charges may be allowed for this specialized nursing care until such time as the patient can be transferred to the hospital's coronary care unit. After the patient's transfer to the coronary care unit, incremental nursing charges would no longer be covered since such specialized nursing care is considered part of the room and board charge for the coronary care unit.

The following are examples of routine nursing/ancillary department services which are included in the reimbursement to the facility. This list does not account for variable terminology of listed items that may differ among facilities (example: telemetry monitoring versus cardiac monitoring).

| Routine Nursing/ Ancillary Department Services (List is not all inclusive) | | |
|---|---|---|
| Blood draws (including but not limited to established lines or ports) | Central line care | Dressing changes |
| Incontinence consultations | Incremental nursing (except as outlined above) | IV Insertions and access to implanted ports/devices, as well as infusion services |
| Lactation consultations | Medication administration | Nasogastric tube insertions |
| Nebulizer Treatments | Nutrition Screening | Patient Assessments, including Vital Signs and Hearing Screens |
| Telemetry monitoring | Tracheostomy Care (Dressing Changes/Suctioning) | Blood and Blood Product Administration |
| Urinary Catheter Insertions | Venipuncture | Wound Care/Ostomy Specialists |

Peripherally inserted central catheter (PICC) line insertions may be separately reimbursed.

Dietary Support

Hospitals provide dietary and nutritional support to patients to assist in their recovery. Special diets such as diabetic, heart or clear fluids are included in the room and board charge and are not separately reimbursable. Nutritional support can be provided orally, enterally (through a tube into the stomach or small intestine), and intravenously. When enteral and intravenous feedings are separately reimbursable, the supplies, equipment and nursing services associated with these feeds are not, as these are included in the daily room and board charge.

Note: Additional guidance on Cigna's nutritional support policy can be obtained by viewing the Nutritional Support Coverage Policy #0136 found under the related coverage policy section at the top of this policy.

Durable Medical Equipment

Durable medical equipment (DME) is equipment that primarily and customarily is medical in nature, is not useful to a person in the absence of illness or injury, withstands repeated use, may be appropriate for home use and is ordered by the attending physician.

A hospital bed is included in the room and board allowance. If a specialized mattress or bed (i.e., bariatric bed) is required, no additional reimbursement is allowed.

Durable medical equipment (DME) for use in the home should be supplied by a Cigna contracted and licensed DME vendor.

Separate reimbursement may be allowed to the facility for medically necessary durable medical equipment required for immediate inpatient or outpatient discharge such as crutches, canes and braces or other such medical devices necessary to allow the patient to timely and safely leave the facility. Documentation must support that the patient was discharged home with this equipment.

Anesthesia Services, Supplies and Equipment

Routine anesthesia services, supplies, and equipment are those necessary and integral to the delivery of anesthesia in the surgical setting and are not separately reimbursable. All anesthetic agents (e.g., inhaled gases and injectables) as well as intubation and extubation by the anesthesiologist in the delivery of anesthesia and surgical services are not additionally reimbursable as they are integral to the anesthesia services charges. All re-usable and disposable equipment used in the delivery of anesthesia and surgical services are not additionally reimbursable as they are integral to the anesthesia services charges.

The following are examples of routine anesthesia services, supplies, and equipment, including personnel and anesthesia agents, which are not separately reimbursable. This list does not account for variable terminology of listed items that may differ among facilities (example: kits versus trays).

| Anesthesia Services, Supplies and Equipment (List is not all-inclusive) | | |
|--|---|-----------------------------------|
| Airways (Oral/Endotracheal) | Airway Humidifiers | Anesthesia Machines |
| Arterial Blood Gases (ABG) | Blood Pressure Monitors | Blood Warmers |
| Breathing Circuits | Cardiac Monitors/Monitoring/Supplies | Disposable Tubing |
| Disposable Warming Blankets | Electrolytes | End Tidal CO2 Monitoring |
| Esophageal Stethoscopes | Extubation | Eye Ointment |
| Anesthetic Gases | Gloves | Instrument Repairs |
| Intravascular catheters | Intubation | Kits (e.g., Intubation, IV Start) |
| Laryngoscopes | Linens | Needles, Needle Holders |
| Positive pressure ventilation systems | Positioning Devices | Precordial Stethoscopes |
| Printing Supplies | Pulse Oximetry | Restraints |
| Skin Preparation | Staffing (e.g., Housekeeping, Orderlies, Secretaries, RNs, Anesthesia Techs, Other Techs) | Sterilization of Equipment |
| Suction Canisters/Liners/Tubing | Suction Catheters | Syringes and Needles |
| Thermometer Probes | Tongue Blades | Warming lamps |

Surgical Services, Supplies, and Equipment

Routine surgical services, supplies and equipment are those necessary and integral to the performance of the surgical procedure and are not separately reimbursable.

Outpatient operating room charges are reimbursed when billed with CPT® and HCPCS procedure code units.

Inpatient surgical services billed with Revenue Code 36X are only reimbursed when billed in time units.

The following are examples of routine surgical supplies and services, including personnel that are not separately reimbursable. This list does not account for variable terminology of listed items that may differ among facilities (example: dressings versus sterile gauze).

| Surgical Services, Supplies and Equipment including personnel. (List is not all inclusive) | | |
|--|---|---|
| Basin Stands | Bovie Machines/Pads/Supplies | Buckets |
| Catheters (e.g., urinary, cardiac and vascular catheters including guide wires used in percutaneous diagnostic studies as well as interventional procedures) | Cords | Drapes/Packs |
| Dressings (non-specialty) | Fluoroscopy Equipment | Instrument Repairs |
| Instruments (Re-usable) | Intraoperative topical hemostatic agents and related supplies | Irrigation Solutions |
| IV start kits | Lasers | Light Handles |
| Limb Holders | Linens | Magnetic Pads |
| Malpractice Insurance | Marking Pens | Monitoring Equipment/Supplies |
| Needles, Needle Holders, Non-coring needle or stylet | Operating Room Set up | Oxygen Set Up |
| Perfusion Equipment | Perfusionist Services | Robotic Devices |
| All Closure Supplies (e.g., sutures, staples, clips either internal or external) | Staffing (e.g., Housekeeping Orderlies, Secretaries, RNs, OR Techs) | Suction Machines, Canisters, Liners, Tubing and related supplies |
| Tables and Table Covers (e.g., Mayo) | Ties | Trays for line insertions during procedures (e.g., central lines, PICC line tray, arteriogram drapes) |
| Ventilator Set up | Video Equipment | Workroom supplies |

Bone graft substitutes are absorbed into the body and replaced by the customer's own bone. Bone graft substitutes are not implants. Therefore, bone graft substitutes submitted with HCPCS codes C1762, C1763, C1781, C1734, C1889 and L8699 under revenue code 278 are considered incidental to the primary surgical procedure and included in the facility payment.

The following are examples of bone graft substitutes (list is not all inclusive):

| Examples of Bone Graft Substitutes (List is not all inclusive) | | |
|---|--|---|
| Allografts-based, including demineralized bone matrix (DBM) | Bone grafts containing anorganic bone material (e.g. bovin, coral), used alone or combined bone graft substitute | Bone void fillers |
| Ceramic or polymer-based synthetic bone graft substitutes | Synthetic materials | Recombinant bone morphogenetic proteins (rhBMP-2) |

Coding/Billing Information

Note: Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Not Separately Reimbursed: Intraoperative Neurophysiological Monitoring when appended with Modifier TC:

| CPT® Codes | Description |
|-------------------|--|
| 95940 | Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure) |
| 95941 | Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure) |

| HCPCS Codes | Description |
|--------------------|--|
| G0453 | Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure) |

Not separately reimbursed: Intraoperative Neurophysiological Monitoring billed with or without associated electrodiagnostic studies in any Place of Service other than 19, 21, 22 or 24:

| CPT® Codes | Description |
|-------------------|--|
| 95940 | Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure) |
| 95941 | Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure) |

| HCPCS Codes | Description |
|--------------------|--|
| G0453 | Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure) |

| CPT® Codes | Description |
|-------------------|---|
| 51785 | Needle electromyography studies (EMG) of anal or urethral sphincter, any technique |
| 92265 | Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report |
| 92558 | Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis |
| 95812 | Electroencephalogram (EEG) extended monitoring; 41-60 minutes |
| 95813 | Electroencephalogram (EEG) extended monitoring; 61-119 minutes |
| 95822 | Electroencephalogram (EEG); recording in coma or sleep only |
| 95860 | Needle electromyography; 1 extremity with or without related paraspinal areas |
| 95861 | Needle electromyography; 2 extremities with or without related paraspinal areas |
| 95863 | Needle electromyography; 3 extremities with or without related paraspinal areas |
| 95864 | Needle electromyography; 4 extremities with or without related paraspinal areas |
| 95865 | Needle electromyography; larynx |
| 95866 | Needle electromyography; hemidiaphragm |
| 95867 | Needle electromyography; cranial nerve supplied muscle(s), unilateral |
| 95868 | Needle electromyography; cranial nerve supplied muscles, bilateral |

| CPT® Codes | Description |
|-------------------|--|
| 95869 | Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12) |
| 95870 | Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters |
| 95872 | Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied |
| 95874 | Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure) |
| 95885 | Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure) |
| 95886 | Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure) |
| 95887 | Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure) |
| 95907 | Nerve conduction studies; 1-2 studies |
| 95908 | Nerve conduction studies; 3-4 studies |
| 95909 | Nerve conduction studies; 5-6 studies |
| 95910 | Nerve conduction studies; 7-8 studies |
| 95911 | Nerve conduction studies; 9-10 studies |
| 95912 | Nerve conduction studies; 11-12 studies |
| 95913 | Nerve conduction studies; 13 or more studies |
| 95925 | Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs |
| 95926 | Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs |
| 95927 | Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head |
| 95928 | Central motor evoked potential study (transcranial motor stimulation); upper limbs |
| 95929 | Central motor evoked potential study (transcranial motor stimulation); lower limbs |
| 95930 | Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report |
| 95933 | Orbicularis oculi (blink) reflex, by electrodiagnostic testing |
| 95937 | Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method |
| 95938 | Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs |
| 95939 | Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs |
| 95955 | Electroencephalogram (EEG) during nonintracranial surgery (e.g., carotid surgery) |
| 95957 | Digital analysis of electroencephalogram (EEG) (e.g., for epileptic spike analysis) |
| 95999 | Unlisted neurological or neuromuscular diagnostic procedure |

Not Separately Reimbursed / Included in the Facility Reimbursement:

| CPT® Codes | Description |
|-------------------|---|
| 36400 | Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein |
| 36405 | Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; scalp vein |
| 36406 | Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; other vein |
| 36410 | Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture) |
| 36415 | Collection of venous blood by venipuncture |
| 36416 | Collection of capillary blood specimen (e.g., finger, heel, ear stick) |
| 36591 | Collection of blood specimen from a completely implantable venous access device |
| 36592 | Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified |

Injection/Infusion Administration Services: Not Separately Reimbursed/Incidental to the Primary Medical/Surgical Service:

| CPT® Codes | Description |
|-------------------|--|
| 96360 | Intravenous infusion, hydration; initial, 31 minutes to 1 hour |
| 96361 | Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure) |
| 96365 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour |
| 96366 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure) |
| 96367 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure) |
| 96368 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure) |
| 96369 | Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s) |
| 96370 | Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure) |
| 96371 | Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure) |
| 96372 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular |
| 96373 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial |

| CPT® Codes | Description |
|-------------------|---|
| 96374 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug |
| 96375 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure) |
| 96376 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure) |
| 96377 | Application of on-body injector (includes cannula insertion) for timed subcutaneous injection |
| 96379 | Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion |
| 96521 | Refilling and maintenance of portable pump |
| 96522 | Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (e.g., intravenous, intra-arterial) |
| 96523 | Irrigation of implanted venous access device for drug delivery systems |

Not Separately Reimbursed: Perfusionist Services:

| CPT® Codes | Description |
|-------------------|---|
| 99190 | Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring) each hour |
| 99191 | Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring), 45 minutes |
| 99192 | Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring), 30 minutes |

Not separately reimbursed: Supplies Included or Incidental to Facility Charge:

| HCPCS Code | Description |
|-------------------|---|
| A4206 | Syringe with needle, sterile, 1 cc or less, each |
| A4207 | Syringe with needle, sterile 2 cc, each |
| A4208 | Syringe with needle, sterile 3 cc, each |
| A4209 | Syringe with needle, sterile 5 cc or greater, each |
| A4210 | Needle-free injection device, each |
| A4211 | Supplies for self-administered injections |
| A4212 | Non-coring needle or stylet with or without catheter |
| A4213 | Syringe, sterile, 20 cc or greater, each |
| A4215 | Needle, sterile, any size, each |
| A4216 | Sterile water, saline and/or dextrose, diluent/flush, 10 ml |
| A4217 | Sterile water/saline, 500 ml |
| A4218 | Sterile saline or water, metered dose dispenser, 10 ml |
| A4220 | Refill kit for implantable infusion pump |
| A4221 | Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately) |
| A4222 | Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately) |
| A4223 | Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately) |

| HCPCS Code | Description |
|-------------------|--|
| A4224 | Supplies for maintenance of insulin infusion catheter, per week |
| A4225 | Supplies for external insulin infusion pump, syringe type cartridge, sterile, each |
| A4230 | Infusion set for external insulin pump, non-needle cannula type |
| A4231 | Infusion set for external insulin pump, needle type |
| A4232 | Syringe with needle for external insulin pump, sterile, 3 cc |
| A4233 | Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each |
| A4234 | Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each |
| A4235 | Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each |
| A4236 | Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each |
| A4244 | Alcohol or peroxide, per pint |
| A4245 | Alcohol wipes, per box |
| A4246 | Betadine or phisohex solution, per pint |
| A4247 | Betadine or iodine swabs/wipes, per box |
| A4248 | Chlorhexidine containing antiseptic, 1 ml |
| A4250 | Urine test or reagent strips or tablets (100 tablets or strips) |
| A4252 | Blood ketone test or reagent strip, each |
| A4253 | Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips |
| A4255 | Platforms for home blood glucose monitor, 50 per box |
| A4256 | Normal, low and high calibrator solution / chips |
| A4257 | Replacement lens shield cartridge for use with laser skin piercing device, each |
| A4258 | Spring-powered device for lancet, each |
| A4259 | Lancets, per box of 100 |
| A4261 | Cervical cap for contraceptive use |
| A4265 | Paraffin, per pound |
| A4267 | Contraceptive supply, condom, male, each |
| A4268 | Contraceptive supply, condom, female, each |
| A4269 | Contraceptive supply, spermicide (e.g., foam, gel), each |
| A4270 | Disposable endoscope sheath, each |
| A4280 | Adhesive skin support attachment for use with external breast prosthesis, each |
| A4290 | Sacral nerve stimulation test lead, each |
| A4305 | Disposable drug delivery system, flow rate of 50 ml or greater per hour |
| A4306 | Disposable drug delivery system, flow rate of less than 50 ml per hour |
| A4310 | Insertion tray without drainage bag and without catheter (accessories only) |
| A4311 | Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.) |
| A4312 | Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone |
| A4313 | Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation |
| A4314 | Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.) |
| A4315 | Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone |
| A4316 | Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation |

| HCPCS Code | Description |
|-------------------|---|
| A4320 | Irrigation tray with bulb or piston syringe, any purpose |
| A4321 | Therapeutic agent for urinary catheter irrigation |
| A4322 | Irrigation syringe, bulb or piston, each |
| A4326 | Male external catheter with integral collection chamber, any type, each |
| A4327 | Female external urinary collection device; meatal cup, each |
| A4328 | Female external urinary collection device; pouch, each |
| A4330 | Perianal fecal collection pouch with adhesive, each |
| A4331 | Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each |
| A4332 | Lubricant, individual sterile packet, each |
| A4333 | Urinary catheter anchoring device, adhesive skin attachment, each |
| A4334 | Urinary catheter anchoring device, leg strap, each |
| A4335 | Incontinence supply; miscellaneous |
| A4336 | Incontinence supply, urethral insert, any type, each |
| A4337 | Incontinence supply, rectal insert, any type, each |
| A4338 | Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each |
| A4340 | Indwelling catheter; specialty type, (e.g., coude, mushroom, wing, etc.), each |
| A4344 | Indwelling catheter, foley type, two-way, all silicone, each |
| A4346 | Indwelling catheter; foley type, three way for continuous irrigation, each |
| A4349 | Male external catheter, with or without adhesive, disposable, each |
| A4351 | Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each |
| A4352 | Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each |
| A4353 | Intermittent urinary catheter, with insertion supplies |
| A4354 | Insertion tray with drainage bag but without catheter |
| A4355 | Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each |
| A4356 | External urethral clamp or compression device (not to be used for catheter clamp), each |
| A4357 | Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each |
| A4358 | Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each |
| A4360 | Disposable external urethral clamp or compression device, with pad and/or pouch, each |
| A4361 | Ostomy faceplate, each |
| A4362 | Skin barrier; solid, 4 x 4 or equivalent; each |
| A4363 | Ostomy clamp, any type, replacement only, each |
| A4364 | Adhesive, liquid or equal, any type, per oz. |
| A4366 | Ostomy vent, any type, each |
| A4367 | Ostomy belt, each |
| A4368 | Ostomy filter, any type, each |
| A4369 | Ostomy skin barrier, liquid (spray, brush, etc.), per oz. |
| A4371 | Ostomy skin barrier, powder, per oz. |
| A4372 | Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each |

| HCPCS Code | Description |
|-------------------|--|
| A4373 | Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each |
| A4375 | Ostomy pouch, drainable, with faceplate attached, plastic, each |
| A4376 | Ostomy pouch, drainable, with faceplate attached, rubber, each |
| A4377 | Ostomy pouch, drainable, for use on faceplate, plastic, each |
| A4378 | Ostomy pouch, drainable, for use on faceplate, rubber, each |
| A4379 | Ostomy pouch, urinary, with faceplate attached, plastic, each |
| A4380 | Ostomy pouch, urinary, with faceplate attached, rubber, each |
| A4381 | Ostomy pouch, urinary, for use on faceplate, plastic, each |
| A4382 | Ostomy pouch, urinary, for use on faceplate, heavy plastic, each |
| A4383 | Ostomy pouch, urinary, for use on faceplate, rubber, each |
| A4384 | Ostomy faceplate equivalent, silicone ring, each |
| A4385 | Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each |
| A4387 | Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each |
| A4388 | Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each |
| A4389 | Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each |
| A4390 | Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each |
| A4391 | Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each |
| A4392 | Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each |
| A4394 | Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce |
| A4395 | Ostomy deodorant for use in ostomy pouch, solid, per tablet |
| A4396 | Ostomy belt with peristomal hernia support |
| A4397 | Irrigation supply; sleeve, each |
| A4398 | Ostomy irrigation supply; bag, each |
| A4399 | Ostomy irrigation supply; cone/catheter, with or without brush |
| A4400 | Ostomy irrigation set |
| A4402 | Lubricant, per ounce |
| A4404 | Ostomy ring, each |
| A4405 | Ostomy skin barrier, non-pectin based, paste, per ounce |
| A4406 | Ostomy skin barrier, pectin-based, paste, per ounce |
| A4407 | Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each |
| A4408 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each |
| A4409 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each |
| A4410 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each |
| A4411 | Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each |
| A4412 | Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each |
| A4413 | Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each |

| HCPCS Code | Description |
|-------------------|--|
| A4414 | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each |
| A4415 | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each |
| A4416 | Ostomy pouch, closed, with barrier attached, with filter (1 piece), each |
| A4417 | Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each |
| A4418 | Ostomy pouch, closed; without barrier attached, with filter (1 piece), each |
| A4419 | Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each |
| A4420 | Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each |
| A4421 | Ostomy supply; miscellaneous |
| A4422 | Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each |
| A4423 | Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each |
| A4424 | Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each |
| A4425 | Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each |
| A4426 | Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each |
| A4427 | Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each |
| A4428 | Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each |
| A4429 | Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each |
| A4430 | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each |
| A4431 | Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each |
| A4432 | Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each |
| A4433 | Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each |
| A4434 | Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each |
| A4435 | Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each |
| A4450 | Tape, non-waterproof, per 18 square inches |
| A4452 | Tape, waterproof, per 18 square inches |
| A4455 | Adhesive remover or solvent (for tape, cement or other adhesive), per ounce |
| A4456 | Adhesive remover, wipes, any type, each |
| A4458 | Enema bag with tubing, reusable |
| A4459 | Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type |
| A4461 | Surgical dressing holder, non-reusable, each |
| A4463 | Surgical dressing holder, reusable, each |
| A4465 | Non-elastic binder for extremity |
| A4467 | Belt, strap, sleeve, garment, or covering, any type |
| A4470 | Gravlee jet washer |

| HCPCS Code | Description |
|-------------------|---|
| A4480 | Vabra aspirator |
| A4481 | Tracheostoma filter, any type, any size, each |
| A4483 | Moisture exchanger, disposable, for use with invasive mechanical ventilation |
| A4490 | Surgical stockings above knee length, each |
| A4495 | Surgical stockings thigh length, each |
| A4500 | Surgical stockings below knee length, each |
| A4510 | Surgical stockings full length, each |
| A4520 | Incontinence garment, any type, (e.g., brief, diaper), each |
| A4550 | Surgical trays |
| A4553 | Non-disposable underpads, all sizes |
| A4554 | Disposable underpads, all sizes |
| A4555 | Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only |
| A4556 | Electrodes, (e.g., apnea monitor), per pair |
| A4557 | Lead wires, (e.g., apnea monitor), per pair |
| A4558 | Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz. |
| A4559 | Coupling gel or paste, for use with ultrasound device, per oz. |
| A4561 | Pessary, rubber, any type |
| A4562 | Pessary, non-rubber, any type |
| A4565 | Slings |
| A4566 | Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment |
| A4570 | Splint |
| A4575 | Topical hyperbaric oxygen chamber, disposable |
| A4580 | Cast supplies (e.g., plaster) |
| A4590 | Special casting material (e.g., fiberglass) |
| A4595 | Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES) |
| A4600 | Sleeve for intermittent limb compression device, replacement only, each |
| A4601 | Lithium-ion battery, rechargeable, for non-prosthetic use, replacement |
| A4602 | Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each |
| A4604 | Tubing with integrated heating element for use with positive airway pressure device |
| A4605 | Tracheal suction catheter, closed system, each |
| A4606 | Oxygen probe for use with oximeter device, replacement |
| A4608 | Transtracheal oxygen catheter, each |
| A4611 | Battery, heavy duty; replacement for patient owned ventilator |
| A4612 | Battery cables; replacement for patient-owned ventilator |
| A4613 | Battery charger; replacement for patient-owned ventilator |
| A4614 | Peak expiratory flow rate meter, hand held |
| A4615 | Cannula, nasal |
| A4616 | Tubing (oxygen), per foot |
| A4617 | Mouthpiece |
| A4618 | Breathing circuits |
| A4619 | Face tent |
| A4620 | Variable concentration mask |
| A4623 | Tracheostomy, inner cannula |
| A4624 | Tracheal suction catheter, any type other than closed system, each |
| A4625 | Tracheostomy care kit for new tracheostomy |

| HCPCS Code | Description |
|-------------------|---|
| A4626 | Tracheostomy cleaning brush, each |
| A4627 | Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler |
| A4628 | Oropharyngeal suction catheter, each |
| A4629 | Tracheostomy care kit for established tracheostomy |
| A4630 | Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient |
| A4633 | Replacement bulb/lamp for ultraviolet light therapy system, each |
| A4634 | Replacement bulb for therapeutic light box, tabletop model |
| A4635 | Underarm pad, crutch, replacement, each |
| A4636 | Replacement, handgrip, cane, crutch, or walker, each |
| A4637 | Replacement, tip, cane, crutch, walker, each. |
| A4638 | Replacement battery for patient-owned ear pulse generator, each |
| A4639 | Replacement pad for infrared heating pad system, each |
| A4640 | Replacement pad for use with medically necessary alternating pressure pad owned by patient |
| A4641 | Radiopharmaceutical, diagnostic, not otherwise classified |
| A4642 | Indium in-111 satumomab pendetide, diagnostic, per study dose, up to 6 mill curies |
| A4649 | Surgical supply; miscellaneous |
| A4651 | Calibrated micro capillary tube, each |
| A4652 | Micro capillary tube sealant |
| A4653 | Peritoneal dialysis catheter anchoring device, belt, each |
| A4657 | Syringe, with or without needle, each |
| A4660 | Sphygmomanometer/blood pressure apparatus with cuff and stethoscope |
| A4663 | Blood pressure cuff only |
| A4670 | Automatic blood pressure monitor |
| A4671 | Disposable cyler set used with cyler dialysis machine, each |
| A4672 | Drainage extension line, sterile, for dialysis, each |
| A4673 | Extension line with easy lock connectors, used with dialysis |
| A4674 | Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz. |
| A4680 | Activated carbon filter for hemodialysis, each |
| A4690 | Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each |
| A4706 | Bicarbonate concentrate, solution, for hemodialysis, per gallon |
| A4707 | Bicarbonate concentrate, powder, for hemodialysis, per packet |
| A4708 | Acetate concentrate solution, for hemodialysis, per gallon |
| A4709 | Acid concentrate, solution, for hemodialysis, per gallon |
| A4714 | Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon |
| A4719 | "y set" tubing for peritoneal dialysis |
| A4720 | Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for peritoneal dialysis |
| A4721 | Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but less than or equal to 1999 cc, for peritoneal |
| A4722 | Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but less than or equal to 2999 cc, for peritoneal dialysis |
| A4723 | Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but less than or equal to 3999 cc, for peritoneal dialysis |
| A4724 | Dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc but less than or equal to 4999 cc, for peritoneal dialysis |

| HCPCS Code | Description |
|-------------------|---|
| A4725 | Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but less than or equal to 5999 cc, for peritoneal dialysis |
| A4726 | Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis |
| A4728 | Dialysate solution, non-dextrose containing, 500 ml |
| A4730 | Fistula cannulation set for hemodialysis, each |
| A4736 | Topical anesthetic, for dialysis, per gram |
| A4737 | Injectable anesthetic, for dialysis, per 10 ml |
| A4740 | Shunt accessory, for hemodialysis, any type, each |
| A4750 | Blood tubing, arterial or venous, for hemodialysis, each |
| A4755 | Blood tubing, arterial and venous combined, for hemodialysis, each |
| A4760 | Dialysate solution test kit, for peritoneal dialysis, any type, each |
| A4765 | Dialysate concentrate, powder, additive for peritoneal dialysis, per packet |
| A4766 | Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml |
| A4770 | Blood collection tube, vacuum, for dialysis, per 50 |
| A4771 | Serum clotting time tube, for dialysis, per 50 |
| A4772 | Blood glucose test strips, for dialysis, per 50 |
| A4773 | Occult blood test strips, for dialysis, per 50 |
| A4774 | Ammonia test strips, for dialysis, per 50 |
| A4802 | Protamine sulfate, for hemodialysis, per 50 mg |
| A4860 | Disposable catheter tips for peritoneal dialysis, per 10 |
| A4870 | Plumbing and/or electrical work for home hemodialysis equipment |
| A4890 | Contracts, repair and maintenance, for hemodialysis equipment |
| A4911 | Drain bag/bottle, for dialysis, each |
| A4913 | Miscellaneous dialysis supplies, not otherwise specified |
| A4918 | Venous pressure clamp, for hemodialysis, each |
| A4927 | Gloves, non-sterile, per 100 |
| A4928 | Surgical mask, per 20 |
| A4929 | Tourniquet for dialysis, each |
| A4930 | Gloves, sterile, per pair |
| A4931 | Oral thermometer, reusable, any type, each |
| A4932 | Rectal thermometer, reusable, any type, each |
| A5051 | Ostomy pouch, closed; with barrier attached (1 piece), each |
| A5052 | Ostomy pouch, closed; without barrier attached (1 piece), each |
| A5053 | Ostomy pouch, closed; for use on faceplate, each |
| A5054 | Ostomy pouch, closed; for use on barrier with flange (2 piece), each |
| A5055 | Stoma cap |
| A5056 | Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each |
| A5057 | Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each |
| A5061 | Ostomy pouch, drainable; with barrier attached, (1 piece), each |
| A5062 | Ostomy pouch, drainable; without barrier attached (1 piece), each |
| A5063 | Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each |
| A5071 | Ostomy pouch, urinary; with barrier attached (1 piece), each |
| A5072 | Ostomy pouch, urinary; without barrier attached (1 piece), each |
| A5073 | Ostomy pouch, urinary; for use on barrier with flange (2 piece), each |
| A5081 | Stoma plug or seal, any type |
| A5082 | Continent device; catheter for continent stoma |

| HCPCS Code | Description |
|-------------------|---|
| A5083 | Continent device, stoma absorptive cover for continent stoma |
| A5093 | Ostomy accessory; convex insert |
| A5102 | Bedside drainage bottle with or without tubing, rigid or expandable, each |
| A5105 | Urinary suspensory with leg bag, with or without tube, each |
| A5112 | Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each |
| A5113 | Leg strap; latex, replacement only, per set |
| A5114 | Leg strap; foam or fabric, replacement only, per set |
| A5120 | Skin barrier, wipes or swabs, each |
| A5121 | Skin barrier; solid, 6 x 6 or equivalent, each |
| A5122 | Skin barrier; solid, 8 x 8 or equivalent, each |
| A5126 | Adhesive or nonadhesive; disk or foam pad |
| A5131 | Appliance cleaner, incontinence and ostomy appliances, per 16 oz. |
| A5200 | Percutaneous catheter/tube anchoring device, adhesive skin attachment |
| A6000 | Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card |
| A6010 | Collagen based wound filler, dry form, sterile, per gram of collagen |
| A6011 | Collagen based wound filler, gel/paste, per gram of collagen |
| A6021 | Collagen dressing, sterile, size 16 sq. in. or less, each |
| A6022 | Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each |
| A6023 | Collagen dressing, sterile, size more than 48 sq. in., each |
| A6024 | Collagen dressing wound filler, sterile, per 6 inches |
| A6025 | Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each |
| A6154 | Wound pouch, each |
| A6196 | Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing |
| A6197 | Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing |
| A6198 | Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing |
| A6199 | Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches |
| A6203 | Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6204 | Composite dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6205 | Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| A6206 | Contact layer, sterile, 16 sq. in. or less, each dressing |
| A6207 | Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing |
| A6208 | Contact layer, sterile, more than 48 sq. in., each dressing |
| A6209 | Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6210 | Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6211 | Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |

| HCPCS Code | Description |
|-------------------|--|
| A6212 | Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6213 | Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6214 | Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| A6215 | Foam dressing, wound filler, sterile, per gram |
| A6216 | Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6217 | Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6218 | Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6219 | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6220 | Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6221 | Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| A6222 | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6223 | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6224 | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6228 | Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, 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 |
| A6231 | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing |
| A6232 | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing |
| A6233 | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing |
| A6234 | Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6235 | Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6236 | Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6237 | Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6238 | Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6239 | Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |

| HCPSC Code | Description |
|-------------------|---|
| A6240 | Hydrocolloid dressing, wound filler, paste, sterile, per ounce |
| A6241 | Hydrocolloid dressing, wound filler, dry form, sterile, per gram |
| A6242 | Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6243 | Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6244 | Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6245 | Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6246 | Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6247 | Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| A6248 | Hydrogel dressing, wound filler, gel, per fluid ounce |
| A6250 | Skin sealants, protectants, moisturizers, ointments, any type, any size |
| A6251 | Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6252 | Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6253 | Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6254 | Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6255 | Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6256 | Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| A6257 | Transparent film, sterile, 16 sq. in. or less, each dressing |
| A6258 | Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing |
| A6259 | Transparent film, sterile, more than 48 sq. in., each dressing |
| A6260 | Wound cleansers, any type, any size |
| A6261 | Wound filler, gel/paste, per fluid ounce, not otherwise specified |
| A6262 | Wound filler, dry form, per gram, not otherwise specified |
| A6266 | Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard |
| A6402 | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6403 | Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6404 | Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6407 | Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard |
| A6410 | Eye pad, sterile, each |
| A6411 | Eye pad, non-sterile, each |
| A6412 | Eye patch, occlusive, each |
| A6413 | Adhesive bandage, first-aid type, any size, each |
| A6441 | Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard |

| HCPCS Code | Description |
|-------------------|---|
| A6442 | Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard |
| A6443 | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard |
| A6444 | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard |
| A6445 | Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard |
| A6446 | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard |
| A6447 | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard |
| A6448 | Light compression bandage, elastic, knitted/woven, width less than three inches, per yard |
| A6449 | Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard |
| A6450 | Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard |
| A6451 | Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard |
| A6452 | High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard |
| A6453 | Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard |
| A6454 | Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard |
| A6455 | Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard |
| A6456 | Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard |
| A6457 | Tubular dressing with or without elastic, any width, per linear yard |
| A6460 | Synthetic resorbable wound dressing, sterile, pad size 16 sq in or less, without adhesive border, each dressing |
| A6461 | Synthetic resorbable wound dressing, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing |
| A6550 | Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories |
| A7000 | Canister, disposable, used with suction pump, each |
| A7001 | Canister, non-disposable, used with suction pump, each |
| A7002 | Tubing, used with suction pump, each |
| A7003 | Administration set, with small volume nonfiltered pneumatic nebulizer, disposable |
| A7004 | Small volume nonfiltered pneumatic nebulizer, disposable |
| A7005 | Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable |
| A7006 | Administration set, with small volume filtered pneumatic nebulizer |
| A7007 | Large volume nebulizer, disposable, unfilled, used with aerosol compressor |
| A7008 | Large volume nebulizer, disposable, prefilled, used with aerosol compressor |
| A7009 | Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer |

| HCPCS Code | Description |
|-------------------|---|
| A7010 | Corrugated tubing, disposable, used with large volume nebulizer, 100 feet |
| A7012 | Water collection device, used with large volume nebulizer |
| A7013 | Filter, disposable, used with aerosol compressor or ultrasonic generator |
| A7014 | Filter, nondisposable, used with aerosol compressor or ultrasonic generator |
| A7015 | Aerosol mask, used with DME nebulizer |
| A7016 | Dome and mouthpiece, used with small volume ultrasonic nebulizer |
| A7017 | Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen |
| A7018 | Water, distilled, used with large volume nebulizer, 1000 ml |
| A7020 | Interface for cough stimulating device, includes all components, replacement only |
| A7025 | High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each |
| A7026 | High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each |
| A7027 | Combination oral/nasal mask, used with continuous positive airway pressure device, each |
| A7028 | Oral cushion for combination oral/nasal mask, replacement only, each |
| A7029 | Nasal pillows for combination oral/nasal mask, replacement only, pair |
| A7030 | Full face mask used with positive airway pressure device, each |
| A7031 | Face mask interface, replacement for full face mask, each |
| A7032 | Cushion for use on nasal mask interface, replacement only, each |
| A7033 | Pillow for use on nasal cannula type interface, replacement only, pair |
| A7034 | Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap |
| A7035 | Headgear used with positive airway pressure device |
| A7036 | Chinstrap used with positive airway pressure device |
| A7037 | Tubing used with positive airway pressure device |
| A7038 | Filter, disposable, used with positive airway pressure device |
| A7039 | Filter, non-disposable, used with positive airway pressure device |
| A7040 | One way chest drain valve |
| A7041 | Water seal drainage container and tubing for use with implanted chest tube |
| A7044 | Oral interface used with positive airway pressure device, each |
| A7045 | Exhalation port with or without swivel used with accessories for positive airway devices, replacement only |
| A7046 | Water chamber for humidifier, used with positive airway pressure device, replacement, each |
| A7047 | Oral interface used with respiratory suction pump, each |
| A7048 | Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each |
| A7501 | Tracheostoma valve, including diaphragm, each |
| A7502 | Replacement diaphragm/faceplate for tracheostoma valve, each |
| A7503 | Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each |
| A7504 | Filter for use in a tracheostoma heat and moisture exchange system, each |
| A7505 | Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each |
| A7506 | Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each |
| A7507 | Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each |

| HCPCS Code | Description |
|-------------------|---|
| A7508 | Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each |
| A7509 | Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each |
| A7520 | Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (pvc), silicone or equal, each |
| A7521 | Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (pvc), silicone or equal, each |
| A7522 | Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each |
| A7523 | Tracheostomy shower protector, each |
| A7524 | Tracheostoma stent/stud/button, each |
| A7525 | Tracheostomy mask, each |
| A7526 | Tracheostomy tube collar/holder, each |
| A7527 | Tracheostomy/laryngectomy tube plug/stop, each |
| A9150 | Non-prescription drugs |
| A9152 | Single vitamin/mineral/trace element, oral, per dose, not otherwise specified |
| A9153 | Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified |
| A9155 | Artificial saliva, 30 ml |
| A9180 | Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker |
| A9270 | Non-covered item or service |
| A9272 | Wound suction, disposable, includes dressing, all accessories and components, any type, each |
| A9273 | Hot water bottle, ice cap or collar, heat and/or cold wrap, any type |
| A9274 | External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories |
| A9275 | Home glucose disposable monitor, includes test strips |
| A9280 | Alert or alarm device, not otherwise classified |
| A9281 | Reaching/grabbing device, any type, any length, each |
| A9282 | Wig, any type, each |
| A9284 | Spirometer, non-electronic, includes all accessories |
| A9285 | Inversion/eversion correction device |
| A9286 | Hygienic item or device, disposable or non-disposable, any type, each |
| A9500 | Technetium tc-99m sestamibi, diagnostic, per study dose |
| A9501 | Technetium tc-99m teboroxime, diagnostic, per study dose |
| A9502 | Technetium tc-99m tetrofosmin, diagnostic, per study dose |
| A9503 | Technetium tc-99m medronate, diagnostic, per study dose, up to 30 millicurie |
| A9504 | Technetium tc-99m apcitide, diagnostic, per study dose, up to 20 mill curies |
| A9505 | Thallium tl-201 thallous chloride, diagnostic, per mill curie |
| A9507 | Indium in-111 capromab pendetide, diagnostic, per study dose, up to 10 millicurie |
| A9508 | Iodine i-131 iobenguane sulfate, diagnostic, per 0.5 millicurie |
| A9509 | Iodine i-123 sodium iodide, diagnostic, per millicurie |
| A9510 | Technetium tc-99m disofenin, diagnostic, per study dose, up to 15 millicurie |
| A9512 | Technetium tc-99m pertechnetate, diagnostic, per millicurie |
| A9515 | Choline c-11, diagnostic, per study dose up to 20 millicurie |
| A9516 | Iodine i-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 micro curies |

| HCPCS Code | Description |
|-------------------|--|
| A9520 | Technetium tc-99m tilmanocept, diagnostic, up to 0.5 millicurie |
| A9521 | Technetium tc-99m exametazime, diagnostic, per study dose, up to 25 millicurie |
| A9524 | Iodine i-131 iodinated serum albumin, diagnostic, per 5 microcuries |
| A9526 | Nitrogen n-13 ammonia, diagnostic, per study dose, up to 40 millicuries |
| A9528 | Iodine i-131 sodium iodide capsule(s), diagnostic, per millicurie |
| A9529 | Iodine i-131 sodium iodide solution, diagnostic, per millicurie |
| A9531 | Iodine i-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries) |
| A9532 | Iodine i-125 serum albumin, diagnostic, per 5 microcuries |
| A9536 | Technetium tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries |
| A9537 | Technetium tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries |
| A9538 | Technetium tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries |
| A9539 | Technetium tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries |
| A9540 | Technetium tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries |
| A9541 | Technetium tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries |
| A9542 | Indium in-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries |
| A9546 | Cobalt co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie |
| A9547 | Indium in-111 oxyquinoline, diagnostic, per 0.5 millicurie |
| A9548 | Indium in-111 pentetate, diagnostic, per 0.5 millicurie |
| A9550 | Technetium tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicurie |
| A9551 | Technetium tc-99m succimer, diagnostic, per study dose, up to 10 millicuries |
| A9552 | Fluorodeoxyglucose f-18 fdg, diagnostic, per study dose, up to 45 millicuries |
| A9553 | Chromium cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries |
| A9554 | Iodine i-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries |
| A9555 | Rubidium rb-82, diagnostic, per study dose, up to 60 millicuries |
| A9556 | Gallium ga-67 citrate, diagnostic, per millicurie |
| A9557 | Technetium tc-99m bismate, diagnostic, per study dose, up to 25 millicuries |
| A9558 | Xenon xe-133 gas, diagnostic, per 10 millicuries |
| A9559 | Cobalt co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie |
| A9560 | Technetium tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries |
| A9561 | Technetium tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries |
| A9562 | Technetium tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries |
| A9566 | Technetium tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries |
| A9567 | Technetium tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries |
| A9568 | Technetium tc-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries |
| A9569 | Technetium tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose |
| A9570 | Indium in-111 labeled autologous white blood cells, diagnostic, per study dose |
| A9571 | Indium in-111 labeled autologous platelets, diagnostic, per study dose |
| A9572 | Indium in-111 pentetreotide, diagnostic, per study dose, up to 6 millicuries |
| A9575 | Injection, gadoterate meglumine, 0.1 ml |
| A9576 | Injection, gadoteridol, (prohance multipack), per ml |
| A9577 | Injection, gadobenate dimeglumine (multihance), per ml |
| A9578 | Injection, gadobenate dimeglumine (multihance multipack), per ml |

| HCPCS Code | Description |
|-------------------|--|
| A9579 | Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (NOS), per ml |
| A9580 | Sodium fluoride f-18, diagnostic, per study dose, up to 30 millicuries |
| A9581 | Injection, gadoxetate disodium, 1 ml |
| A9582 | Iodine i-123 iobenguane, diagnostic, per study dose, up to 15 millicuries |
| A9583 | Injection, gadofosveset trisodium, 1 ml |
| A9584 | Iodine 1-123 ioflupane, diagnostic, per study dose, up to 5 millicuries |
| A9585 | Injection, gadobutrol, 0.1 ml |
| A9586 | Florbetapir f18, diagnostic, per study dose, up to 10 millicuries |
| A9587 | Gallium ga-68, dotatate, diagnostic, 0.1 millicurie |
| A9588 | Fluciclovine f-18, diagnostic, 1 millicurie |
| A9597 | Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified |
| A9598 | Positron emission tomography radiopharmaceutical, diagnostic, for nontumor identification, not otherwise classified |
| A9698 | Nonradioactive contrast imaging material, not otherwise classified, per study |
| A9700 | Supply of injectable contrast material for use in echocardiography, per study |
| B4034 | Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape |
| B4035 | Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape |
| B4036 | Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape |
| B4081 | Nasogastric tubing with stylet |
| B4082 | Nasogastric tubing without stylet |
| B4083 | Stomach tube - Levine type |
| B4087 | Gastrostomy/jejunostomy tube, standard, any material, any type, each |
| B4088 | Gastrostomy/jejunostomy tube, low-profile, any material, any type, each |
| B4100 | Food thickener, administered orally, per ounce |
| B9002 | Enteral nutrition infusion pump, any type |
| B9004 | Parenteral nutrition infusion pump, portable |
| B9006 | Parenteral nutrition infusion pump, stationary |
| B9998 | NOC for enteral supplies |
| B9999 | NOC for parenteral supplies |
| C1052 | Hemostatic agent, gastrointestinal, topical |
| C1714 | Catheter, transluminal atherectomy, directional |
| C1715 | Brachytherapy needle |
| C1724 | Catheter, transluminal atherectomy, rotational |
| C1725 | Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability) |
| C1726 | Catheter, balloon dilatation, non-vascular |
| C1727 | Catheter, balloon tissue dissector, non-vascular (insertable) |
| C1728 | Catheter, brachytherapy seed administration |
| C1729 | Catheter, drainage |
| C1730 | Catheter, electrophysiology, diagnostic, other than 3d mapping (19 or fewer electrodes) |
| C1731 | Catheter, electrophysiology, diagnostic, other than 3d mapping (20 or more electrodes) |
| C1732 | Catheter, electrophysiology, diagnostic/ablation, 3d or vector mapping |

| HCPCS Code | Description |
|-------------------|---|
| C1733 | Catheter, electrophysiology, diagnostic/ablation, other than 3d or vector mapping, other than cool-tip |
| C1734 | Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable) |
| C1751 | Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis) |
| C1753 | Catheter, intravascular ultrasound |
| C1754 | Catheter, intradiscal |
| C1755 | Catheter, intraspinal |
| C1756 | Catheter, pacing, transesophageal |
| C1757 | Catheter, thrombectomy/embolectomy |
| C1758 | Catheter, ureteral |
| C1759 | Catheter, intracardiac echocardiography |
| C1762 | Connective tissue, human (includes fascia lata) |
| C1763 | Connective tissue, nonhuman (includes synthetic) |
| C1765 | Adhesion barrier |
| C1766 | Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away |
| C1769 | Guide wire |
| C1770 | Imaging coil, magnetic resonance (insertable) |
| C1773 | Retrieval device, insertable (used to retrieve fractured medical devices) |
| C1830 | Powered bone marrow biopsy needle |
| C1885 | Catheter, transluminal angioplasty, laser |
| C1886 | Catheter, extravascular tissue ablation, any modality (insertable) |
| C1887 | Catheter, guiding (may include infusion/perfusion capability) |
| C1892 | Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away |
| C1893 | Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away |
| C1894 | Introducer/sheath, other than guiding, other than intracardiac electrophysiological, nonlaser |
| C1889 | Implantable/insertable device, not otherwise classified |
| C2614 | Probe, percutaneous lumbar discectomy |
| C2615 | Sealant, pulmonary, liquid |
| C2618 | Probe/needle, cryoablation |
| C2623 | Catheter, transluminal angioplasty, drug-coated, non-laser |
| C2627 | Catheter, suprapubic/cystoscopic |
| C2628 | Catheter, occlusion |
| C2629 | Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser |
| C2630 | Catheter, electrophysiology, diagnostic/ablation, other than 3d or vector mapping, cool-tip |
| C9359 | Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc |
| C9362 | Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc |
| L8699 | Prosthetic implant, not otherwise specified |
| Q9950 | Injection, sulfur hexafluoride lipid microspheres, per ml |
| Q9951 | Low osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml |
| Q9953 | Injection, iron-based magnetic resonance contrast agent, per ml |

| HCPCS Code | Description |
|-------------------|--|
| Q9954 | Oral magnetic resonance contrast agent, per 100 ml |
| Q9955 | Injection, perflerane lipid microspheres, per ml |
| Q9956 | Injection, octafluoropropane microspheres, per ml |
| Q9957 | Injection, perflutren lipid microspheres, per ml |
| Q9958 | High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml |
| Q9959 | High osmolar contrast material, 150-199 mg/ml iodine concentration, per ml |
| Q9960 | High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml |
| Q9961 | High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml |
| Q9962 | High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml |
| Q9963 | High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml |
| Q9964 | High osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml |
| Q9965 | Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml |
| Q9966 | Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml |
| Q9967 | Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml |
| Q9968 | Injection, nonradioactive, noncontrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg |
| Q9969 | Tc-99m from nonhighly enriched uranium source, full cost recovery add-on, per study dose |
| S8301 | Infection control supplies, not otherwise specified |
| T5999 | Supply, not otherwise specified |

| CPT® Code | Description |
|------------------|---|
| 99070 | Supplies and Materials (Except Spectacles). Provided by the Physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (List Drug Trays, supplies, or Materials provided) |

Not separately reimbursed: Cigna will not reimburse professional evaluation and management (E&M) codes when billed by a facility on a UB04 claim form:

| CPT® Code | Description |
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| 99201 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family. (code deleted 01/01/2021) |
| 99202 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter. |
| 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter. |

| CPT® Code | Description |
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| 99204 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. |
| 99205 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter. |
| 99211 | Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional |
| 99212 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter. |
| 99213 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter. |
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter. |
| 99215 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter. |
| 99217 | Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]) (code deleted 01/01/2023) |
| 99218 | Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit. (code deleted 01/01/2023) |
| 99219 | Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate |

| CPT® Code | Description |
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| | severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit. (code deleted 01/01/2023) |
| 99220 | Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit. (code deleted 01/01/2023) |
| 99221 | Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low-level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. |
| 99222 | Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded. |
| 99223 | Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded. |
| 99224 | Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit. (code deleted 01/01/2023) |
| 99225 | Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit. (code deleted 01/01/2023) |

| CPT® Code | Description |
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| 99226 | Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit. (code deleted 01/01/2023) |
| 99231 | Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded. |
| 99232 | Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded. |
| 99233 | Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded. |
| 99234 | Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. |
| 99235 | Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded. |
| 99236 | Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded. |
| 99238 | Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter |
| 99239 | Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter |
| 99241 | Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family. (code deleted 01/01/2023) |

| CPT® Code | Description |
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| 99242 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. |
| 99243 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. |
| 99244 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. |
| 99245 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded. |
| 99251 | Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit. (code deleted 01/01/2023) |
| 99252 | Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded. |
| 99253 | Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. |
| 99254 | Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. |
| 99255 | Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 80 minutes must be met or exceeded. |
| 99291 | Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes |
| 99292 | Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service) |
| 99304 | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded. |

| CPT® Code | Description |
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| 99305 | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded. |
| 99306 | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. |
| 99307 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded. |
| 99308 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded. |
| 99309 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. |
| 99310 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. |
| 99315 | Nursing facility discharge management; 30 minutes or less total time on the date of the encounter |
| 99316 | Nursing facility discharge management; more than 30 minutes total time on the date of the encounter |
| 99318 | Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit. (code deleted 01/01/2023) |
| 99324 | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver. (code deleted 01/01/2023) |

| CPT® Code | Description |
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| 99325 | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver. (code deleted 01/01/2023) |
| 99326 | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver. (code deleted 01/01/2023) |
| 99327 | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver. (code deleted 01/01/2023) |
| 99328 | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver. (code deleted 01/01/2023) |
| 99334 | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver. (code deleted 01/01/2023) |
| 99335 | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver. (code deleted 01/01/2023) |

| CPT® Code | Description |
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| 99336 | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver. (code deleted 01/01/2023) |
| 99337 | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver. (code deleted 01/01/2023) |
| 99339 | Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes. (code deleted 01/01/2023) |
| 99340 | Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more. (code deleted 01/01/2023) |
| 99381 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year) |
| 99382 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years) |

| CPT® Code | Description |
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| 99383 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years) |
| 99384 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years) |
| 99385 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years |
| 99386 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years |
| 99387 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older |
| 99391 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year) |
| 99392 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years) |
| 99393 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years) |
| 99394 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years) |
| 99395 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years |
| 99396 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years |

| CPT® Code | Description |
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| 99397 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older |
| 99401 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes |
| 99402 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes |
| 99403 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes |
| 99404 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes |
| 99429 | Unlisted preventive medicine service |
| 99450 | Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and Completion of necessary documentation/certificates. |
| 99455 | Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report. |
| 99456 | Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report. |
| 99460 | Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant |
| 99461 | Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center |
| 99462 | Subsequent hospital care, per day, for evaluation and management of normal newborn |
| 99463 | Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date |
| 99464 | Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn |
| 99465 | Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output |
| 99466 | Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport |

| CPT® Code | Description |
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| 99467 | Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (List separately in addition to code for primary service) |
| 99468 | Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger |
| 99469 | Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger |
| 99471 | Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age |
| 99472 | Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age |
| 99475 | Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age |
| 99476 | Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age |
| 99477 | Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services |
| 99478 | Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams) |
| 99479 | Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams) |
| 99480 | Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams) |
| 99499 | Unlisted evaluation and management service |

| HCPCS Code | Description |
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| G0402 | Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment |
| G0438 | Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit |
| G0439 | Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit |
| G0463 | Hospital outpatient clinic visit for assessment and management of a patient |

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Policy History/Update

| Date | Change/Update |
|------------|---|
| 01/01/2025 | Policy template update |
| 10/24/2023 | Effective:Cigna will not separately reimburse bone graft substitutes when submitted HCPCS codes CI 762, CI 763, CI 781, CI 734, C1889 and L8699 under revenue code 278, as they are considered incidental to the primary surgical procedure and included in the facility payment for the primary procedure. Revised the policy statement. |
| 08/12/2023 | Removed the word 'routine' from the policy title as the policy does not only apply to routine services, supplies and equipment. Updated the policy template. |
| 07/28/2023 | Removed autograft from the bone graft substitute examples grid. Sent for reposting in the notification section. Also, made formatting adjustments. |
| 07/26/2023 | Notification: Effective: 10/24/2023: Cigna will not separately reimburse |

| Date | Change/Update |
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| | bone graft substitutes when submitted HCPCS codes CI 762, CI 763, CI 781, CI 734, C1889 and L8699 under revenue code 278, as they are considered incidental to the primary surgical procedure and included in the facility payment for the primary procedure. |
| 01/26/2023 | Policy template updated, and acronym definitions added where needed. 2023 E/M code updates to reflect the new/revised descriptions. Identified deleted E/M codes with effective date, and updated references in reference section. |
| 11/29/2022 | For clarification added the E/M codes in the coding section for the denial of E/M on a UB04. Code 99201 added a note stating deleted as of 01/01/2021. |
| 07/21/2022 | Removed codes C5271, C5272, C5273, C5274, C5275, C5276, C5277, 5278 from the Coding/Billing Information, Not separately reimbursed: Supplies Included or Incidental to Facility Charge section. |
| 06/29/2022 | Clarified paragraph for anesthesia services to indicate all anesthetic agents (e.g., gases and injectables) as well as intubation and extubation by the anesthesiologist in the delivery of anesthesia and surgical services are not additionally reimbursable as they are integral to the anesthesia services charges. |
| 06/11/2022 | Effective date for the following: HCPCS codes C1052, C2615, C9359, C9362, and T5999 added to supplies included in the facility payment. |
| 03/13/2022 | Notification for denial of HCPCS codes C1052, C2615, C9359, C9362, T5999 for supplies included in the facility payment, effective 06/11/2022. Updated the policy template and References section. |
| 03/13/2022 | Effective date for denial of infection control supplies code 58301. |
| 12/02/2021 | CPT® codes A5122, A4268, A6460, A6461, B9998, and B9999 added to Supplies Included or Incidental to Facility Charge. Update code descriptions to codes 95812, 95813, 95930, A5120, A5121, A5124, A5126, A9698, C1893, and C1894. Removal of Code C2624 |
| 09/12/2021 | Effective date for the following: CPT® codes 36400, 36405, 36406, 36410, 36415, 36416, 36591, and 36592 (blood draw and venipuncture) are not separately reimbursed when billed with additional services on an UB04 claim form and all electronic equivalents. |
| 06/21/2021 | Notification: Effective 09/12/2021 codes 36400, 36405, 36406, 36410, 36415, 36416, 36591, and 36592 (blood draw and venipuncture) are not separately reimbursed when billed on an UB04 claim form and all electronic equivalents. |
| 01/12/2021 | Added CPT® code 92558 referenced in the R24 policy. Removed CPT® 92585, 92586 (codes deleted 12/31/2020). |
| 11/16/2020 | Policy Update with list of supplies Included or Incidental to facility charge |
| 11/16/2020 | Effective date for denial of 95999 as not separately reimbursed Intraoperative Neurophysiological Monitoring when billed with or without associated electrodiagnostic studies in any Place of Service other than 19, 21, 22 or 24. |
| 09/15/2019 | Effective date for the denial of Intraoperative Neurophysiological Monitoring (IONM) services and associated electrodiagnostic studies when billed with any place of service other than 19, 21, 22 or 24. Effective date for the denial of IONM and other associated electrodiagnostic studies when billed by a technician in the facility setting. Clarified inpatient reimbursement requirement for billing in time units and perfusionist services are not separately reimbursed as reimbursement is included in the facility payment. |
| 07/15/2019 | Effective date for the following: denial of routine supplies used in |

| Date | Change/Update |
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| | conjunction with outpatient services when billed on a UB04 claim form; denial of Intraoperative Neurophysiological Monitoring and associated electrodiagnostic studies when billed with a place of service of 11 or 15; denial of E&M codes billed on a UB04 claim form. |
| 05/08/2019 | Added place of service (POS) 11 to the notification for the denial of Intraoperative Neurophysiological Monitoring and associated electrodiagnostic studies when billed with this POS. |
| 04/12/2019 | Notifications effective 7/15/2019: the denial of routine supplies used in conjunction with outpatient services and billed on a UB04 claim form; Notification for the denial of Intraoperative Neurophysiological Monitoring and associated electrodiagnostic studies when billed with a place of service 15; Notification for the denial of E&M codes billed on a UB04 claim form. |
| 04/07/2019 | Effective date for the denial of perfusionist services. |
| 01/17/2019 | Notification for the denial of perfusionist services effective 04/07/2019. Clarified the perfusion statement. Added codes 99190, 99191, 99192 as not reimbursed separately |
| 09/18/2018 | Clarified the statement for the denial of the administration service code for injections and infusions to note administration services associated with an infusion or injection are separately reimbursed when the infusion/injection is the primary reason or service performed during the facility visit. |
| 06/07/2018 | Revised policy statement for the denial of intraoperative neurophysiological monitoring (IONM) and associated electrodiagnostic codes to only deny the technical component of the IONM codes. |
| 05/19/2018 | Effective date for the denial of administration services for injections and infusions when billed with a primary service or procedure. |
| 02/15/2018 | Effective date for the denial of intraoperative neurophysiological monitoring (IONM) and associated electrodiagnostic studies performed on the same day as IONM. |
| 02/15/2018 | Notification for the denial of administration services for injections and infusions when billed with a primary service or procedure effective 05/19/2018. |
| 11/16/2017 | Notification for denial of intraoperative neurophysiological monitoring (IONM) and associated electrodiagnostic studies performed on the same day as IONM effective 02/19/18. |
| 10/01/2015 | Policy updated and posted as notification to clarify examples of catheters which are not eligible for separate reimbursement: (e.g., urinary, cardiac and vascular catheters including guide wires used in percutaneous diagnostic studies as well as interventional procedures). This clarification will become effective 01/01/2016. |
| 05/22/2014 | Policy revisions include: Changed to include all facility settings, added PC/TC indicator 3 and 5 information, added status indicator X information, added documentation to support that DME should be billed by a facility when sent home with patient, added newborn hearing test, updated charts to include more frequently used services and supplies and removed less used services and supplies, added AMA direction regarding infusion services, added CPT® and HCPCS codes, put references in alphabetical order, updated references and dates, updated to 2014 template. |
| 01/02/2013 | Policy revisions include: title changed to clarify this policy also applies to outpatient claims, policy intent clarified for perfusion and transportation services. Policy template updated. |

| Date | Change/Update |
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| 06/03/2011 | Policy template updated |
| 10/01/2010 | Policy effective date |
| 07/15/2010 | Published date |

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